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‘Let’s get wasted!’ A Discourse Analysis of Teenagers’ Talk about
Binge Drinking

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ABSTRACT

Teenage binge-drinking in New Zealand is a significant health issue that is on the rise. Understanding why teenagers drink in this manner - and whether they perceive their behaviours negatively - is essential to inform practice and policy aimed at reversing undesirable trends. This study used a social constructionist framework to explore how teenagers talked about binge drinking. It aimed to understand why they binge drink by examining the discourses they draw on to construct their behaviour and the subject positions offered by the discourses.

Four semi-structured peer group interviews were conducted with 20 teenagers from Palmerston North, aged 16-18 years and with experience of drunkenness and binge drinking. A Foucauldian discourse analysis was conducted on the transcribed data. Participants talked about binge drinking in terms of 'getting wasted'. A 'social life' discourse was used to construct this as 'fun' and something all teenagers do – alcohol is an integral part of their social lives. Participants also drew on an 'alcohol is bad' discourse, in which they acknowledged the risks and consequences of alcohol use. However, this discourse was actively resisted, which worked to justify their drinking and ensure they were not positioned negatively.

How participants talked about getting wasted was also 'gendered'. Binge drinking was constructed as a masculine activity, with males positioned as drinking to 'get wasted' and engage in risky behaviours. Female participants were positioned as drinking more for social reasons, but also with the intention of getting drunk. Alcohol-related sexual experiences provided subject positions when talking about 'getting wasted'. Both genders were positioned as 'getting wasted' to have sex, with males constructed as 'sex-obsessed animals', and females as not wanting to admit it. These discourses together constructed 'getting wasted' as something positive and teenage-like, and position teenagers as engaging in behaviour that is not harmful or problematic. The findings from this study have implications for reducing this harmful drinking culture, and making drinking safer for teenagers in Palmerston North and New Zealand.

DEDICATION

*Dedicated to my parents, Michelle and Eric Chainey,
for always supporting and believing in me*

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CHAPTER 1

INTRODUCTION

1.1 Overview of the study

This study aims to learn more about the teenage binge drinking culture that has become prominent in New Zealand. It focuses on how teenagers' talk about binge drinking, the discourses they draw on, how they construct and position their own behaviours, and whether they construct them as harmful or problematic. How teenagers construct and position their own, and others', behaviours is a key component of this study, as there is a significant gap in the literature, and future research will provide us with a greater understanding of why teenagers talk about such behaviours as 'normal' and 'fun'. There is a particular emphasis on alcohol-initiated sexual experiences to aid understanding of this relationship, in terms of both drinking motivations and the consequences of alcohol-initiated sex. Other consequences of binge drinking are also explored. There has been a lack of research on teenage alcohol consumption discourses, so this study will contribute to the literature and provide suggestions and recommendations, based on the findings, as to how teenage binge drinking and its consequences may be minimised. The results of the study will be made available to the MidCentral District Health Board in Palmerston North to aid future projects on adolescent alcohol consumption in the MidCentral region and to better understand the adolescent drinking culture in Palmerston North.

1.2 Background to the study

Research has shown that drinking alcohol to intoxication may increase the likelihood of adolescents and young adults engaging in sexual activity, increasing the likelihood of unplanned pregnancies, the incidence of sexually transmitted diseases (STDs), and regret over such experiences (Bellis et al., 2008; Miller, Naimi, Brewer & Everett-Jones, 2008; Hingson, Heeren, Winter & Wechsler 2003). Other consequences associated with adolescent drinking include increased risk of accidents and injuries, vandalism, public disturbance and aggression, and hospitalisation, as well as interruptions to family life, education and work (Coleman & Cater, 2005a). The Ministry of Health (MOH) (2009) found that past-year drinkers aged 16-17 years old experienced much higher rates of harmful effects in the past year due to their alcohol

use than all past-year drinkers aged 16-64 years old. These harmful effects included: injuries (18.8%), harmful effects on financial position (13.3%), friendships or social life (12.6%), and work, study or employment (11.5%). It is also interesting to note that 23% of people aged 16-17 years old had experienced harmful effects on their friendships or social life in the past year due to someone else's alcohol use (MOH, 2009). Drink driving is also an issue. Tin Tin et al. (2008) found 17.3% of 12-18 year olds reported drink driving in the previous month, and this was significantly associated with frequent alcohol use, binge drinking, and drinking away from home. Fifteen-to-nineteen year olds make up 7% of licensed car drivers, and account for 14% of fatal crashes, 15% of serious injury crashes and 14% of minor injury crashes (Tin Tin et al., 2008). Every year about 1000 New Zealanders die from alcohol-related causes, with 15-29 year olds representing the largest group of alcohol-related deaths (Alcohol Healthwatch, 2009).

Statistics show that it is not the proportion of adolescents that are drinking, but rather *how* they are drinking that is of most concern. Miller et al. (2008) found that 44.9% of American high school students drank alcohol in the past 30 days, and 28.8% binge drank. In New Zealand, surveys show that there have been no significant differences in the proportion of drinking adolescents among 16-17 year-olds since 1996/1997 (MOH, 2009). Eight in ten people aged 16-17 years had consumed alcohol in the past year, with 27% consuming alcohol 1-2 times a week and 35.8% at least weekly (MOH, 2009). According to the Alcohol Advisory Council of New Zealand (ALAC) (2008), 25% of current teenage drinkers admit to having drunk at least five glasses of alcohol at least once in the last two weeks, with 125,000 teenagers under the age of 17 falling into the category of 'binge drinkers'. Of this, 75,000 drink regularly (once every two weeks) and binge, and 50,000 drink at least once a week and binge, usually with the intention of getting drunk (ALAC, 2008). The New Zealand Drug Foundation (2011) states that total alcohol consumption in NZ rose 9% between 1998 and 2008. Statistics also show that binge drinking among teenagers is increasing. Between 1995 and 2004, the proportion of young people drinking more than six drinks on a typical occasion increased from 14% to 25% in 14-15 year olds, 25% to 36% in 16-17 year olds, and 31% to 40% in 18-19 year olds (New Zealand Drug Foundation, 2001).

In a report commissioned by ALAC, Ameratunga et al. (2011) found significant declines in both the proportion of secondary school students who

considered it acceptable for people their age to drink regularly, and the proportion who were current drinkers. While the proportion of students who binge drink remained constant from 2001 to 2007, the proportion of current drinkers who reported binge drinking within the previous 4 weeks rose from 48.8% to 57.0%. So while adolescent drinking rates may be declining or remaining stable over time, those adolescents who do drink appear to be drinking more (e.g. binge drinking more often), signalling health promotion concerns and the need for further research like the current study. These statistics, along with the increased rates of harmful effects of alcohol, clearly show that the way adolescents are drinking is of concern.

Alcohol consumption is now a crucial dimension of the atomised identities of young people (McCreanor, Moewaka-Barnes, Kaiwai, Borell, & Gregory, 2008). Change is occurring in terms of what young people drink, how and why, in that they are “psychoactive consumers pursuing a bounded but determined drunkenness within a developing culture of intoxication” (South, 1999 as cited in Measham & Brain, 2005; pg. 276). There has been a change in the drinking culture in New Zealand, which has led to increased consumption along with increased consequences of alcohol misuse. A new pattern of drinking behaviour, characterised by drinkers intentionally drinking to intoxication and viewing this behaviour as desirable, celebratory and socially acceptable, has emerged (McEwan, Campbell and Swain, 2010). A comparison between 1995 and 2000 data reveals that the proportion of female drinkers intoxicated on a weekly basis increased from 4% to 6% (Habgood, Casswell, Pledger & Bhatta, 2001), and the most recent national survey reported a further increase to 8% (MOH, 2009). Amongst male drinkers, weekly drunkenness also increased from 13% in 1995 and 2000 (Habgood et al., 2001), to 16% in 2007/08 (MOH, 2009). Weekly drunkenness is most prevalent amongst 18-24 year olds (33% of males and 16% of females), followed by 16-17 year olds (15% of males and 8% of females), according to MOH (2009). So while the proportion of adolescents drinking in New Zealand has remained relatively stable over the past 10 years or so, according to Ministry of Health statistics, the way these adolescents are drinking has changed giving rise to a new adolescent drinking culture.

McEwan, Campbell and Swain (2010) suggest that “the liberalisation of alcohol licensing laws and advertising/sponsorship regulations, alongside the growth of the alcohol-based hospitality industry, have increasingly led to the normalisation of an alcohol-based leisure lifestyle” (pg. 18). The expansion of the university

drinking culture, the establishment and marketing of new alcohol products (particularly products targeting women and youth, such as RTDs or ‘Ready-To-Drinks’), the development of commercial and social networking sites (e.g. Facebook), and the intense growth of a consumer culture have also facilitated the growth of this culture of intoxication in New Zealand (McEwan, Campbell & Swain, 2010). These changes demonstrate that society is constantly changing, over space and time, and that it is important to examine the social and contextual factors behind these behaviours to understand why adolescents binge drink and why they put themselves in risky positions. Therefore, a social constructionist perspective, which focuses on the practices of people as part of societies or cultural groups, rather than autonomous individuals, is used in the current study to enhance understanding of the social influences on adolescent drinking and adolescents’ motivations for drinking, as well as how adolescents talk about their own drinking behaviours.

‘Having a drink’ is an accepted and positive part of social life for many New Zealanders and an integral part of NZ’s sense of identity and culture. However, NZ’s drinking customs are also characterised by a culture of binge drinking with intoxication and heavy alcohol consumption in one sitting accepted as a social norm (ALAC, 2007). Youth drinking is a major source of community concern in NZ. While ALAC (2007) state that youth drinking mirrors and adult drinking culture that often accepts risky drinking practices and views intoxication as socially acceptable, it is also significantly affected by the world and social contexts they live in, as Honess, Seymour and Webster (2000) argue. Adolescent drinking is now considered a ‘normal’ behaviour in NZ society. Research has found that 59% of 12-17 year olds believe that it is acceptable to get drunk, as long as it is not every day, compared to 39% of people aged 18 and over (McMillen, Kalafatelis & De Bonnaire, 2004, as cited in ALAC, 2007). This 20% difference suggests that adolescents consider binge drinking as more socially acceptable than adults, possibly due their lack of maturity or lack of awareness and knowledge of alcohol use.

1.3 Rationale of the study

It is clear that adolescent alcohol consumption and binge-drinking in New Zealand is a concern, and that something needs to be done to change this harmful culture of intoxication. Currently in New Zealand, the Alcohol Reform Bill, the Government’s response to the review of our liquor laws by Law Commission President Sir

Geoffrey Palmer, is before parliament. In 2007, the Government tasked the Law Commission, an independent advisory body, to review New Zealand's liquor laws (New Zealand Drug Foundation, 2011). This followed increasing concerns among New Zealanders about alcohol-related harms in society. During the review, the Law Commission received nearly 3000 submissions revealing high levels of dissatisfaction with the current drinking culture in NZ (New Zealand Drug Foundation, 2009; McEwan, Campbell & Swain, 2010). The Law Commission made 153 recommendations, but not all have been accepted. Among those ignored are some of the most effective policy levers to reduce alcohol-related harms, including increasing the price of alcohol, removing the advertisement of cheap alcohol, lowering the blood alcohol limits for driving, increasing the purchase age, removing alcohol from supermarkets, educating parents, children and community members, and controlling alcohol promotions, advertising and sponsorship. The Government needs to strengthen its response and develop a comprehensive approach to addressing the problems that alcohol poses for New Zealand society. To inform such comprehensive approaches, a greater understanding of the social and cultural contexts and teenage alcohol consumption is required.

1.4 Aims of the study

This study aims to use qualitative methods to explore how teenagers talk about binge drinking, the discourses they draw on to construct their behaviours, and whether they construct and position their behaviours and the associated consequences as problematic. The full aims are as follows:

- to understand more about the social and cultural context of teenage binge drinking in Palmerston North;
- to use qualitative research to understand why teenagers binge drink, and the discourses they draw on to construct their behaviours and their position in society;
- to offer health promotion suggestions as to how teenage binge drinking and its associated risks can be reduced; and
- to add to the literature and contribute to New Zealand research.

It is important to note that binge drinking, throughout this paper, refers to the excessive drinking over the course of a single session resulting in self-reported

drunkenness. The use of units has been omitted from this definition for several reasons including: self-reporting errors, confusion over the definition of ‘a unit’, and the different intoxication thresholds of people (Murgraff, Parrott & Bennett, 1999). As Guise and Gill (2007) state, there is no reason to expect researchers’ definitions of binge drinking, which are based on quantities over time, to be shared by people who binge drink, as it depends on the social context, history and culture of drinking. Findings from previous studies have highlighted the importance of a more understandable definition of binge drinking, one based on ‘being drunk’ rather than units which assumes everyone has the same tolerance levels towards alcohol (Coleman & Cater, 2007). We gain our knowledge about the world through social communication, and therefore definitions of ‘normal’ or ‘safe’ drinking are a product of social practices in which language plays a central role (Guise & Gill, 2007). As such, a careful examination of how people talk about their drinking behaviour and drunkenness is a useful way to learn about what it means to them and why they drink like this. A subjective definition allows participants to discuss their experiences and opinions from their own personal definition of what ‘being drunk’ is.

The term ‘teenager’ used in this project refers to the age range of participants in the study (aged 16-18 years). It is important to note that in American literature the term ‘adolescent’ means the same as ‘teenager’ (those aged 13-19 years) so when discussing other authors work these terms may be used interchangeably. In a New Zealand context, the word ‘teenager’ is used over ‘adolescent’ and refers to teenagers within the age range of the participants included.

CHAPTER 2

LITERATURE REVIEW

2.1 Developmental and Psychological Perspectives

Much of the research that has been conducted in this area has focused on development factors and processes and psychological perspectives (e.g. the health belief model) to explain behaviours (Schulenberg & Maggs, 2002). Such perspectives examine the contributions of biological, psychological, and social processes within the context of normal development (Zucker, Donovan, Masten, Mattson & Moss, 2008). Masten, Faden, Zucker and Spear (2008) present a developmental framework for understanding and addressing the problem of underage alcohol consumption. Rationales for this approach include: striking age-related patterns of alcohol use, problems, abuse and dependence (e.g. first alcohol use usually occurs in early adolescence, at around 13-14 years old); the effects of alcohol vary according to age and development (e.g. younger adolescents at more risk); and development can be altered by alcohol exposure (alcohol can affect foetal development and even adolescence, for example the development of academic and social competence). Alcohol use and alcohol disorders can be predicted from childhood: risk factors can precede and predict early alcohol use or dependence, including family history of alcohol use, parents with antisocial behaviour, mothers with depression, poor parenting child maltreatment, child smoking or substance abuse and prenatal exposure to alcohol for example (Masten et al., 2008). Risk and protective factors of alcohol use or dependence also have age-related patterns, for example the role of alcohol expectancies (about the effects of alcohol) shift from generally negative to positive during later childhood and throughout adolescence (Dunn & Goldman, 1996, 1998; as cited in Masten et al., 2008). Adolescence is a crucial period for the onset of developmental pathways associated with alcohol use and the desire to engage in risky behaviours (Zucker et al., 2008).

Although developmental perspectives highlight the social context, they remain focused on the individual and there is a limited understanding of the contextual aspects that make each individual, group and culture unique. However, developmental perspectives are relevant to this research in several ways. First, development arises from the complex interactions and coactions among genes, internal systems, people and the many multi-level contexts such as family,

community and society (Masten et al., 2008). The importance of context and multi-level systems are recognised and incorporated into such perspectives. Secondly, expectancies, or what is 'normative' in society, are part of the developmental focus. As Masten et al. (2008) state, definitions and judgements of behaviours depend on a basic shared understanding of normal human development, what is expected at different times, and what is acceptable or not acceptable at different ages. Adolescents, as a group, have a shared understanding of what it means to be an adolescent, when it is acceptable to drink and at what age for example. These understandings are created through language, which are shaped by context over time and space. Expectancies are heavily influenced by sociocultural and environmental factors. Developmental perspectives recognise humans as 'living systems', in that behaviour emerges from the interactions within individuals and between individuals and multiple systems (e.g. Bronfenbrenner's social ecological model).

Most research that has been done on adolescent alcohol use and risks, such as sexual risk-taking behaviour, has used social cognitive models, such as the health belief model and the theory of planned behaviour. Cooke, Sniehotta and Schuz (2007) used this theory to predict binge-drinking intentions and behaviours, finding that attitudes and anticipated regret were significant predictors of intentions, and that intentions and previous binge-drinking behaviour predicted current behaviour. Drinking to excess is likely to impact upon the rational decision making process evident in these social-cognitive theories (Coleman & Cater, 2005b). The breakdown of this intention-behaviour relationship, as a result of alcohol consumption, leads to risky behaviours.

While such research offers the potential for reducing subsequent binge-drinking intentions by modifying attitudes and inducing regret, they fail to include the subjective meaning of health and health related behaviour to individuals, or the dynamic social context of such meanings. These cognitive models, along with developmental models of adolescence and the transition to adulthood, focus more on the individual and give little attention to the different contexts and how these contexts influence behaviours, experiences and understandings of health related behaviours (Stephens, 2008).

2.1.1 Binge drinking motivations

Binge drinking motivations is a relatively new area of research, but an area with considerable importance towards changing the adolescent binge drinking culture. Kuntsche, Knibbe, Gmel, and Engels (2005), in a review of adolescent drinking motives, found that young people reported drinking for social motives, some for enhancement motives and a few reported coping motives. Categories of binge drinking motives have included: drinking to enhance positive mood or wellbeing, to obtain social rewards, to attenuate negative emotions, and to avoid social rejection. The concept of 'drinking motives' is based on the assumption that people drink in order to achieve valued outcomes, whereas alcohol expectancies are the beliefs about the positive and negative effects of alcohol intake (Kuntsche et al., 2005). Expectancies fall into the motivational model that has widely been used to explain adolescent drinking behaviours. This model states the decision to drink or binge drink is embedded in historical (e.g. biochemical reactivity to alcohol and personality) and current factors (e.g. incentives), expected effects and drinking motives. While these models do include situational factors, such as alcohol availability and peer influence, like developmental perspectives, they do not give significant attention to the social and cultural factors and *how* these influence binge drinking motivations. As Kuntsche et al. (2005) suggest, more research is needed to understand the significance of the cultural embedding of drinking motives.

A lot of research has been done on the expectancies of alcohol, for example sex-related alcohol expectancies. While the current study does not focus on outcomes specifically, it does consider how motivations influence binge drinking behaviours and the consequences or outcomes of such behaviours by examining how adolescents talk about their binge drinking behaviours. Alcohol expectancy theory (Cooper, 2002 as cited in Patrick & Maggs, 2009) states that alcohol can facilitate sexual drive and sexual affect, decreasing sexual inhibitions. If expectancies are strong (e.g. stronger sexual drive), the consequences of sex are likely to be greater, for example. Such research follows a social cognitive perspective where alcohol myopia theory (that alcohol reduces the ability to process complex information allowing intermediate and salient goals to influence behaviour more strongly) is frequently used (Patrick & Maggs, 2009). Gálvez-Buccollini et al. (2008) found that sex was a strong motive for heavy alcohol consumption among young men, and that sex-related expectations about alcohol were associated with high-risk sexual

behaviours such as not using a condom. Some young people believe that drinking heavily can have a positive effect on sexual experiences, such as ‘getting laid’ or enhancing sexual performance. Such expectancies act as moderators of the relationship between alcohol use and risky sex in adolescents (Dermen, Cooper & Agocha, 1996). Sex motivations are an important part of individual motivations (drinking as beneficial to the individual); therefore they play an important role in the current study.

Qualitative research on binge drinking motivations, and how motivations influence behaviour, is gradually strengthening. Motivations, like expectancies, are shaped by the social context so it is important to understand how context influences motivations and how these motivations influence adolescents’ binge drinking and drunkenness behaviours. Honess, Seymour and Webster (2000), who aimed to understand the meaning of alcohol in the lives of 12-to-17-year-olds, found three separate sets of reasons for alcohol use. These included: individually-based reasons, such as relaxation and coping with stress; socially-based reasons, which involved expressing views more easily, allowing opportunities for developing trust with friends in a variety of settings and allowing possibilities for exploring sexual relationships in less-threatening situations; and peer influence, which involves an expectation that certain kinds of events will entail particular types or styles of alcohol use. With peer influence, an individual is viewed as a willing member of a social group in which norms and expectations concerning alcohol are operating (Honess, Seymour & Webster, 2000). Of these motivations, social reasons for drinking are most common, as alcohol constitutes an essential feature of social activities, but there are also a wide range of individual reasons, such as depressed mood decreasing short-term drinking and increasing long-term drinking (Owens & Shippee, 2009). These authors also state variables that influence drinking behaviours and therefore motivations, including gender, age, local culture, family and support characteristics, religion and ethnic identity.

Most qualitative research on adolescent binge drinking motivations has discovered similar themes. Patrick, Palen, Caldwell, Gleeson, Smith and Wegner (2010) studied motivations for and against substance use and sexual behaviour in a sample of South African adolescents. Motivations included: enhancement (e.g. feeling good, having fun, and to have sex), negative state motivations (e.g. drinking to cope), social connections, and aversive social reasons (such as peer pressure). This

study illustrated the close link between social influences and the formation of motivations; for example, family reasons and peer reasons were both motivations for risk behaviours (e.g. modelling) and motivations against risk behaviour (e.g. disapproval). Motivations for binge drinking can therefore only be understood with an examination of the social context.

Engineer, Phillips, Thompson and Nicholls (2003) studied the social context of binge drinking among young adults aged from 18 to 24 years in England and Wales. This study illustrated the importance of the social context in terms of attitudes and motivations towards binge drinking, social and peer group norms, the effects of binge drinking on mood and behaviour, and the drinking environment. Motivations included: a desire to push the limits, an attitude that it is fun to lose control, personal freedom or escape, and to relieve stress or anger. These motivations compare well with common adolescent motivations, including social facilitation, individual benefits (such as mood alteration, coping with personal difficulties, and the 'buzz' of drinking; Pavis, Cunningham-Burley & Amos, 1997) and social norms and influences (Coleman & Cater, 2005a, 2005b, 2007; Kloep, Hendry, Ingebrigsten, Glendinning & Espnes, 2001). These findings suggest that young people's motivations for drinking are relatively alike.

In comparison to such research findings, a study by Kloep et al. (2001) found that while similar motivations – sociability, relaxation, companionship, excitement, group pressure and a tradition of drinking in their area or local culture - were important drinking motives, the most common reason was actually that young people had a desire to be accepted as an adult within their own culture. Therefore they engaged in drinking behaviours in order to be similar to adults. They perceived their behaviours as their growing acceptance into the 'drinking culture' in which adults are already a part of. These authors also found that during this identity forming process that the risks and evidence of the consequences of alcohol misuse were ignored and discounted by adolescents, and harsh control and authoritarian rules were seen as attempts to prevent young people from gaining entry into adult society. This resulted in adolescents feeling challenged to engage in risky behaviours and to break the law as they struggled to develop their adult identities (Kloep et al., 2001). Perceptions of their social environments were also an important element of this study. Those adolescents who perceived they had a good relationship with their parents, families and teachers drank less, as do those who perceived their parents to

be concerned about their drinking behaviours. This emphasises the role of parental influence and social support as protective factors against such problems.

Perhaps the most frequently observed motivation for adolescent binge drinking is social facilitation or the development of an individual and group identity, which is also related to peer influence and social norms. Drinking has become considered a part of a normal and fun existence for adolescents (Coleman & Cater, 2007). As McCreanor et al. (2008) state, the ‘discursive resources available and normative in this social climate support arguments and understandings that alcohol is seen as intended for producing intoxication’ (pg. 944). Coleman and Cater (2005b) found that social facilitation resulted in increased confidence and stronger social relationships, and this was also important in finding a sexual partner or interaction. When drunk, people are more likely to approach others and those drunk are more receptive to such advances (Coleman & Cater, 2005b). Marketing alcohol contributes to alcohol becoming firmly integrated into social and cultural practices. It impacts on youth identity formation by contributing humour, attractive ideas, images, phrases and other resources that can be incorporated into identity processes (McCreanor et al., 2008). A good example in New Zealand would be the Tui Beer advertisements, which draw heavily on local culture (e.g. country boys, girls in bikini’s, and summer activities), to make alcohol appear alluring and acceptable to adolescents.

McEwan, Campbell and Swain (2010) also state that new alcohol products and the development of commercial and social networking sites are influences and even motives for engaging in drinking behaviours. New drinking spaces and styles are also important to consider. Their article, however, only provides a historical account of the social, economic and legislative factors which have influenced the development of the New Zealand drinking culture. More research is needed to examine these local influences and *how* they influence the adolescent binge drinking culture. As Zamboanga and Ham (2008) argue, there is a lack of research on the broader social influences on alcohol expectancies, motivations and drinking behaviours. It is important for research to examine the impact of the social context on adolescents’ alcohol expectancies, valuations and contexts of drinking. Such research, like the current study, can aid understanding of the role of the sociocultural context in influencing adolescent drinking behaviours and their perceptions. Behaviours will only change if the approach taken to addressing adolescent

behaviours changes from being focused on the individual to being focused on how the physical and social environment shapes individual and social behaviour.

2.2 Social Influences

As Comasco, Berglund, Orelund and Nilsson (2010) argue, excessive alcohol consumption among youth is likely to be the result of both genetic (developmental) and environmental influences. The social environment plays a vital role in influencing adolescents' behaviours. Quantitative research has been widely used to explain the relationship between social influences and adolescent binge drinking behaviours. Such influences can act as risk factors or protective factors, and include family and peers (e.g. Latendresse, Rose, Pulkkinen, Kaprio & Dick, 2008), socioeconomic status and background (e.g. Melchior, Moffitt, Milne, Poulton & Caspi, 2007), religion (e.g. Brown, Salsman, Brechting & Carlson, 2007), culture (e.g. Christiansen & Teahan, 1987), social norms (e.g. Neighbors, Lee, Lewis, Fossos & Larimer, 2007), and marketing and advertising (e.g. Smith & Foxcroft, 2009; McCreanor et al., 2008). Such research has been valuable in illustrating the links between the social environment and adolescents' drinking behaviours.

2.2.1 Family & Friends

Family and friends have a profound influence on adolescent's drinking and risky behaviours, in terms of facilitating or protecting individuals from such behaviours (Zucker, Donovan, Masten, Mattson & Moss, 2008). As Latendresse and Windle (2008) state, parental drinking and parental practices (adolescent perceptions of monitoring and discipline) are both important factors in determining adolescent drinking. Perceived monitoring appears to successfully discourage alcohol use and intoxication throughout adolescence, while perceived discipline is significant in increasing alcohol use and intoxication later in adolescence (Latendresse et al., 2008). Adolescents appear to come increasingly socialised by their peers, so if these parenting mechanisms are not strong enough, adolescents' may be more likely to engage in risky behaviours, such as alcohol misuse. Latendresse et al. (2008) show that while the mediating role of parenting decreases throughout adolescence, parents' own alcohol related behaviours continue to have a strong influence on adolescents' drinking behaviours. Peer influence also strengthens during adolescence. Scholte, Poelen, Willemsen, Boomsma and Engels (2008) found that regular drinking of

siblings and friends posed the highest risk of regular drinking, whereas regular drinking of parents posed the lowest risk. When considering Bandura's social learning theory, modelling of behaviour is likely to occur when an individual is similar to the model, for example in age or sex, therefore it makes sense that friends or siblings would have the strongest influence on adolescent drinking (Scholte et al., 2008).

Parental drinking and alcohol use has a strong influence on adolescent drinking behaviours. Research has found that parental drinking, intoxication and problem drinking symptoms are associated with reduced monitoring and increases in discipline (Latendresse & Windle, 2008; Latendresse et al., 2008). An Australian study found that half of Australian adults and 63% of Australians on a higher income believed 15-17 year olds should be allowed to consume alcohol under parental supervision at home. At a time where peer influences are strengthening, this is a major concern as it may facilitate the onset of underage drinking and alcohol misuse. Hearst, Fulkerson, Maldonado-Molina, Perry and Komro (2007) found that social sources of alcohol were the most prevalent source over time, with parents as the primary source of alcohol. While their prominence decreased over time, taking alcohol from home and getting alcohol from others significantly increased as sources of alcohol over time. Such research shows that parental awareness and knowledge of the issues associated with adolescent alcohol consumption is a concern and that interventions should also centre on parents, who drink, as well as parental monitoring and discipline among parents in general to reduce the transmission of risk for alcohol use and/or intoxication

2.2.2 Socioeconomic Status & Background

Socioeconomic status (SES) is a risk factor that has been shown to contribute to an excess risk of poor health among children and adults. Melchior et al. (2007) conducted a longitudinal study of 1,037 New Zealand children born in 1972-1973, following them from birth to age 32 years, to examine the influence of SES on health outcomes. This study found that low childhood SES was associated with an increased risk of substance dependence (alcohol or drug dependence) and poor physical health in adulthood. Although the risk factors studied in this research (such as familial liability to poor health, intelligence quotient (IQ) and adult SES) accounted for 55-67% of poor health outcomes among adults exposed to low SES as

children, no single risk factor emerged as the main explanation, suggesting that the processes mediating the link between childhood low SES and adult poor health are multifactorial. This is an area of contrasting research however. Trim and Chassin (2008) found a significant relationship between neighbourhood SES and rates of growth in alcohol use. Neighbourhoods with higher economic advantages were predictive of greater increases in adolescent alcohol use and consequences, compared with peers living in lower SES neighbourhoods. At this level, affluence may therefore be associated with less parental supervision (permissive or absent parents), and thus more drinking peers who provide drinking opportunities and facilitate positive drinking norms in the neighbourhood. In a review of the SES literature, Hanson and Chen (2007) found no clear association between SES and alcohol consumption, stating that efforts to reduce adolescent drinking must focus across all SES levels.

2.2.3 Culture

Cultural contexts play a significant role in adolescent drinking behaviours. Kloep et al. (2001) carried out a qualitative study on young people's drinking behaviours and their views on various social aspects of alcohol with a sample of over 4000 rural adolescents in Norway, Scotland and Sweden. These authors found strong national differences, with Scottish adolescents drinking the most and Norwegians the least, and with no differences in predictor variables to explain these findings. Sweden and Norway have very similar alcohol laws and cultures, therefore the discrepancies in adolescent drinking (with Swedes drinking more) need to be the focus of future research to understand the societal and psychological reasons for cultural differences in alcohol consumption. As Christiansen and Teahan (1987) found, Irish adolescents drink less frequently and exhibit less drinking problems than American adolescents, perhaps because of the strong normative prohibitions regarding adolescent drinking and the links with religion. This study also found that differences in adolescent alcohol expectancies are consistent with cultural differences in drinking behaviour, with Irish adolescents expecting less social enhancement, less individual benefits and less sexual enhancement, but more arousal and aggression. Although this is a dated paper, it is a good example that drinking cultures are a reflection of these social and psychological influences operating.

Kuntsche, Rehm and Gmel (2004), in a review of the characteristics of binge drinkers in Europe, found cultural differences in alcohol use between European countries which reflected local drinking cultures and how alcohol has been integrated into the local culture. It was found that wine-producing Southern countries like France, Portugal and Greece, had the lowest prevalence of secondary students reporting drunkenness at least twice in their lives. The highest proportion of school pupils who had been drunk 10 or more times in the past 12 months came from Denmark, Finland, the United Kingdom, Ireland, Sweden, Greenland and Norway, whereas the lowest proportion came from Croatia, Hungary, Greece, Portugal, France, Italy and Cyprus. This confirmed a North-South gradient in Europe for secondary school children, with those in northern, western and eastern parts of Europe reporting greater use of alcohol, drunkenness and binge drinking. The authors believed this had to do with the cultural position of alcohol in a country; it depended on family structure, the adult drinking culture and the adolescent drinking culture. Binge drinking is therefore less likely in countries where alcohol is integrated into everyday life and part of the culture, such as France and Italy. As adolescents have grown up with alcohol around them, there is less of a need to 'binge' when they reach the legal drinking age, and heavy drinking during weekends is not as socially or culturally acceptable as it is in other countries in the north (Kuntsche, Rehm & Gmel, 2004).

Valentine, Holloway, Knell and Jayne (2008) studied young people's drinking in rural areas in the UK. There were generally positive attitudes towards young people's drinking. These attitudes are a product of the distinct characteristics of rural cultural life as well as changes in intergenerational relations. With rural life, alcohol plays a significant part in local culture; while there are less social and leisure spaces, places like the 'local pub' and homes become the focus of adults' social lives. As a result, young people's drinking is often tolerated and seen as normal. Also, with close-knit communities and strong relationships between adults and children, there is less trouble around alcohol use. Urban environments are often considerably different, with different drinking spaces or 'urban nightlife', less supervision, more dangers and a larger binge-drinking culture with more peer influence or group facilitation which strengthens a determined drunkenness or culture of intoxication (Valentine et al., 2001; Jayne, Valentine & Holloway, 2008).

Different social contexts result in different drinking cultures with different alcohol meanings over time and place.

2.2.4 Binge Drinking Cultures

Contextual aspects that have been shown to influence adolescent drinking, and drinking in general, include the changing patterns of work and leisure (for example more women in the workforce, therefore possibly less parental supervision and discipline), the changing landscape of the night-time economy, the emergence of less supervised drinking locations for adolescents, and changes in alcohol policy (Measham & Østergaard, 2009). Such changes are well documented in the literature. Measham and Østergaard (2009) show that women's drinking in the UK and in Denmark has changed significantly, with a convergence between women's and men's consumption patterns, incomes and broader lifestyles (see Lyons, Dalton & Hoy's (2006) work on changing masculinities and femininities), and more frequent drinking, home drinking and wine drinking into middle age, associated with professional occupations. As discussed, parental use of alcohol and parental monitoring of adolescent alcohol use have a strong influence on adolescent behaviour, therefore as adult drinking practices change over time, then changes in adolescent drinking is also likely.

Measham and Brain (2005) discusses four significant changes that have contributed to the culture of intoxication among young people in Britain. The first change is the emergence of the 'decade of dance' and the use of illicit drugs in the early 90's. This resulted in the normalisation of recreational drug use and the integration of alcohol consumption into these new consumption styles. The second change was the re-commodification of alcohol and the rise in sessional consumption. This change was associated with new alcohol products, increased strength of drinks (higher alcohol percentages), alcohol being advertised as a 'lifestyle maker', and the change to the design and promotion of drinking establishments (i.e. more attractive bars). The third change was a 'determined drunkenness', in which the above two changes have resulted in broader attitude changes in terms of a culturally acceptable and desirable state of intoxication for drinkers. In other words, drinking to get drunk was seen as 'normal' and part of the local culture. The final change was the emergence of shots, which rapidly became an established and popular part of drinking, representing a way to get drunk faster and a treat for friends. All this has

occurred alongside a move towards a consumer culture. Measham and Brain (2005, pg. 262) conclude that these behaviours “must be positioned in late modern society as behaviour which is a vehicle for consumer and criminal justice discourses, both encouraged by economic deregulation and constrained by legislative change, indicative of the ambiguities at the heart of British alcohol policy.”

Legislation and policy also plays an important role in influencing adolescent drinking behaviours. Measham (2008) found that heavy consumption among young people in Britain has levelled off during the 2000s, possibly due to changes in policy. Changes included stricter serving practices in both on and off licensed premises, increased regulation of outdoor space and a reduction in promotional and retail practices that might appeal to young drinkers. These changes may have all contributed, along with a cultural reaction against the widely recognised images and consequences of binge drinking, to this decline in heavy alcohol consumption. There is, however, still a concern for the minority of young people whose alcohol consumption remains at high levels and who are exposed to greater risks. As Measham (2008) states, with the privatisation of some public space and the increased regulation and criminalisation of young people’s drinking behaviours, there are fewer choices for young people to socialise together away from home without surveillance. This may have contributed to young people drinking in their own or others’ homes, or in more isolated or dangerous less supervised locations. This is a growing concern in society with the on-going developments in the alcohol industry (such as new drinks and alcohol advertisements) which may encourage adolescents to purchase products and to consume large quantities of alcohol.

2.2.5 Social Norms

Social norms are important social influences and motivations for drinking behaviours. Social norms – descriptive norms and perceived approval of friends – are among the best predictors of youth drinking (Neighbors et al., 2007). Perceived approval from peers appeared to be the strongest in this study, suggesting that social networks and friendships play a major role in determining behaviour. Therefore social norms act as both social influences and drinking motivations. As a drinking motive, social facilitation is the most endorsed reason for drinking (LaBrie, Hummer & Pederson, 2006). This in turn has created the perception, or norm, that social facilitation can therefore only occur with the assistance of alcohol. The adolescent

binge drinking culture and tertiary drinking culture that has developed over time, especially in New Zealand (McCreanor et al., 2008; McEwan, Campbell & Swain, 2010), has resulted in adolescent alcohol consumption and heavy drinking being seen as 'normative'. The benefits these behaviours offer (or the perception of the benefits) have reinforced this adolescent drinking culture and the move towards alcohol as a normal part of adolescent life. Neighbors et al. (2007) found that social norms (perceived prevalence of drinking and perceived approval) are among the best predictors of alcohol consumption, while personal reasons (such as drinking to cope) are better predictors of the consequences of alcohol use. As social and cultural contexts change over time, the norms surrounding adolescent alcohol use also change.

2.2.6 Mass Media & the Advertisement of Alcohol

Considerable research has also shown that exposure to alcohol in mass media and advertising greatly increases the likelihood of drinking (Ellickson, Collins, Hambarsoomians & McCaffrey, 2005). Some television shows and movies can unintentionally foster teen drinking or signal an interest in activities that foster such behaviours (Sargent, Wills, Stoolmiller, Gibson & Gibbons, 2006). As Dal Cin et al. (2009) found, movie alcohol exposure had a significant unique influence on expectancies about alcohol use, prototypes of drinkers, friends' alcohol use, and willingness to use alcohol, and that these variables were associated with alcohol consumption and change in consumption over time. These authors state that alcohol exposure in movies may operate through similar processes as other social influences, which highlights the importance of considering such exposures in research on risky adolescent behaviour. Russell, Russell and Grube (2009) found that adolescents receive positive and negative messages on television differently. Recall and perception of more overt negative messages (in terms of outcomes, such as embarrassment and having a hangover) increases with exposure and that receptiveness to the subtle and less remembered positive messages (for example having fun and feeling happy) increases with levels of program connectedness (Russell, Russell & Grube, 2009). This means that if an adolescent connects with a television series or movie, then the continued exposure to positive alcohol messages may put the adolescent at greater risk of alcohol consumption. This has significant implications for how the media portrays alcohol to its adolescent audience.

The relationship between early exposure to alcohol advertising and underage drinking has been clearly demonstrated in the literature. Alcohol advertising can be in many forms, such as television ads, alcohol ads in magazines, in-store displays, radio ads, ads at sporting events, and even the ownership of alcohol promotional items. Media plays an important role in many adolescents' lives, so they are at greater risk of exposure to such advertisements. Collins, Ellickson, McCaffrey and Hambarsoomians (2007) found that, in a sample of 1,768 South Dakota youth, the joint effect of advertising exposure from all sources was significant in predicting both drinking and drinking intentions one year later, even after controlling for potentially confounding variables such as prior drinking. Children exposed to extremely high levels of advertising were subsequently 50% more likely to drink and 36% more likely to intend to drink than those at low levels of advertising. Snyder, Fleming Milici, Slater, Sun and Strizhakova (2006) found that American youth who saw more alcohol advertisements on average, drank more alcohol. Youth under the legal drinking age displayed a similar pattern of advertising effects as the entire age range of this study (15-26 year olds), which as these authors state, is important because there is often a greater policy interest in protecting this group from the harmful effects of advertisement and alcohol consumption. Other studies, such as Smith and Foxcroft (2009) and Ellickson et al. (2005) have also found similar findings, suggesting that alcohol advertising and media is a strong social influence that contributes to an increase in drinking among adolescents.

As McCreanor et al. (2008) state, the increase in alcohol consumption among young people and the growth of alcohol-related harms, coincide heavily with steadily rising expenditure, sophistication and diversity in alcohol marketing. These authors show that alcohol marketing in New Zealand produces 'fun and cool' adverts, contributes to adolescent identity formation, and draws on aspects of the local culture to ensure adverts are marked by association with valued aspects of life in New Zealand, leading to this culture of intoxication. Through social environments, positive messages about alcohol are transmitted rapidly among peers and social networks, increasing the range and scope of marketing and making the choice of alcohol intoxication the easy or 'normal' choice for adolescents (McCreanor et al., 2008). Thus the media and marketing in turn creates a culture of intoxication among adolescents. Such research has implications for health promotion in terms of advertising policies. Regulating availability and consumption, and placing penalties

on marketers, producers and broadcasters for overexposure of young people to alcohol promotions are essential.

Portrayal of alcohol consumption in the media is also an area of relevant research, as it may facilitate others to drink. Lyons, Dalton and Hoy (2006) explored the ways in which alcohol and drinking were represented in UK magazines. These authors found three discourses – the drug alcohol, masculinity and machismo, and drinking as normality – which constructed men's and women's drinks and drinking behaviours in sharp contrast (Lyons, Dalton & Hoy, 2006). Drinking was aligned with traditional masculine images, although new kinds of drinks were aligned with feminine images. Such images in the media not only convey masculine and feminine messages about alcohol (i.e. that traditionally men can drink lots of beer and women should not appear drunk in public), but also that drinking is fun, normal and acceptable. Such portrayals can influence adolescents drinking behaviours by transmitting positive messages about alcohol through such sources.

2.2.7 Gender Identities

Drinking has traditionally been aligned with masculine images and ideas. However, in recent years there has been a marked increase in alcohol consumption amongst young women in Western countries (Lyons & Willott, 2008). These drinking patterns may reflect changes in society, such as increased part-time and female labour, and a shift from home-based to public-based leisure activities for young women (Sweeting & West, 2003 as cited in Lyons, Dalton & Hoy, 2006). Pubs, for example, were traditionally perceived as male leisure areas but are now seen as places for both men and women. As Lyons, Dalton and Hoy (2006) state, this is linked to the increases in female participation in risky behaviours such as drinking. Lyons and Willott (2008) found that women appropriated traditionally dominant masculine gender performances such as drinking and enjoying beer, drinking excessively, and drinking in public with friends. Interestingly women drew on discourses of 'equality' to construct these behaviours, suggesting that women too can engage in masculine behaviours, and by doing so gain the credibility and power associated with hegemonic masculinity. These authors also found that women can feminise these behaviours in order to maintain gender boundaries, for example, by drinking out of a glass or by matching drinks with appearance. Therefore these participants were creating versions of femininity that were complicit with rather than

subordinate to men (Lyons & Willott, 2008). Lyons, Dalton and Hoy's (2006) findings that for women drinks are aligned with feminine images and descriptions, yet the drinking itself is aligned with masculinity, adventure, professionalism and the public sphere, reinforces this point that women can engage in masculine behaviours but still remain feminine.

Drinking patterns are less differentiated by gender during adolescence. Once into adulthood, males tend to drink more and more often, whereas young women tend to consume less alcohol, drink less frequently and get drunk less than men (Ahlström & Österberg, 2004/2005). Research generally shows little support for the popular view that girls' drinking is on the rise and the gender gap is narrowing for adolescents (e.g. Zhong & Schwartz, 2010). Findings from the New Zealand Alcohol and Drug Use Survey show that there have been no significant differences in the prevalence of past-year drinking among 16-17 years olds since 1996/97 by gender, and that male adolescents were significantly more likely to have consumed alcohol three to six times a week than females (MOH, 2009). This suggests that teenage drinking numbers aren't on the rise and that the gender gap is not narrowing. Anecdotal evidence, especially in New Zealand, suggests otherwise; that adolescent women are drinking more than they used too, or the same as males, and are engaging in more risky behaviours. This is reinforced by authors such as Lyons, Dalton and Hoy (2006). Further research is needed to understand the changes in drinking patterns of young adults, as there has been a lack of research, particularly qualitative. Age, gender and drinking behaviour is an area of research with much promise as society continues to change.

2.2.8 Normative and fun behaviour

Another area of research for which there is strengthening evidence concerns adolescent's perceptions of alcohol consumption and binge drinking behaviours. As Coleman and Cater (2007) state, most young people do not classify themselves as binge drinkers, with drinking considered to be part of a normal and fun existence. Adolescents generally do not perceive heavy drinking or binge drinking as problematic. Honess, Seymour and Webster (2000) argue that adolescent alcohol consumption has moved beyond imitating adult behaviour and is as now as much a 'normal' behaviour as adult alcohol consumption. This is reinforced by Mohan (2008), who illustrates that perceptions towards alcohol have changed over time with

the intention to get drunk now perceived as a ‘normal’ and experimental phase of adolescence, rather than a risky behaviour with consequences. Mohan (2008) suggests that these changes may be due to societal changes, including developments in the school to work transition (e.g. more students continue onto university) and changes in traditional gender roles (e.g. New Zealand’s masculine and binge oriented drinking culture). As a result, for example, young people spend more time dependent upon parents, leaving them at a time whereby they can experiment with new lifestyles. Other reasons may include developments within the alcohol industry and the production of new products which are more attractive to underage drinkers (McEwan, Campbell & Swain, 2010; Mohan, 2008), as well as increases in disposable income (Mohan, 2008).

Such research shows that the social contexts and norms surrounding adolescent binge drinking have changed over time and place. The culture of adolescent binge-drinking has clearly changed alongside changes in society. The perception of drunkenness (or ‘being drunk’) has changed, with such behaviours now considered normal (Courtney & Polich, 2009). The risks and harms of alcohol have become socially discounted. Adolescents do not consider the possible consequences of their actions while drinking with the intention to get drunk and to potentially have sex. As McCreanor et al. (2008) state, alcohol-related harm is on the rise too, including fatal and non-fatal crashes involving alcohol, ER visits and arrests.

2.2.9 A ‘Rite of Passage’ for Students

Alcohol consumption and binge drinking has, in many ways, become a rite of passage for students. Colby, Colby and Raymond (2007), using focus groups with American college students, aimed to understand the factors that reduce post-college drinking, to develop strategies to moderate student drinking. Participants perceived drinking during college years to enhance socialisation, bonding and disinhibition. They also associated drinking with high levels of freedom, low levels of responsibility, and as a ‘time-out’ from the “real-world”. Behaviours were therefore justified by participants, as in this college context heavy drinking was permissible (Colby, Colby & Raymond, 2007; Engineer et al., 2003). Expectations about future lifestyles and adulthood also influenced their behaviours. Participants saw their futures, as adults, as burdensome and tedious, with heavy drinking characterised as irresponsible and a threat to family and careers. To these participants, adolescence

and young adulthood is a period where they can experience such behaviours and not feel irresponsible. As McEwan, Campbell and Swain (2010) suggest, there is a prominent university drinking culture in New Zealand. This drinking culture begins in adolescence and during high school years (as developmental perspectives state), and has inevitably led to this tertiary drinking culture. However, statistics show that it is adolescents who are more at risk to the consequences of alcohol misuse, and where most health promotion interventions need to be focused.

Evidence suggests that these changes in social norms with binge drinking now seen as ‘normal’ and ‘fun’ apply to both adolescents and young adults. As Mohan (2008) suggests, societal changes are responsible for the change in drinking cultures among young people; therefore further research examining the social contexts of adolescence is required, especially in a New Zealand setting for the purpose of this research, before interventions can be developed. While modelling and peer pressure from university students may encourage adolescents to drink more, there are many social influences that have changed over time that may be responsible for the emergence of a harmful adolescent drinking culture in New Zealand, such as alcohol marketing and advertising (e.g. McCreanor et al., 2008), school education, and parental and peer influences. If alcohol consumption and the consequences of heavy alcohol consumption among adolescents can be reduced, then this may have implications for those beginning university and the tertiary drinking culture, for example adolescents may be more educated and aware of the risks of binge drinking which may influence their decisions and behaviours at university.

2.2.10 Lack of Awareness and Knowledge of Risks

One of the biggest concerns with underage drinking is the lack of awareness and knowledge adolescents have about alcohol consumption and alcohol misuse. As Engineer et al. (2003) found, few young people saw themselves as being ‘at risk’ when they got drunk as it has become part of their ‘normal’ and expected behaviour. Participants reported a range of risk-taking behaviours, such as getting rides home with strangers and having unprotected sex, but did not see these behaviours as a concern. Rather, they saw their behaviours as normal and fun, and associated drinking with freedom, independence and a way to escape, illustrating the influence of the binge drinking culture on adolescents and young adults. Participants took risks for two reasons: for perceived necessity, and from alcohol making people more

reckless, overconfident or determined to do as they pleased. Interestingly, some found that talking or thinking about risks interferes with their freedom and independence. Kloep et al. (2001) found that adolescents perceive stages in the way people think about drinking, ranging from excessive early-age drinking, with ‘loss of control and boundary crossing’, to ‘sensible patterns’ and drinking accordingly to ones limits. These participants considered themselves already well-informed about the dangers of alcohol, and that experiencing the consequences of alcohol was part of the learning process. In other words, they perceived drinking as a skill, and a skill that has to be learned. While some adolescents may have knowledge of the risks involved, in general adolescents appear to ignore them in favour of the positive outcomes or expectations of alcohol.

This gap in this literature, of whether adolescents themselves perceive their binge drinking behaviours as problematic, and what needs to be done to reduce the harms experienced by these individuals, their families and society in general, is an area of much needed research. Coleman and Cater (2005b) explore whether young people (aged 18-25yrs) viewed binge drinking as a ‘real’ problem and what they thought could be done to reduce binge drinking. These authors found what has been said previously, that rather than classifying themselves as ‘binge drinkers’ with a problem, they considered drinking to be part of a normal and fun existence. Most participants thought nothing could stop binge drinking, however some did suggest shock tactics that young people could relate too (emphasising the negative consequences should it happen to them), witnessing and reflecting on antisocial and embarrassing behaviour, acknowledging the likelihood of regretted sexual experiences, and greater enforcement of not purchasing alcohol when drunk (Coleman & Cater, 2005b). Such research can have strong implications for health promotion.

2.3 Theoretical Framework

2.3.1 Social Constructionism

Social research that draws on a social constructionist epistemology has a contribution to make in helping to reduce the prevalence and effects of binge drinking among young adolescents (Coleman & Cater, 2005a). As Pavis, Cunningham-Burley and Amos (1997) state, the role of social structure and climate has been neglected in previous research. Social constructionism focuses on the

practices of people as part of societies or cultural groups, rather than independent individuals (Stephens, 2008). It gives consideration to the different social and cultural contexts, and *language* which people use to construct reality together. Cultural differences exist in adolescent binge drinking and sexual-risk taking behaviour, for example differences between Irish and American adolescents (Christiansen & Teahan, 1987). In this dated paper, Irish adolescents drank considerably less than Americans as a result of religious views – it is (or was) common practice for Irish adolescents to pledge alcohol abstinence from alcohol until age 21. Multiple views of reality can be held at different times or by different cultures, which explains why adolescents’ binge drinking and sexual risk-taking behaviour is likely to vary across time and place. This relates to one of Burr’s (2003) main assumptions of social constructionism: historical and cultural specificity. This means that theories and explanations of psychology become time and culture-bound and cannot be taken as once-and-for-all descriptions of human nature (Burr, 2003). Human behaviour is shaped by the social context, which changes over time and place.

A study by Guise and Gill (2007), which aimed to explore binge-drinking issues important to female undergraduates in Scotland, used a social constructionist perspective and discourse analysis to understand how students define and understand the term ‘binge-drinking’, the motivations for drinking and what might trigger excessive consumption. This particular approach was chosen as discourse analysis has its roots in a social constructionist perspective, with language being seen as having a social function, and as a medium of social action in that it is used to construct what is spoken or written about. As definitions of binge-drinking and drunkenness are subjective, and ‘normal’ and ‘safe’ levels of drinking are a product of social practices in which language plays an important role, an examination of how adolescents talk about binge-drinking is a useful way to understand more about what it means to them and why they drink in this way. This study is one of the few studies that have used such an approach to explore the adolescent drinking culture, their perceptions of their behaviours, and the reasons behind their drinking. Guise and Gill (2007) found that binge-drinking was explicitly defined in terms of its effects, and not quantities consumed; that it is characterised as an enjoyable activity; and that it helps people to socialise.

With regards to health promotion, perhaps the most interesting finding from Guise and Gill's (2007) study is that those who are heavy drinkers do not consider themselves as such, and reject any sensible drinking messages aimed at the group. This has implications for how health education presents messages to adolescents. Given the subjective nature of defining binge-drinking, an appreciation of what binge-drinking means to those who do it is necessary. If we can understand more about the social influences, how these influence adolescent drinking, and the discourses adolescents draw on to construct their drinking behaviours, the current study and future research will have valuable health promotion implications. These will potentially reduce the risks associated with adolescent drinking and binge drinking and the adolescent drinking culture that has been engrained in many societies. Pavis, Cunningham-Burley and Amos (1997) also state that for health promotion to be effective, it must take into account *where* and *why* adolescents drink. Therefore a social constructionist perspective, with language as an important aspect of socially constructed knowledge, can not only aid our understanding of the adolescent binge drinking culture but can offer health promotion implications specific to the context in which the research was undertaken, as we can address the social and physical aspects of the environment that may be influencing drinking motivations and behaviours.

2.3.2 *Qualitative Research*

Qualitative research aiming to explore and help explain patterns of binge-drinking and sexual-risk taking behaviour is relatively scarce. Coleman and Cater (2003) note two areas of concern regarding adolescents and binge drinking in the United Kingdom: more young people are drinking on a regular or weekly basis, and young people are consuming alcohol in greater quantities especially during a single session of binge drinking. This reinforces the point made in chapter 1 of the development of an adolescent binge drinking culture where consumption of alcohol is on the rise where adolescents perceive their behaviours as normative and fun. This has encouraged the emergence of research evidence, particularly in the UK, connected to young people's binge drinking behaviours; for example looking at the motivations for why so many young people 'drink to get drunk' (Coleman & Cater, 2007). As Coleman and Cater (2005a) state, understanding *why* young people drink in this manner - and how they view their behaviours - is essential to inform practice and

policy aimed at reversing worsening trends, such as increased consumption, the risk of STDs, and regret. A lot of evidence has arisen from qualitative research as it aims to ask these *how* and *why* questions, providing researchers with a deeper understanding of the issue and what can be done to reduce risky behaviours and their associated consequences. Understanding the reasons for binge drinking among adolescents is the first step towards changing the culture of binge drinking (Coleman & Cater, 2007).

2.3.3 Adolescent Alcohol Discourses

To answer these questions and to increase our understanding of why adolescents binge-drink, more research is needed on the discourses adolescents draw on when constructing their drinking behaviours and subject positions. McCreanor et al. (2008) describe a complex of youth discourses around the themes ‘fun or cool’, identity and culture, drawn from alcohol marketing materials. While these themes refer to the marketing and advertisement of alcohol, they also reflect the adolescent drinking culture which is saturated with pro-alcohol discourses. The marketing and advertisement of alcohol has combined with the hegemonic discourses of pleasure, identity and culture to encourage and support the naturalised increases in consumption that grow the profits of enterprise capitalism (McCreanor et al., 2008). There are now strong discourses around alcohol consumption being an essential part of individual identity and an enjoyable activity that everyone engages in, both of which have led to this new culture of intoxication or determined drunkenness. For example, many beer brands are now built around masculine icons (such as hard work, outdoor life and pioneering spirit) and concepts from mainstream New Zealand culture. Marketing uses such ideas to produce a positive valence around products, as well as discourses around consumption of these products.

Marketing has played a major part in this development, along with other social influences such as parental and peer influence. Marketing happens to have a strong effect on adolescents, who value marketing materials which are firmly integrated into their social and cultural lives (McCreanor et al., 2008). The transmission of positive messages surrounding alcohol between peers is highly normative among young people. The discursive resources around alcohol consumption now suggest that alcohol is intended for producing intoxication, rather than for low or moderate consumption. Adolescents are particularly vulnerable to

such discourses. These combined influences have resulted in drinking and getting drunk being seen as normal among adolescents. Lyons, Dalton and Hoy (2006) identified 'drinking as normality' as a main discursive theme in their study of the portrayals of alcohol consumption in several UK magazines. Drinking is constructed as a very normal, everyday social activity. Other discourses included 'the drug alcohol' and the masculinity of alcohol consumption. Guise and Gill (2007) found that participants constructed binge drinking as a harmless activity that can enhance social interaction and facilitation, and as a result, is strategic. For example, participants talked about binge drinking as helpfully lowering inhibitions and as an activity which takes place within socially acceptable boundaries. The current study aims to produce a coherent picture of the ways in which adolescents talk about their alcohol consumption and binge drinking, which will hopefully lead to better understanding the discourses they draw on to construct their behaviours.

2.4 The current study

There is little evidence on adolescent binge drinking motivations and discourses in a New Zealand context. Although previous studies have found similar motivations for drinking, the social influences and drinking motivations in a NZ sample of adolescents may vary significantly. Therefore, one of the aims of this study is to compare teenage drinking reasons and discourses of a NZ sample, to those established by authors such as Coleman and Cater (2005) and Honess, Seymour and Webster (2000). McEwan, Campbell and Swain (2010) have provided a detailed examination of the local and global influences on the NZ drinking culture. The rise of the tertiary drinking culture may also be a reason for drinking as it facilitates group drinking and influences social norms. Palmerston North, where this study was completed, is a 'university city' with a number of tertiary institutions, and as a result has a large proportion of university students. Student modelling and peer pressure may also play a role in influencing adolescent drinking. Understanding teenage alcohol consumption and binge drinking in New Zealand is an area requiring urgent research, and one that should be the focus of further research.

Most research on teenage binge drinking has focused on developmental and psychological perspectives to explain behaviours (Schulenberg & Maggs, 2002). However, these approaches, while emphasising the social context, have focused more on the individual and as a result there is a limited understanding of the social

and cultural aspects that make each individual, group and context unique. Research is needed to understand the social context and culture in which teenagers engage in risky behaviours and the meanings they attach to these behaviours, to inform health promotion activities. Qualitative research aiming to explore and explain patterns of binge-drinking and risk taking behaviour is relatively scarce. As Coleman and Cater (2005a) state, understanding why teenagers drink in this manner - and whether they construct their behaviour negatively - is essential to inform practice and policy aimed at reversing undesirable trends.

Research needs to move forward by examining the social context of these behaviours so that we can understand more about the culture of adolescent intoxication and how it can be changed. The current study focuses on why teenagers binge drink by examining the discourses they draw on to construct their binge drinking behaviours. It also aims to understand more about the social and cultural context of binge drinking among teenagers in Palmerston North, which will contribute to health promotion interventions aimed at reducing the harms experienced from binge drinking. This study uses a small sample of binge drinking teenagers aged 16 to 18 from Palmerston North. Quantitative research has been extensive in this area, and has been particularly useful in providing a valid insight into the patterns and levels of alcohol consumption and young people, the effects or outcomes of alcohol misuse, and the correlates of alcohol misuse, as illustrated throughout this review. The current study does not deny the importance or the effectiveness of such research. Instead, it uses a social constructionist framework and aims to contribute to filling the gap in the literature regarding why teenagers binge drink and the discourses they draw on to construct their behaviour and subject positions. It will also contribute to complimenting the existing evidence base, and potentially offering solutions as to how this issue, and its risks, can be minimised in a New Zealand setting.

The research questions of this study, as stated below, are used to guide the theoretical and methodological components of this research to ensure that the chosen theory, methodology and methods link together and are epistemologically appropriate. These research questions are open-ended, calling for answers which provide detailed descriptions and, where possible, explanations of the phenomenon (Willig, 2001). Such qualitative research questions identify the process, object or entity that researcher seeks to investigate. Rather than predicting what we will find,

like a hypothesis, it points us in a direction, asking *how* something happens rather than *what* happens. These questions are used to guide progress, to achieve the aims, and to promote reflexivity by constant evaluation of progress with respect to the aims and research questions. Thus, as Willig (2001) states, these questions were open to the possibility of change during the research process to ensure that we were asking the right questions. As a greater understanding of the methodology and data analysis was obtained, the initial research questions become more aligned with what a discourse analytic approach aims to achieve with respect to adolescent perceptions of their binge drinking behaviours. The final research questions were as follows:

- What discourses do adolescents draw on to construct their alcohol drinking and drunkenness behaviours?
- How are these discourses used to construct adolescent binge-drinking behaviours?
- How do the discourses and the different constructions position adolescents and other subjects?
- How do these constructions and positions influence practice and subjectivity with respect to adolescent binge drinking and drunkenness?
- How can the results from this qualitative research be effective in minimising binge drinking and the effects of such behaviours?

CHAPTER 3

METHODOLOGY & METHODS

3.1 Methodology

In order to answer the research questions, a methodology that enabled the researcher to gain insights into the participants' perspectives regarding alcohol consumption and the teenage binge drinking culture in New Zealand was required. As this study aims to examine teenagers' talk about their binge drinking behaviours and the discourses they draw on (to understand *why* they drink), a qualitative method of research was more appropriate than a quantitative approach that generally focuses on identifying and explaining causal relationships between events. Quantitative research has clearly demonstrated the links between social factors and alcohol use (see Chapter 2), as well as the links between alcohol use and risky behaviours, but has failed to sufficiently explain *why* adolescents binge drink and place themselves in risky situations by examining *how* social factors and motivations for drinking influence behaviours and perceptions (Coleman & Cater, 2005a, 2005b).

A Foucauldian discourse analysis was the chosen approach for this qualitative research project. This approach to data gathering and analysis is concerned with language and its role in the constitution of social and psychological life (Willig, 2001; Burr, 2003), as it conceives of 'text' in its widest sense as containing networks of meaning (discourses) which construct our social and psychological realities (Willig, 2001; Parker, 2005). As above, it is appropriate given the social constructionist epistemological framework of this research and the research questions aimed at understanding how the social and cultural contexts influence adolescent binge drinking perceptions and behaviours. This approach focuses upon the availability of discursive resources within a culture and its implications for those within it. Parker (1994), as cited in Willig (2001; pg. 107), defines discourses as 'sets of statements that construct objects and an array of subject positions'. Language is not a reflection of our environment; language *constructs* our environment. Concepts, such as 'anger' or 'hatred' for example, are not 'pre-packaged forms' inside us, but rather we come to understand ourselves (who we are) in terms of these concepts, through language, our interactions and our constructions of the world (Burr, 2003). As Willig (2001) states, such constructions in turn make available certain ways-of-seeing the world and certain ways-of-being in the world.

Since language, and therefore our constructions, are historically and culturally specific (a main assumption of social constructionism), they change over time and space (Burr, 2003). Insistence upon the nature of language as constantly changing and varied in its meanings is a key aspect of social constructionism (Burr, 2003). By focusing on language and how people construct the world in different ways, depending on the context and culture, this research will guide our understanding of how a sample of New Zealand teenagers' talk about and construct their binge drinking behaviours, and will provide us with insights into the teenage binge drinking culture in New Zealand and what can be done to minimise the risks involved.

Focus groups were chosen as the method of data collection. As Kitzinger (1995) states, focus groups are particularly useful for exploring people's knowledge and experiences, and can be used to examine not only what people think but how they think and why they think that way. Group interviews help people explore and clarify their views in ways that would be less accessible in a one-on-one interview – participants are encouraged to respond to, and comment on one another's contributions (Kitzinger, 1995; Willig, 2001). In this way, statements are challenged, extended, developed, undermined or qualified in ways that generate rich and meaningful data (Willig, 2001). Group dynamics work well when participants work with the researcher, taking the research in new and often unexpected directions. The interviewer provides general discussion points which allow participants to discuss the issues among themselves, sharing opinions and experiences and facilitating discussion within the group: participants do most of the talking, generating large quantities of rich data. This enables the researcher to tap into the many different forms of communication people use in everyday interactions. The data obtained allows the researcher to ask questions about how participants jointly construct meanings through interaction, as they would in a social drinking setting (Kitzinger, 1995; Willig, 2001). As adolescents have their own 'language' or forms of communication, this method was considered most appropriate. Drinking is typically a social activity; therefore focus groups are less artificial than interview settings. As a result, the data generated is likely to have higher ecological validity (Willig, 2001).

Given that adolescents tend to drink with their friends, peer group interviews – a type of focus group – were chosen, as participants would feel more comfortable discussing alcohol consumption with peers than strangers. This allows group

relationships to develop faster and facilitates discussion, generating more responses and experiences. Group interviews also encourage discussion from all members, while allowing participants the freedom to choose whether or not they responded to particular issues. Further, participants in focus groups feel less pressured to defend their responses than in interviews (Morgan, 1996). However, focus groups do have limitations. For example, participants may be unwilling to discuss personal aspects of sensitive subjects (Willig, 2001). Alcohol consumption and risky behaviour is a topic that may generate sensitive issues, such as sexual experiences, therefore the focus group setting may not facilitate disclosure of such information. These issues can be managed by asking participants to talk 'generally' about such topics, by providing their opinions or knowledge of others experiences. As this research is focused more on the contextual influences and perceptions of behaviours, rather than outcomes of such behaviours, such issues may be less likely. The data obtained from the focus group is also dependant on the interviewer, and how they establish rapport and trust with the participants (Willig, 2001).

3.2 Participants

In-depth peer group interviews were conducted with 20 teenagers aged between 16 and 18. Of these, 12 were females and 8 were males. All participants spoke fluent English. The aim was to recruit a varied sample of participants to hear as many different experiences and viewpoints as possible. To ensure this, five high schools across Palmerston North were used as recruitment sites. These schools differed significantly, and included single-sexed schools, co-educational schools, one religious school and schools from different socioeconomic communities to sample a range of adolescents. All participants were from Palmerston North, as this is where the researcher was based.

3.3 Methods

Four peer group interviews were conducted. Each group involved between four to six teenagers from the same school, and interviews took place at the schools in a room designated by school staff or at one of the Public Health offices provided by the MDHB Public Health. Willig (2001) states that focus groups should consist of no more than 6 participants to ensure all participants remain actively involved in the group discussion. Each group was made up of pairs of friends. Having a friend

present (and peers from the same school which they may have known) at the peer group interview allowed participants to feel more comfortable and more free to share their opinions and experiences. As a group, participants did not have to answer questions they did not feel comfortable answering or simply did not wish to answer, nor did they have to defend their responses.

Gender bias was a potential issue as one group with all female participants was conducted, whereas a group with solely male participants was unable to be arranged due to time limitations and participant commitments. Two groups were conducted with participants from the two co-educational schools and a fourth group was conducted with a mix of both male and female students (as shown in table 1). In total there were 12 females and 8 males. Six participants were recruited for each group; unfortunately some participants did not turn up to the peer group interviews or were absent from school on the day of the interview and failed to inform the researcher in sufficient time.

Table 1: Composition of the peer group interviews

	Females	Males	Total participants
Interview 1	1	3	4
Interview 2	4	2	6
Interview 3	5	0	5
Interview 4	2	3	5
Total	12	8	20

The interview schedule for the peer group interviews was comprised mainly of semi-structured questions, which allowed the interviewer to have an element of control over responses (see Appendix 7.1). Through semi-structured interviews, the interviewer is given the power to follow ideas and investigate motives and feelings of participants, as they are not restricted by a formal sequence of questions (Bell, 1997). The interviewer was aware of the social identities of the participants and their cultural milieu (as well as his own), and how this may have affected the data collected, to ensure the interviewee was comfortable with being interviewed and with the interviewers (Willig, 2001). For example, the interviewer talked in a language that was understandable to adolescents (e.g. in non-technical terms and in a confident manner) and dressed casually, to ensure participants felt comfortable and understood the role and importance of the interview. The schedule included participant and interviewer introductions, in which each participant had to introduce

their peer (and both interviewers introduced each other), followed by “warm-up” questions, including questions about first experiences of alcohol, what alcohol they drink, where they drink, how often they drink, how they get alcohol and their opinions about alcohol. These introductions and discussion points allowed rapport and trust to be established within the group, and between the interviewer and participants.

The main part of the peer group interview included questions relating to drinking influences and motivations, experiences and outcomes of alcohol misuse, and perceptions of behaviours. These discussion points were useful in a group setting as teenagers were able to share stories and relate to each other.

The interviewer raised the issue of alcohol consumption leading to sexual experiences that may have been negative or harmful in some way, allowing participants to respond freely. For those that reported sexual experiences while drunk, the researcher probed, in a sensitive and appropriate manner, for more details to contribute to the understanding of the relationship between alcohol use and risky sexual behaviour, which is an area of particular interest to MDHB Public Health. Participants were asked to talk about the issue of regret following sexual experiences. Discussion points were made general so participants had the option of responding generally or specifically on their own personal experiences. Questions regarding how such experiences could have been different and what could be done to reduce the consequences associated with alcohol were also asked. While this is only one consequence of binge drinking that was examined in detail, others were also discussed, including driving while drunk, accidents, sickness and memory loss. Discussing outcomes of heavy drinking allowed for the social influences and motivations, and therefore the discourses, to be made clearer as the outcomes were often used as reference points when talking about the relationships between these influences and alcohol use.

3.4 Procedures

Participants were recruited through the Public Health Unit at MDHB in Palmerston North, who obtained formal access to the high schools involved. Fellow researcher, Dr Emma Dresler-Hawke, assisted with this process by working with MDHB Public Health staff to carry out a quantitative and qualitative study of young people’s fluid intake and alcohol consumption. This allowed both researchers and MDHB to obtain

access to schools simultaneously for both research projects. Collaboration with Dr Dresler-Hawke and MDHB Public Health enabled participant recruitment for the present study to take place during the completion of the quantitative research of fluid intake among high school students. Five schools were used in that study to establish a varied sample of 13-18 year olds; Dr Dresler-Hawke's study included this wider age range as it had a broader focus on teenagers in general, and considered other drinks in addition to alcohol.

All schools and their staff were fully informed about the research and research procedures. The MDHB Professional Health Promotion Advisor and co-researcher met with the schools and explained these procedures before any approval was given. Locality assessments were signed which gave permission for both components of the research to be carried out. Consent was obtained from school principals to allow the research team to install an online questionnaire in schools. School teachers were responsible for explaining the study to the students and administering the questionnaire during class time. Principals and teachers were fully informed about both research projects (the questionnaire and peer group interviews) but were not asked to explain the current study on teenage binge drinking to students, as only some would be eligible, based on their questionnaire responses. This questionnaire included questions about individual's consumption of certain types of drinks.

For the purpose of obtaining suitable participants for the present study, students who answered the question regarding how many drinks they typically consume on each day of the week with *more than 2-4 alcoholic drinks on any single occasion at least once during their typical week*, and were within the required age range, were taken to a 'future research opportunity screen' (see Appendix 7.2). This screen contained the question: *'would you be interested in participating, with a friend, in a peer group interview on teenage alcohol consumption? Refreshments will be provided to keep you going after school, and those who participate will be compensated for their contribution to the research with an entry into a prize draw'*. If interested in participating, students were asked to register their name and contact details (phone number or email address) in the space available, and were told they would be contacted shortly.

Students who completed the online questionnaire provided consent by agreeing to participate and complete the questionnaire anonymously, as no contact

details were required. Those who wished to be part of the present study were informed that their details would be kept confidential, and that the researcher would contact them regarding participation in the peer group interview. Information provided on this screen remained separate from the remainder of the questionnaire. The researcher had access to the questionnaire database and was able to access the completed questionnaires from each school, and was able to separate those questionnaires with the 'future research screen' completed from those that did not. Potential participants could thus be contacted for the current study as soon as questionnaires were completed.

Participants still interested in participating at the time of first contact following the questionnaire were emailed or posted information sheets (see appendix 7.3), including one copy for their friend. Participants were instructed to read the information, contact the researcher if they had any questions and ensure that their chosen friend(s) had done the same. Participants were informed that they should show their parent or guardian the information sheet, so they too could understand the purpose and process of the study. Parents then had the option of contacting the researcher for more information or to discuss any concerns. However, because the participants were at least 16 years old, they had the right to participate without parental consent. The Massey University Code of Ethics states that parental consent must only be obtained for participants under the age of 16. However, the research team recognised that, because participants would be attending the peer group interview after school hours, it would be beneficial for parents or guardians to know where their child was, and what they were doing. Ultimately, disclosure of the information sheet to parents or guardians was at the discretion of the participant.

The researcher then selected a varied sample of peers, for each group interview, that had followed these instructions and were still interested in participating. Due to time restrictions, the researcher asked some participants to bring a second friend to the peer group interviews. This worked out to be a superior approach as the groups were made up of more friends and people who were more likely to know each other, thus helping to facilitate group discussions as well as enhancing the ecological validity of the research situation. A suitable time was arranged for each group, based on participant and interviewer availability. This generally occurred after school.

There were several issues that arose during participant recruitment that caused delay in data collection. The researcher completed continuous evaluations throughout the recruitment process to identify such problems and to adjust the research procedures accordingly. The questionnaire was sent to all schools at the same time but the schools took different approaches to installing the questionnaire and encouraging students to participate. This resulted in delays in questionnaire responses and different response rates for the five schools, which proved difficult when organising the peer group interviews based on interviewer availability, and even participant availability as the end of school term drew near. Contact with the schools was made only once a week by the MDHB Public Health staff member to ensure schools remained active in completing the questionnaire, but to not put pressure on school staff during a busy time of the year. This was also to protect the relationship between MDHB Public Health and schools involved. Unfortunately this process contributed to delays in participant recruitment and put considerable pressure on the researcher to complete data collection within a designated time-frame (during Term 2). Priority was also given to the first pairs of two or three interested in the research.

The recruitment screen was successful in attracting interest in the current research, with approximately a third of participants providing their name and a contact detail in the future research screen of the questionnaire. These responses were briefly screened by the researcher to ensure they met the inclusion criteria to be eligible for the groups. Potential participants were then emailed or sent texts about the research and what was required of them in order to participate. Unfortunately, very few participants replied to this initial contact. This suggested that there was an issue with the wording or the information that was being sent to participants. As a result, both interviewers spent some time rewording this information to be more attractive, forceful and appropriate to an adolescent audience (e.g. to include less words, more non-technical terms and engaging language). Females were more likely to respond to the invitations to participate, and many of those who did reply admitted to not meeting the inclusion criteria of having experience with drinking that has led to being drunk on at least one occasion.

Prior to the first peer group interview, both interviewers had practice with the interview schedule using staff members from MDHB Public Health as participants. This allowed the interviewers to become familiar with the schedule as well as

obtaining feedback from staff. Several improvements were made after this practice session. An official pilot interview was arranged with participants from the school that completed the online questionnaire first, providing participants that were available to participate and who met the inclusion criteria. This enabled the researcher to test the interview schedule, see whether the questions were easily understood by participants, and if the schedule met the time requirements of the interview. It also allowed for both interviewers to get further practice with the schedule and conducting peer group interviews. Both interviewers took notes during and after the interview as to how the interview schedule could be adjusted for the remainder of the group interviews. As it was an official pilot, all procedures were followed correctly so the recorded session could be transcribed and used for data analysis. Originally, this group was to be repeated at this school, but because it was an official pilot and the interviewers were satisfied with how the interview progressed, the data from this first peer group interview was used as one of the interviews from the four schools. Minor adjustments were made to the interview schedule, including the removal of some questions and the rewording of some questions that were misunderstood by participants. Overall the interview schedule met the time requirements of the group interview and the interviewers were satisfied with the data from the first group.

The researcher and assistant interviewer were present for all four peer group interviews. After each group the researcher and assistant interviewer met to discuss and reflect on the group interview, any issues that arose, and the main themes. They also planned for the next group. The order of interviews conducted was based on participant and interviewer availability. The co-researcher, along with the assistant interviewer, then conducted further peer group interviews at the five schools involved for the purpose of the co-researcher's long-term research project. The assistant interviewer, a MDHB staff member, was present at all peer group interviews to ensure a level of consistency in the interviewing between the two research projects. The researcher gave the co-researcher permission to use the interview schedule and to make changes where necessary to fit the requirements of her research project.

At the beginning of each peer group interview, the research was explained to all participants in non-technical terms and any questions were answered. Individual consent forms were signed after the group had been fully informed about the study

and the research procedures (see Appendix 7.4). Confidentiality agreements were signed by all participants and both interviewers to ensure all information, including information about the research, participant details and information shared during the interview, remained confidential and would not be used for any other purposes apart from the research procedures (see Appendix 7.5). Research procedures were discussed with the participants, and questions were answered to ensure all participants understood what was involved. It was stressed to participants that they had the right to not answer any questions or share information they did not feel comfortable sharing; to withdraw from the interview at any time; that all contact details and responses would remain confidential; and that the research findings would be stored securely and safely, and only accessible to the researcher and research supervisor.

The research protocols for dealing with sensitive information or distressing issues were also discussed, including emphasising confidentiality, ending or changing the topic of discussion, and providing services and support should any issues arise (more below). Participants were made aware that the assistant interviewer was a MDHB Public Health staff member with experience of conducting group interviews and for dealing with any issues should they arise. To help make participants feel more comfortable and to facilitate the beginning of the discussion, free pizza and drink was provided. This also allowed time for the participants to get to know each other.

Peer group interviews were tape recorded. This method was the best for recording responses, as it allowed the interviewers to interact with the participants - both interviewers took some notes during the group interviews to aid the recordings. It was decided that both interviewers would share the discussion, alternating between sections, as participants would feel more comfortable interacting with both interviewers rather than having one interviewer taking notes. Arskey and Knight (1999, as cited in Mohan, 2008), state that audio recording gives the interviewee a sense that their responses are valued, providing some encouragement. However, respondents may feel intimidated by recordings, so it may have a negative impact upon their responses (Willig, 2001). To reduce this feeling of intimidation, all participants provided consent for the interview to be recorded when they signed the consent form, and were provided with an explanation of why the interview was being recorded and what it will be used for. Participants were able to request that any part

of the discussion not be transcribed, both during and after the interview. At the end of each session, the tape recorder was turned off and any questions the participants had, or issues they did not want recorded, were discussed. Following the completion of the peer group interview, participants were offered the opportunity to receive the results from the study by completing a separate form with an email or postal address. No copies of the recorded session or transcribed data for editing responses were offered to participants, in order to protect the group's confidentiality.

Four peer group interviews were completed. Unfortunately an interview was unable to be conducted at the fifth school involved in the research collaboration due to a low number of responses to the questionnaire and time restrictions. Time and cost limitations prevented further interviews being conducted. However, the data obtained from the four peer group interviews was rich and meaningful and the researcher was satisfied with the data obtained as it was suitable for a thorough analysis to obtain the necessary results and to provide suitable justifications. Also, after the third group, the data (in terms of themes, issues and how participants talk about binge drinking) was becoming very similar so additional groups were not essential.

All participants were provided with the researcher and supervisor's contact details should they have any questions or concerns about the study or the research procedures, along with the information detailing youth alcohol use, the consequences of alcohol, and local youth support services in case any issues emerged during the peer group interview that caused concern. During the course of the peer group interviews, participants may have revealed serious drinking problems that endangers their health or lives of others, illegal activity (such as fake IDs or outlets that have supplied alcohol to minors) or distressing issues (such as sexual regret). Also, some participants may have been concerned about their drinking or the drinking of others, or any other issues that may have emerged during the discussion. Protocols were in place to manage such issues or knowledge of illegal activity, and these were explained at the beginning of the group interview. Some participants did reveal problematic drinking behaviours, concern for others' drinking habits, illegal activity (particularly fake IDs) and dangerous behaviours. Both interviewers discussed these issues, and none of these were serious enough to warrant breaching participant confidentiality.

At the conclusion of the interview, all participants were supplied with alcohol leaflets detailing safe and unsafe alcohol use, the consequences of alcohol misuse, and the services available to youth in the Manawatu region. In case of participant distress, whether visible or non-visible, or apparent need for help with alcohol-related issues, participants were directed to the Youth Directory booklet for Palmerston North youth, which contained the contact details of numerous community support groups, and was supplied to all participants. This booklet was first developed in 1995, and was updated mid-2009, so was still relevant and the most current resource available. The assistant interviewer was also available to assist in talking to and providing participants with the relevant information and available services. While no psychological risks or side effects were anticipated, if they were to arise all efforts were in place to minimise them. School counselling services were emphasised to participants should they wish to talk to anyone about any issues raised.

Each participant was thanked for their time and received an entry into a prize draw for prizes ranging from \$25 to \$75 in value. These prizes included movie tickets, and vouchers for the Warehouse and the Plaza shopping centre in Palmerston North. All participants were provided with the contact details of the researcher, the assistant interviewer, the co-researcher, and project supervisor should they have any concerns regarding the study at any time during the research. All participants were followed up approximately one week after the peer group interview to discuss any issues or concerns.

Data was analysed in aggregate form, and individuals were not identified: pseudonyms were used to protect participant identity. All contact details and data from the six peer group interviews remained confidential throughout the study and were stored securely, accessible only to the researcher and research supervisor. All information will be stored securely for five years before being destroyed.

After the completion of all peer group interviews, including those conducted by Dr Dresler-Hawke as part of her research project, schools were contacted and thanked for their time and effort with the installation and administration of the questionnaire, and for providing a room after school hours for the peer group interviews. Their contribution in providing us with research sites and participants was appreciated, and to thank them, each school was rewarded with a \$100 book voucher. Preliminary results from the four peer group interviews in the current

project (with participants and school identity remaining anonymous) were sent to all participants, as well as the MDHB to use and distribute to the schools, once the analysis of the data was completed, along with final feedback outlining the main findings, interesting findings and progress with both research projects.

Appropriate ethical considerations were adopted in conducting this research. Firstly, a formal ethical review was conducted by the Health and Disability Ethics Committee (see appendix 7.6), and secondly, all those involved in helping to recruit participants and assisting with the peer group interviews (MDHB Public Health staff) understood the ethical guidelines. All procedures outlined were approved by the HDEC.

3.4.1 Māori issues

Although this study did not specifically focus on Māori, there was potential for Māori to be recruited as participants. This research project was too small to allow for any contrasts to be made on the basis of ethnicity. However, Māori were included in all aspects of this study. One school setting had a high Māori population but unfortunately a peer group interview was unable to be arranged due to the low number of students and response rate to the questionnaire. In total, approximately a quarter of participants were Māori. A Māori Health Promotion Advisor attended all interviews as the assistant interviewer. This helped facilitate discussion between Māori participants and the rest of the group. The assistant interviewer was available if any participants wanted to talk about the research or any issues that were raised. The results of this study may raise questions for future studies that focus on particular issues related to alcohol use by young Māori. Māori were engaged in the conception and design of the proposed research: the Māori Health Promotion Advisor from MDHB Public Health provided advice and assistance with the design and organisation of peer group interviews; the Advisor in Māori Health at MDHB Public Health provided support for this project and Māori participation; and locality assessments for each high school covered school support regarding Māori participation.

3.5 Data Analysis

All tape-recorded data from the peer group interviews was transcribed and subjected to discourse analysis. As the epistemological position for this research is a social constructionist one – that human experience, including perception, is mediated historically, culturally and linguistically – the text can be approached using a discourse analytic theoretical framework. This means that the transcribed data is seen as a ‘manifestation of available discursive resources which the interviewees are drawing upon to construct a particular version of events’ (Willig, 2001; pg. 10), that being their binge drinking experiences and the adolescent drinking culture in New Zealand. As language is an important aspect of socially constructed knowledge, social constructionism is concerned with identifying the various ways of constructing social reality that are available in a culture (e.g. the adolescent drinking culture) and to explore how these constructions are used and implicated within society (Willig, 2001), therefore a discourse analytic approach is appropriate for the current study.

For the present study, data analysis of the transcribed peer group interview data was guided by Willig’s (2001) six stages in the analysis of discourse. The selection of suitable texts for analysis was informed by the research questions. The six stages, as used in this study are briefly outlined below, along with additional actions the researcher took to analyse the data:

Stage 1: This first stage was concerned with the ways in which the discursive object was constructed. For the current study, the discursive object was teenage binge drinking. Therefore this stage is focused on understanding how adolescents construct binge drinking. This stage involved the identification of the discursive object and of the different ways in which it was constructed in the text. It involved highlighting all the instances of reference to the discursive object within the text. This was a time-consuming process but enabled the researcher to become engaged and familiar with the data and how participants talked about the discursive object. Both implicit and explicit references were included: indirect references can actually tell a lot about the ways in which an object is constructed. Identifying discursive constructions became easier as the researcher became familiar with the transcripts.

Stage 2: This stage involved focusing on the differences between the constructions for the discursive object, as the discursive object can be constructed in very different ways. For example, drinking was constructed as fun and cool by all

participants but some participants also constructed their behaviours as harmful and problematic. By focusing on such constructions we were able to locate the different discourses adolescents' draw on to construct their behaviour. Therefore the aim of this stage was to locate the various constructions of the object within wider discourses.

Stage 3: This stage involved a closer examination of the *discursive contexts* within which the different constructions of the object are being deployed. It looked at what the text 'does' or its *action orientation* by asking the questions: what is gained from constructing adolescent alcohol consumption in this particular way at this particular point within the text, and what is its function and how does it relate to the other constructions produced in the surrounding text? By employing a focus on action orientation we were able to gain a clearer understanding of what the various constructions of the discursive object are capable of achieving within the text (Willig, 2001).

Stage 4: This stage took a closer look at the subject positions which the participants offered. Davies and Harré (1999), as cited in Willig (2001; pg. 110), states that a subject position within a discourse identifies 'a location for persons within the structure of rights and duties for those who use the repertoire'. This means that discourses construct subjects as well as objects and, as a result, make available positions within networks of meaning that speakers can take up, as well as place others within (Willig, 2001). Subject positions offer discursive locations from which to speak and act. Therefore we asked the questions: how were the participants and the people they talked about positioned with respect to their constructions of adolescent alcohol consumption? How do the participants position themselves in relation to their constructions of this discursive object?

Stage 5: This stage was concerned with the relationship between discourses and practice. A systematic exploration of the ways in which discursive constructions and the subject positions contained within them open up or close down opportunities for social action was carried out. As Willig (2001) states, by constructing particular versions of the world through language, and by positioning subjects within them in various ways, discourses limit what can be said and done. It is important to realise that non-verbal practices, such as memory loss or sexual regret after heavy drinking, can, and do, form part of discourses. Such practices become legitimate forms of behaviour from within particular discourses. These practices, in turn, reproduce the

discourses which legitimate them, forming a feedback cycle between discourse and practice. The aim of this stage was to map the possibilities for action contained within the discursive constructions that were identified in the text.

Stage 6: The final stage explored the relationships between discourses and subjectivity. Discourses allow certain ways-of-seeing the world and certain ways-of-being in the world. They construct our social and psychological realities. Discursive positioning plays a very important role in this process as a person inevitably sees the world from the vantage point of their position (which is shaped by the social context, for example our religion or culture shapes our moral beliefs and opinions) and the images, metaphors and concepts they use for example are made relevant within the particular discursive practice in which they positioned. This final stage enabled tracing the consequences of taking up various subject positions for the participants' subjective experience. The question: how does your position in the world affect your subjective experience, was examined. For example, we can examine what it means for a male participant who positions themselves in a masculine or male drinking or sexual drive discourse, and how this positioning affects their subjective lives and their daily interactions (from Willig, 2001). Teenage males may feel the need to drink more than females as that's what it means to be a 'man', which they want to be, or to show off to the women (e.g. as a result they don't need to feel guilty about their drinking behaviours as 'all real guys do it', and it's 'attractive to women').

Reflexivity was also important during this analysis process. As Nightingale and Cromby (1999, pg. 228) state, "reflexivity requires an awareness of the researcher's contribution to the construction of meanings throughout the research process, and an acknowledgment of the impossibility of remaining 'outside' of one's subject matter while conducting research". Personal reflexivity involves reflecting upon how our own values, experiences, interests, beliefs and social identities for example have shaped the research, whereas epistemological reflexivity involves a reflection upon the assumptions (about the world and about knowledge) that were made throughout the research process and helps us think about the implications of such assumptions for the research and its findings (Willig, 2001). The researcher took steps to ensure that he remained aware of how he was contributing to the data analysis and how his own world view and assumptions were influencing the analysis. These steps included: reflecting on the research process and how it was influenced by his values and experiences, continuous evaluations of the research process, and

consultation with the research team. To ensure epistemological reflexivity, the researcher also constantly updated the research questions as the research progressed to ensure the methodology and methods were aligned with the epistemology and theoretical framework of the research. It was also important to recognise the assumptions these positions hold and how the research is shaped by them.

3.5.1 Limitations

It is important to realise that the Foucauldian discourse analysis conducted in the current study only follows Willig's (2001) six stages of conducting discourse analysis: it is not a full analysis of in the Foucauldian sense. Foucault was concerned with the relationships between discourse, history and power. While power is an important aspect of this issue, in terms of how participants position themselves as drinkers compared to others (for example non-drinkers and their parents and peers) and the power differences within their social environment (such as laws, alcohol availability and accessibility, and neighbourhood perceptions of behaviours) for example, a complete Foucauldian discourse analysis was not necessary for this research project. These stages allow the researcher to approach a text and to explore the ways in which it constructs adolescent alcohol consumption and subjects, as well as gaining an understanding of the constructions' implications for practice and subjectivity. Willig (2001) describes it as a 'way in' to Foucauldian discourse analysis and a way that is appropriate for understanding the discourses participants draw on. Willig's (2001) stages do however allow us to identify some power discourses operating, such as the ones mentioned above, and how subjects are positioned within them.

As Willig (2001) states, addressing issues of subjectivity, ideology and power, raises a number of difficult theoretical questions for those undertaking a Foucauldian discourse analysis. While discourse is implicated in the construction of selves and subjectivity, it is less clear as to whether discourse is all that is required for a sense of personal identity to be formed. Identifying discourses and subject positions within discourses does not provide us with any information as to the emotional investments individuals make in particular positions or their attachments to those positions. For example, an adolescent may view binge drinking as normal and fun or as a 'rite of passage' for adolescents. A Foucauldian discourse analysis does not provide us with information as to how this subject position has come about,

or how attached the subject is to that position; it merely helps us identify the available discourses and how discursive objects and subjects are constructed.

The degree to which social and material reality shape discourses is also a concern with discourse analysis. We know discursive constructions have implications for the ways in which we experience the world, both physically and psychologically, but we know less about how reality can construct discourse. There are many different views surrounding the extent to which discourse is constrained by reality, and more research is needed to examine questions around the links between discourse and reality (Willig, 2001). A final limitation is that all forms of knowledge are constructed through discourse and discursive practices, therefore our own analyses and reports are themselves discursive constructions that cannot be evaluated outside of a discursive framework. As researchers we must have a reflexive awareness of our own knowledge claims and of the discourses used to construct them, and how these may have shaped our discourse analysis procedures. When conducting a Foucauldian discourse analysis, it may be easy to overlook our own constructions and the discourses we draw on. Reflexivity and constant evaluation of progress is an important component of qualitative research to ensure our role as researcher does not influence the data or the analysis of that data.

Finally, for an inexperienced researcher, there are some pitfalls we need to be aware of as Parker (2005) discusses. It may be easy to slip from a discourse analysis into a thematic analysis or even content analysis if we are not familiar with Willig's (2001) six stages or Parker's (1992) detailed steps of conducting a discourse analysis. Understanding the processes of discourse analysis is essential. Parker (2005) outlines some things that every researcher needs to follow when undertaking a discourse analysis. Firstly, we must adhere to the research questions and aims when analysing data and avoid idle curiosity or voyeurism that could lead the analysis in different directions. Secondly, we must ensure that we are linking the data into discourses rather than simply sorting the data into categories. Thirdly, it is important to realise that we cannot discover what people really think or speculate about psychological processes or personality characteristics that may explain what they said. We are simply trying to understand the wider discourses participants draw on to construct objects and subject positions. Finally, this is the only reading of the text therefore we cannot make any claims that it is completely accurate. Other

readers may have their own interpretations, or be guided by different theoretical frameworks which result in different interpretations.

CHAPTER 4

RESULTS

4.1 Introduction

This chapter outlines the results from the present study. Firstly, a brief introduction to the study's main findings will be made, with respect to how adolescents talk about binge drinking and drunkenness in general. Secondly, the main discourses participants drew on to construct their behaviours will be outlined, illustrating the different constructions of the discursive object, the action orientation of these constructions, the subject positions of constructions and discourses, and the implications these discourses and constructions have for practice and subjectivity.

This chapter has been structured in order to develop a 'story' of the data. How participants talk about getting wasted will be outlined, with respect to the discourses they drew on, moving from the descriptive (such as identifying the discourse and providing evidence) to the interpretative (making links between the discourses and giving them a sense of context, for example). Examples have been incorporated into the interpretive account; pseudonyms (gender obvious) are provided along with the interview number and numbered lines to refer to quotes throughout the text. The researcher was critically reflexive to ensure his position did not influence the interpretations of the results, and also provided continuous evaluations of the analysis process to ensure the research questions were being answered.

4.1.1 Drinking to get wasted

The most common reason for drinking used by participants was 'to get wasted', which to these participants' refers to reaching a heightened state of drunkenness. Being wasted was seen as desirable. The experience of drinking and 'being wasted', as well as talking about these experiences, was enjoyable for participants. The consequences of being wasted, such as vomiting and memory loss, were often talked about in positive terms. 'Getting wasted' can be viewed as the discursive object in the text as most people talked about being drunk in terms of getting 'wasted' or 'hammered' for example. Participants talk about 'getting wasted' very differently as a result of the different discourses they draw on. Most participants talked about teenagers as simply wanting to get wasted, with no other reasons for drinking. In the

quotes below, both Amy and Ben talk about teens simply wanting to drink and get drunk, and that it is no longer about the social reasons for drinking. According to participants, teenagers have moved on, or have grown up from, when drinking was about watching movies and hanging out with mates. For teenagers now, it is about the drinking and achieving a drunken state in the fastest time.

1 [Amy] *It's just you don't go out to hang out with mates like if you're going to a*
2 *party it's basically to get drunk aye you don't aw yeah I'm going around to watch*
3 *movies. (Int. 2)*

4 [Ben] *If you feel like getting wasted you just get wasted. (group agreeing)*

5 [Tim] *So what are the individual reasons for drinking?*

6 [Ben] *Getting wasted. (group agreeing)*

7 [Lara] *Because what else are you going to do? (Int. 4)*

These quotes illustrate that for these teenagers drinking is all about 'getting wasted' and that the social aspects of drinking are no longer the main reason. While Amy talks about teenagers drinking to get wasted in general terms, she also states that for her the social context is important:

8 [Amy] *But I think it's fun drinking in a huge group but not to get wasted and with*
9 *people you know... well yeah like it would still be fun but like a party it's not*
10 *open say like it's your friend's birthday and there's only like ten of you or*
11 *something its real fun and there's no dramas that's what I like about drinking in a*
12 *group. (Int. 2)*

13 [Amy] *I think the norm kind of like is going out and drinking every weekend I*
14 *think that is kind of the normal (agreement) but I don't yeah I don't drink every*
15 *weekend so but yeah that's the normal you go out and you get trashed drunk*
16 *every weekend. (Int. 2)*

In this case Amy positions herself as drinking more for the social reasons of drinking rather than to get wasted. Her comments throughout the transcript position her as responsible, mature and more concerned about the social benefits of drinking (trust, friends and closeness). This works to ensure Amy is still able to go out and get wasted and follow this norm without feeling bad about drinking with the intention of

getting wasted. Participants Steven and Kelly also justified getting wasted and positioned themselves favourably by first suggesting that they drink for the social benefits and that it may or may not lead to drunkenness:

17 *[Kelly] um nah they we generally drink so that we're quite drunk but not like*
18 *going out with the intention of getting completely smashed but we just happen to*
19 *get pretty hammered really. (Int. 3)*

20 *[Steven] Yeah like it brings everyone together you just have drinks and you see*
21 *everyone yeah like you don't need to get wasted but it's just like yeah. (Int. 4)*

These participants, like Amy, construct their behaviours as mature and responsible, which works to position their behaviours to others as socially acceptable and harmless. While in most cases these participants still get drunk, they are able to remove some of the negative connotations associated with teen drinking and drunkenness by suggesting that it does not always happen and that it depends on the context. Therefore, these participants position their behaviours as unproblematic. They are able to enjoy the social aspects of the situation and use it to justify getting drunk. How participants talk about 'getting wasted' is shaped by the discourses that will be detailed in the remainder of this chapter. These include: a 'social life discourse', an 'alcohol is bad' discourse, and gender discourses.

4.2 A 'social life' discourse

This 'social life' discourse – that alcohol is an integral component of teenagers' social lives - was drawn on by most participants when talking about their binge drinking behaviours. As such, it is a discourse because there was a level of shared understanding between participants of what binge drinking means to them. This discourse was used to construct alcohol as an essential component of a teenager's social life. While some participants chose not to draw on this discourse, most did and alcohol was talked about as something positive and necessary to have in order to obtain the full satisfaction of the social setting. Alcohol is constructed as providing social benefits, such as social facilitation, and contributing to the establishment of a secure place within the group. Drinking alcohol allows teenagers to be positioned positively within the social group and to avoid the negative positioning that some experience from choosing not to drink.

4.2.1 Drinking as fun

All groups and participants talked about alcohol consumption and binge drinking as fun and enjoyable. As outlined above, the main aim of alcohol consumption and binge drinking was ‘to get wasted’ and such drinking behaviours were described as ‘fun’ and ‘cool’.

22 *[Laura] I was talking to my Mum the other day and she's like why do you get*
23 *drunk all the time Laura and I was like to make things more fun sometimes coz I*
24 *got a down and she's like aw what did you do before you started drinking at*
25 *parties I was like get bloody hyped up on sugar I'm a bit more mature than that it*
26 *doesn't really work anymore Mum.*
27 *[Bella] to have fun. (Int. 2)*

In this example Laura states that she drinks to get drunk because it makes things more fun, and that she is now older and more mature so the things that were fun when she was younger are no longer fun and do not have the same desired effect. ‘Getting wasted’ was often talked about as more important than the social benefits of the situation. Drinking is talked about as a requirement to be positioned as fun, cool or part of the group. In the following quote, Britney describes how she believes she is perceived by her siblings for not wanting to get drunk all the time:

27 *[Britney] I've got two older siblings who have gone through university and*
28 *obviously get hammered every day of their lives ... have always like been trying to*
29 *get me drunk for years just because they think that once I get to uni I'm going to*
30 *be dead but yeah. (Int. 3)*

In this instance Britney’s siblings describe her behaviour as the opposite to fun and cool (e.g. boring and antisocial) as when she gets to university she will be ‘dead’ (lines 29-30), suggesting that she will struggle to fit in with the university drinking culture because she does not get drunk often. Her siblings use a ‘social life’ discourse to position her as not fitting in with what teenagers are all doing; she is not positioned as ‘fun and cool’ like the majority.

31 *[Lara] Sometimes if everyone else is doing it you just yeah just coz they're having*

32 *fun I want to have fun sort of thing.*
33 *[Steven] Yeah sometimes it's just cool to get wasted you know sometimes on a*
34 *weekend it's like cool let's get wasted yeah like right now I just want to get*
35 *wasted it would be so much fun. (Int. 4)*

Participants drew on this 'social life' discourse to position themselves and others as cool or not cool, for example. Positioning themselves and their behaviours as 'cool' (or 'classy' as Jackson uses in line 60 later in the text) is the desirable subject position in this discourse, whereas being positioned as 'not cool' (like Britney in lines 28-30), or as a 'douche' (used by Britney later in the text) is the non-desirable subject position. 'Classy' was used by Jackson when describing risky behaviours, illustrating how participants associated such terms (positive terms) with the risks or dangers of alcohol use.

36 *[Polly] Just to have fun like more fun than like sober fun like we're all like can*
37 *have fun with our groups and let loose and stuff but there's another whole*
38 *element to it when you've been drinking.*
39 *[Britney] I just love like the getting dressed up and the obviously for boys it's not*
40 *like that at all but I love the like getting dressed up and the anticipation of a good*
41 *night ahead and like you look forward to it throughout the whole week.*
42 *[Polly] And then when you go to places and there's people that you haven't seen*
43 *for a while.*
44 *[Britney] And the concept that you can't have fun without alcohol. (Int. 3)*

45 *[Amy] And their like oh where's the parties this week and it's like wouldn't you*
46 *want a day home for a weekend and be warm and not get hung-over.*
47 *[Jackson] Sleep.*
48 *[Amy] Yeah exactly that's what you do in a weekend not get pissed.*
49 *[Ryan] When you get older it's sort of like the simpler things become more fun ...*
50 *you start to appreciate like sleeping and staying warm and having like just a quiet*
51 *night in and not go out and get drunk every weekend. (Int. 3)*

In this example, Polly states that there's a whole new element of fun when you have been drinking that only alcohol can add (lines 36-38). Drinking is described as a big event – something to look forward to. It is an important part of the week, and an important part of these teenagers' lives. Alcohol is talked about as

taking them to a whole new level and is more fun than ‘sober fun’ (line 36). While sober fun exists according to participants Polly and Amy, Britney suggests that because of this the norm has become that you cannot have fun without alcohol (line 44). These participants know that there are other fun things to do, however they position themselves as having to drink to have fun. Ryan notes that teenagers have fun by drinking and getting drunk, but over time this will change and they will begin to appreciate other things. As Josh (Int. 1) says, teenagers are ‘*just living for the now*’. This positions participants as able to engage in drinking behaviours, and to do so without having to think or worry about the consequences. ‘Getting wasted’ is constructed as the good thing to do at their age.

While participants talked about how fun drinking is, they also recognised the risks and consequences of drinking to get wasted. They generally used positive terms and found the risks and consequences of drinking and drunkenness humorous and enjoyable to talk about.

- 52 [Laura] *I just go around there and drink and bring out the spirits get wasted off*
53 *those jump off their roof through stones.*
54 [Amy] *What?*
55 [Laura] *bad night (laughing) and I ended up walking home by myself which was*
56 *quite bad it was the day before mother’s day yeah gave Mum her present... head*
57 *was bloody sore (laughing) she was like I heard you come home last night ... aww*
58 *did ya... tripping over everything in the hallway ... I didn’t even know I can’t*
59 *remember how I got inside like shit no it was a good night though I liked it.*
60 [Jackson] *Classy Laura.*
61 [Laura] *Yeah (laughing) good times I love it. (Int. 2)*

Laura uses the phrase ‘good times’ and laughter when describing her experiences of being very drunk, along with phrases such as ‘bad night’. Talking about the ‘bad’ and the ‘good’ at the same time shows that the positives of drinking often outweigh the negatives, and that these negative aspects may be part of an overall positive experience. While many participants were aware of the risks and had knowledge of the issue and its consequence, this was not constructed as influencing their drinking; drinking was still described positively, and even the experience of talking about their drinking behaviours and the consequences appears to be enjoyable. These participants can experience such consequences while still having a

positive experience. So rather than the negative or harmful consequences of drinking being avoided, these consequences are openly talked about and are part of the whole positive drinking experience. The ‘social life’ discourse was used to construct drinking as an important aspect of these teenagers’ social lives and to position those who do drink as ‘cool’ or ‘classy’ for example.

4.2.2 Social facilitation, increased comfort & group identity

Participants frequently talked about the social benefits of drinking, which are tied to the ‘social life’ discourse that most participants drew on to construct their binge drinking behaviours positively. Social facilitation, and the increased enjoyment and comfort of social situations, were some of the main reasons for drinking. Participants talked about drinking and social facilitation in terms of closeness and bringing people together, being with friends, making new friends, trust and respect, increasing confidence, and sharing a common identity. While ‘getting wasted’ was the main reason or goal of drinking for participants, the social aspects of drinking were constructed as facilitating the process in helping teenagers reach their desired state of drunkenness while at the same time offering them a place in the group. Many participants talked about how being with others and drinking as a group heightened their experiences and feelings, for example:

62 *[Britney] I just had a couple but I thought that I was wasted and as soon as I got*
63 *into bed I was like aw I’m actually not drunk at all I just thought I was because*
64 *everyone else was like... you think you’re wasted and you go into the toilet and*
65 *you’re like oh yeah I’m sober... (Int. 3)*

66 *[Britney] Yeah even just like one drink when you go to a party I will so I will go*
67 *up to someone and I will talk to them and be so different to how I would be if I*
68 *was completely sober and that’s just one drinks difference it’s all in your mind but*
69 *it makes you feel so much more secure with what you’re saying coz you think*
70 *everyone’s drunk. (Int. 3)*

These quotes illustrate how drinking with others in a social setting heightens the feelings; it is possible for teenagers to feel drunk when they are actually not, because ‘everyone else is’ (lines 64). Teenagers feel more comfortable and confident and Britney’s comment that after one drink she feels so different and can talk to

people without any worry about what she is saying is evidence of this. 'It's all in your mind' (line 68) suggests that the social setting can be just as powerful as the alcohol. It can provide participants with increased confidence and skills when meeting people and everyone is positioned as in the same frame of mind (drunk). The above quotes suggest that even without alcohol or being drunk the social context of getting wasted has a strong influence on participants. The social aspects that come with drinking are therefore an important aspect of the 'social discourse', as they work together to position teenagers as cool or not cool for example.

71 *[Nathan] You just feel good you just socialise.*

72 *[Josh] You feel different when talk to people.*

73 *[Tim] Easier to talk to people aye.*

74 *[Josh] Yeah you just go how's it going ah good like best mates yeah I dunno it*

75 *just feels different you just feel like it's not real and you're just like yeah it's just I*

76 *dunno cool.*

77 *[Candice] Drinks can make things you know less awkward that kind of thing you*

78 *don't have to get drunk but you can have a couple of drinks and you'll be talking*

79 *to someone like you've known them like since you were born and it'll just be like*

80 *not awkward. (Int. 1)*

Josh also stated that alcohol helps him feel 'different' and 'not real' (lines 72, 75). Many participants talked about alcohol helping them to 'become someone else' in these situations, by providing them with the skills and abilities that they do not have in 'real life'. Candice believes that alcohol makes things less awkward and like others constructs alcohol as facilitating the social setting. Alcohol use is constructed as making participants feel more comfortable and providing them with the benefits of the social setting. So by talking about alcohol as the primary influence of their behaviours, participants were able to justify why they binge drink and position their drinking as acceptable; drinking alcohol in a group enhances social facilitation and increased comfort.

Identity, or being part of the drinking group, was also an important aspect of the 'social life' discourse participants drew on. The practice of drinking was constructed as securing a place in the group; it does not matter how much you drink, only that you are drinking.

81 *[Nathan] It makes you want to drink nah just sometimes like you know if everyone*
82 *else is drinking you will just drink to like just fit in... Yeah you just want to fit in*
83 *with everyone else. (Int. 1)*

84 *[Britney] You're extremely excluded if you don't go out.*

85 *[Megan] Yeah I feel real stink when I hear about all these people at parties that I*
86 *didn't go to ... and you feel a little un-cool when you don't know about it. (Int. 3)*

Participants talked about a desire to fit in with the group or with what everyone else is doing. As long as they are drinking then they are positioned as being part of the group and as fun or cool for example. Megan, who is not a regular drinker and very rarely gets drunk, talks about feeling 'stink' and 'un-cool' (line 85-86) when she hears about parties that she did not go to or did not know about. Drinking is constructed as a 'way in' to the group, to be accepted and to not feel excluded. Some participants did talk about struggling to fit in with their group of friends because they did not drink for example.

87 *[Ben] Well like that one time when we called you over and you didn't want to*
88 *drink with us.*

89 *[Jax] What?*

90 *[Lara] Remember that time like last week coz you didn't want to drink beer.*

91 *[Jax] Well I don't drink beer eww.*

92 *[Lara] But it was nice it was chill you didn't have to drink or even try. (Int. 4)*

93 *[Lara] But when we go to parties there are always people who don't drink.*

94 *[Jax] Why you looking at me!*

95 *[Lara] You just sort of like leave them alone it's like if you want to drink then.*

96 *drink but if you don't want to then go hang out with the losers. (laughter)*

97 *[Dan] They're just on their IPods and stuff.*

98 *[Lara] Yeah they just like lingering.*

99 *[Steven] Like even though it's chill beers everyone's having chill beers yeah it's*

100 *not like pressure to have chill beers it's like aw have a beer just like. (Int. 4)*

In this example, alcohol (beer) is an important part of the group that aids social facilitation and increased comfort; if someone does not drink beer then they may struggle to fit in. Jax, who does not drink beer, struggles with being accepted by

these participants in the transcript. She talks about being excluded by this group because she does not drink beer. Lara then states that it was not about the beer and that it was about fitting in, and that Jax did not have to drink at all. She goes on to exclude Jax and position such people (non-drinkers or non-beer drinkers) as ‘losers’ and ‘lingering’ because they do not fit with the ‘social life’ discourse these participants drew on to construct teenagers in general (lines 96, 98). In these examples it becomes clear that drinking is constructed as a requirement to be part of this group. Steven and Lara emphasise that they are ‘chill’ (relaxed), that there is no pressure to drink and that it does not take much to be part of the group. Saying no to even one drink can result in exclusion and being positioned as an outsider or as not part of the group. This positioning works to enable those who want to drink to drink together and to enjoy the social facilitation and increased comfort the situation provides.

- 101 *[Nathan] Oh some of them some of them just get drunk way too much and just*
102 *like drunk to get like real amped up and try and start fights and they act all like*
103 *tough as and walk around town and like... try and start fights with people but*
104 *then you just get like parties where you will all just be chilled hanging with your*
105 *mates and just like its good.*
106 *[Candice] When we are in a safe environment.*
107 *[Nathan and Josh] Yeah.*
108 *[Nathan] But then sometimes you're like even like with that you get people that*
109 *will come around and like and try and like I dunno try and just get all tough and*
110 *start fights with people that are there and just like ruins it so it's like.*
111 *[Josh] Yeah.*
112 *[Nathan] It's good if you're like with people you know and all that people that*
113 *aren't like dicks when they're drinking. (Int. 1)*

In this example participants talk about not feeling comfortable drinking with such people as they do not identify with them or their behaviours. These participants enjoy the parties where social facilitation and increased comfort occurs, and where they can identify with others and share a common drinking identity (e.g. with those that are positioned as cool or classy). Nathan and Candice state that parties where it is ‘chilled’ and ‘good’ are safe (lines 105-106), because they are with friends who are positioned as fun and similar to them and as a group they can function together.

He goes on to position those who are not similar to themselves as outsiders as they act all tough or like ‘dicks’, and like to ruin their fun (lines 108-113).

4.3 An ‘alcohol is bad’ discourse

The ‘alcohol is bad’ discourse is a shared level of understanding between participants that alcohol is harmful and has many adverse consequences. All participants were aware of the risks and consequences associated with binge drinking; however in order to turn this ‘bad’ into ‘good’, and to avoid being positioned negatively (as unhealthy or engaging in risky behaviour), participants actively resisted this discourse. This section will outline how these participants drew on this discourse as well as the many ways participants resisted it.

4.3.1 ‘Being normal’

One of the most common reasons for drinking or getting drunk used by participants was ‘everyone’s doing it’. Participants talked about their behaviours as ‘being normal’ because they believe all teenagers are doing it and feel they too have to drink.

114 [Nathan] Yeah teenagers they just want to experiment adventure they just don’t
115 really care about the consequences everyone else is doing it yeah you just have
116 to try. (Int. 1)

While participants were aware of the adverse consequences of binge drinking, they positioned teenagers in general as not really caring about the risks and consequences as they are doing it for the fun and adventure, and because everyone else is. This is an example of how participants resist the ‘alcohol is bad’ discourse and work to not be positioned as bad or unhealthy. Instead they position themselves favourably because everyone does it.

117 [Britney] You kind of get into a routine like in my group we always go out every
118 Saturday so we always planning it so when you’re in the holiday it’s not really
119 like that you still go out on the Saturday. (Int. 3)

120 [Polly] Our year is quite a they seem to be quite a party year like now that we’re
121 year 13 you like seem to see people go out to parties drinking all the time so

122 *everyone's talking about their weekends.*
123 *[Kelly] Yeah but like it's more out there now like you hear like at lunch time*
124 *there'll be like four groups making plans and you hear people like aw we should*
125 *go to that and do this. (Int. 3)*

In these above quotes participants talk about how common it has become to drink and go out. As Britney says, it has become 'routine' (line 117). These girls talk about the planning that goes into such events and how normal it has become for these teenagers to talk about it and to plan for it; not only is drinking and going out part of their weekly routine, it is an important part of their teenage lives. This is a good example of the 'social life' discourse that these teenagers drew on to construct getting wasted as a good thing and as an important part of their social lives.

126 *[Amy] I think the norm kind of like is going out and drinking every weekend I*
127 *think that is kind of the normal but I don't yeah I don't drink every weekend so*
128 *but yeah that's the normal like you go out and you get trashed drunk every*
129 *weekend. (Int. 2)*

This quote from Amy illustrates how strong the social influence from peers is on teenage drinking. The 'social life' discourse has resulted in drinking every weekend and getting wasted being the norm among these participants, as something they have to try and to be a part of. By constructing their behaviours as 'normal', these participants are able to resist the 'alcohol is bad' discourse and thus being singled out or seen as irresponsible for engaging in risky behaviours. Most participants demonstrated knowledge and awareness of the issue and the risks and consequences, and reported numerous adverse consequences; however by constructing their behaviour as normal for teens they are able to shift the blame from the individual to others (see 4.3.5). Such constructions position participants as able to engage in the norm without feeling bad or feeling discriminated against for their behaviours.

Not all participants like to follow the 'norm', and resist the 'alcohol is bad' discourse differently to avoid negative subject positions. As Britney said earlier (lines 28-30), she sees herself as not following the norm because she does not drink often or get drunk, so 'she may as well be dead'. However by still attending parties and engaging in the social aspects of drinking, and by having a drink or two, she is

able to escape being secluded by the group whilst at the same time maintaining her position on alcohol and drunkenness. For Britney the social context is constructed as more important than getting drunk; she can still feel included and follow the norm without getting drunk. This reinforces the point made earlier by Steven and Lara (lines 95-100) that having a drink or two is enough to be positioned as ‘chill’ and part of the group. Lines 84-86 also illustrate how teenagers are positioned if they do not follow the normal. In lines 45-48 participants Amy and Jackson talk about how they feel they have to follow the norm. They talk about other ‘fun’ things to do yet they still follow the norm of ‘getting wasted’ every weekend. This illustrates the power of the ‘social life’ discourse and how participants actively resist the ‘alcohol is bad’ discourse.

130 *[Candice] Like it might be normal but it's not necessarily a good thing.*

131 *[Josh] Just because it's normal doesn't mean it's right. (Int. 1)*

132 *[Polly] No it's not ok... I think when you're drinking you're like yeah it's what*

133 *everyone's doing unless your sober and you actually understand what's going*

134 *on everyone just kind of thinks it's ok coz you're all kind of in the same head*

135 *space but when I look back on weekends I've gone out I'm like what was going*

136 *on (laughing) I should have gone home at like 10'o clock. (Int. 1)*

In these examples participants demonstrate their understanding of the ‘alcohol is bad’ discourse and how it influences their behaviours in terms of accepting the risks and consequences; just because such behaviours are constructed as normal it does not mean they are always the right behaviours. Polly talks about her behaviours as normal and acceptable at the present time, but when reflecting on her experiences when younger she states that it was not okay and that she was too young. Teenagers are positioned as having to drink alcohol to a state of drunkenness and to engage in risky behaviours most weekends because that is what teenagers are constructed as doing. While their behaviours may be constructed as normal and socially acceptable as a result of this positioning, this does not mean that they are harmless or not a problem. It is how participants resist the ‘alcohol is bad’ discourse and its associated images of alcohol as unhealthy, risky and dangerous. Some participants also talked about their drinking as influencing younger people’s drinking.

137 *[Candice] I think it's getting worse as we're growing up like you get people*
138 *younger and younger starting to drink like.*
139 *[Nathan] Yes that is true.*
140 *[Candice] Younger and younger starting to you know have sex and that kind of*
141 *thing and I think it's all related to the... um its becoming more normal for*
142 *younger people to do it and its just kind of a shock seeing that and but then*
143 *we're all adding to it so yeah. (Int. 1)*

Candice states that it is a shock seeing the age of some people who are drinking today, but then accepts that teenagers her age are contributing to it becoming perceived as normal for younger teenagers to drink. Candice positions herself and teenagers in general as role models for younger people; by 'getting wasted', they are showing others that it is acceptable to engage in such behaviours. These participants begin to realise that their behaviours are not always harmless and that there are consequences of binge drinking. While most participants resisted the 'alcohol is bad' discourse, some talked openly about why binge drinking is bad and a problem.

144 *[Amy] Why aren't I doing this?*
145 *[Bella] Yeah.*
146 *[Bex] And then they start doing it and it's just it's like this big cycle and you just*
147 *introduce everyone to it. (Int. 2)*

Bex describes binge drinking as a big cycle that young teenagers are constantly introducing other teenagers to, and that is why it is becoming more normal for younger people to drink. This reinforces the finding that participants are aware of the adverse consequences and that their behaviours are influencing younger people to start drinking. However, participants position themselves as strongly subjected to the influence of their peers and social group, which acts to resist the 'alcohol is bad' discourse. This subject position shows that while they are aware of the issue and the consequences of their behaviours, the social influence of drinking are too strong for them to change their behaviours. Again, this shows how these two main discourses are linked; the 'social life' discourse (getting wasted as a 'good thing') is strong enough that teenagers resist the discourse that alcohol is harmful.

Participant constructions of their own behaviours and subject positions differed greatly to how they constructed and positioned younger teenagers, adults and university students. Getting wasted was typically seen as a ‘teen thing’ to do, which is tied to the ‘social life’ discourse.

148 *[Megan] It's sort of you got to do it once.*

149 *[Kelly] Rite of passage for a teenager.*

150 *[Megan] It's just something you got to experience like because you're finally*

151 *allowed you're finally you can get out there and start having fun and you get this*

152 *is your one chance to actually you know do it and it's acceptable because you're*

153 *a teenager and people are like aw you know it's a teenage thing they'll grow out*

154 *of it whereas if you're an adult like 40 and you go and get hammered they're just*

155 *like wow you're disgusting.*

156 *[Polly] Yeah like it's ok to be a sloppy half looking hooker going down to*

157 *McDonalds at 17 as opposed to like 25 and then like 30 it's okay at our age.*

158 *[Megan] You're easily forgiven if you're a teenager. (Int. 3)*

In this example, participants talk about drinking as a rite of passage and something that they have to experience because they are finally allowed to. As Megan says, it is acceptable because they are teenagers and that they will eventually grow out of it. These participants construct their behaviours as ‘teenage like’ and therefore socially acceptable as teenagers. ‘If you do make a mistake you’re easily forgiven because you’re a teenager’ (line 158); this works to allow participants to engage in risky behaviours with a defence should anything risky or harmful occur. These quotes work to construct their behaviours as harmless and acceptable, and thus position themselves as permitted to drink and engage in risky behaviours without having to worry about possible consequences. However, Polly states that it is not okay for someone aged over 25 to engage in the same behaviours as such drinking is out-of-place (lines 156-157) as they do not fit with the ‘social life’ discourse that these participants drew on.

159 *[Ryan] Like people just doing the stupidest shit that's the thing there will be*

160 *like... hey it's ok but um it's like like they can just be doing the stupidest things*

161 *and it's funny to watch and also like kind of sad to watch coz you know that*

162 *they're adults and you know they have lives now and they're grown up. (Int. 2)*

Here Ryan talks about adults (including university students) getting drunk in the city. It is interesting how he interrupts to say that while their behaviours are okay and funny to watch, such behaviours are for teenagers to engage in and not for adults, therefore he also states that while it is funny, it is also sad because they are adults and are now grown up and have lives (lines 159-162). By saying this he positions himself and other teenagers as not grown up or having lives and therefore allowed to get drunk and do 'stupid shit'. Adults are positioned as not needing to drink like they teenagers do, and as Ryan states in lines 46-48, that as they get older the simpler things become more fun whereas teenagers should be out getting drunk every weekend. It is clear from how these participants talk about binge drinking that it is for a short period in their lives and that it will eventually end. Therefore by constructing drinking in this way and by positioning themselves as permitted to get drunk because of their age, these participants resist the 'alcohol is bad' discourse in order to binge drink without feeling bad about their behaviour.

4.3.2 New Zealand drinking culture

The drinking culture in New Zealand, and how teenagers are raised with respect to alcohol consumption and drunkenness, was frequently talked about by participants when talking about their drinking behaviours and why they get drunk. One participant, Megan, summarises how she believes culture influences teen drinking:

163 *[Megan] You know is it France where they they're brought up with wine as*
164 *children as that and they can have sips you know they have it with tea I think*
165 *they don't have an issue there because it's it's sort of part of their lives so they*
166 *don't feel the need to go and binge and stuff because it's they're used to it and it*
167 *wasn't they weren't deprived as a child they don't like it's or something special*
168 *like we have to go do this like whereas in New Zealand because it's quite I*
169 *dunno it's not like that you don't and it's not brought up through your life and*
170 *you don't get accustomed to it it's like a bam oh I can do this now so let's go*
171 *and get wasted because now I can whereas yeah I think that's part of the*
172 *problem is that that yeah it's a teenage thing like when you hit being a teenager*
173 *that's what you do. (Int. 3)*

In this extract Megan compares France and New Zealand in terms of how children are brought up with alcohol. This is another example of participants'

awareness of the ‘alcohol is bad’ discourse and their acknowledgement of the adverse consequences it has on young people. Alcohol is constructed as more restricted from New Zealand teenagers, therefore positioning them as more likely to want alcohol and to feel the need to drink excessively because it is something new to them. Megan constructs New Zealand teenagers as having this problem because of the culture and society they live in. Britney also talks about New Zealand teens having a drinking problem.

174 *[Britney] It's the difference between it is like this it's not what we're drinking*
175 *it's how we're drinking It's that difference what I do and that's having a couple*
176 *and getting happy to what the majority of teenagers do which is getting*
177 *plastered that's where New Zealand is at right now we're all well not we coz I'm*
178 *a douche but like majority is over that line and that's what needs to we need to*
179 *get back onto the douche side because it's (laughter) it's safer there. (Int. 3)*

Britney also constructs teenagers as having a drinking problem that is ‘over the line’ and unsafe (lines 178-179). She positions herself as a ‘douche’, which here describes an individual who does not drink like the majority of New Zealand teens. Unlike most participants, Britney does not resist the ‘alcohol is bad’ discourse and constructs teenage alcohol use negatively (dangerous and unsafe), which may explain her positioning within the ‘social life’ discourse. While her behaviour is not ‘normal’ in terms of the ‘social life’ discourse, she can draw on the ‘alcohol is bad’ discourse to position herself as safe, and this is constructed as more important. Most participants agreed that New Zealand has a teenage drinking culture, demonstrating their awareness of the ‘alcohol is bad’ discourse. This is an example of how these two discourses are linked.

4.3.3 Local culture

Participants talked about Palmerston North having a harmful drinking culture as a result of the large proportion of tertiary students living in the city. Many participants also believed that there was a lack of things to do in Palmerston North and so positioned drinking as their only option.

180 *[Candice] Oh yes! Palmerston North is just the worst.*
181 *[Josh] There's so many students.*

182 *[Candice] Coz there's nothing else to do aye (others agreeing) and there's like*
183 *heaps of Massey students around so Palmy's so boring (more agreement from*
184 *others) so like all everyone does is get drunk.*
185 *[Ben] Yeah Saturday night.*
186 *[Josh] Yeah, on a Saturday night everyone is in town*
187 *[Candice] Palmy's just so boring so everyone's just... like you notice it like*
188 *people are up town Wednesday nights all the way from Wednesday to Monday*
189 *aye. (Int. 1)*

Palmerston North was constructed as a 'boring' city, full of university students who have taken over; this positioned participants as having nothing fun to do, except drinking. This is another example of how participants work to resist the 'alcohol is bad' discourse. Participants can justify their drinking behaviours by constructing their behaviours as influenced by the local drinking culture and the fact that 'everyone is doing it'. These constructions work to move the blame from the individual to the group or wider population of teenagers, allowing the teenager to feel less negative about his or her drinking behaviours.

Participants did believe that there was a harmful drinking culture in Palmerston North, but that they themselves are not part of it. Similarly to how they position themselves with respect to drinking, they work to shift the blame to others, in this case the tertiary students or other harmful drinkers.

190 *[Amy] On the Saturday night there'll be bottles around the streets and smashed*
191 *bottles and stuff and you can or you have the people all the girls in their short*
192 *dresses getting into the cars going to McDonalds for breakfast coz their hung-*
193 *over from a party or something but um I don't really you know around my place*
194 *I don't I wouldn't go out and drink unless I knew the people I wouldn't I*
195 *wouldn't want to walk to the streets not around Awapuni.*
196 *[Sarah] How about like say around the Square in Palmerston North in general.*
197 *[Amy] Aw that's terrible on Saturday nights.*
198 *[Ryan] It's kind of scary about how bad... it's kind of scary about how bad it*
199 *does get coz you walk into the square on a Friday night and it's like the Vietnam*
200 *War it's like... and you like walk past Malbas and it's like you're walking and*
201 *you like look up at the Square 'Shouldn't you all be in there'? (Int. 2)*

Participants talked about how bad the drinking culture was and how they did not identify with it; for example, Amy states she would not go out on the streets around her place (line 194). Ryan describes the Square at night as a scene from the Vietnam War (line 199). Participants were aware of the tertiary drinking culture and the consequences of this (they know how harmful it is) demonstrating that they are aware of the ‘alcohol is bad’ discourse when talking about other groups of drinkers. These participants have their own drinking culture which they do not talk about as being unhealthy or harmful, and for which they construct ‘getting wasted’ as a good thing.

4.3.4 Teenagers as invincible

Participants had a ‘bullet-proof’ vision when it came to talking about the adverse effects of alcohol and drunkenness. This was another means participants used to resist the ‘alcohol is bad’ discourse; participants generally talked about the practice of drinking and its consequences in positive terms. Participants were aware of the adverse consequences of alcohol use when asked, suggesting they are aware of the issue and the risks involved, but resist this common discourse around alcohol. Most participants appeared to have sufficient knowledge of the consequences of binge drinking, yet they still talked about alcohol and binge drinking in a predominantly positive light. The negatives were avoided when talking about the consequences and participants talked about such consequences as unlikely to happen to them. This talk works to position teenagers as invincible from the adverse consequences (or from an overall adverse experience), thus reinforcing how participants resist this discourse.

202 *[Polly] Coz they're all like it won't happen to me.*

203 *[Britney] I have this concept that it'll just never happen to me like nothing bad*
204 *will ever happen to me and teenagers do.*

205 *[Megan] I'm sort of almost know nothing like that's going to happen to me*
206 *because I'm not like a lot of people I know my limits and I won't go past them*
207 *whereas a lot of people just keep drinking and drinking and drinking. (Int. 3)*

208 *[Candice] It won't happen to me.*

209 *[Nathan] But if it did happen once you're like oh yup sweet it won't happen*
210 *again for a while you know you just.*

211 *[Josh] It's just a risk you take I guess.*

- 212 *[Candice] Yeah the whole superman thing the adrenaline like of doing*
213 *something stupid like it's fun that kind of thing and it seems that you always*
214 *remember the good things. (Int. 1)*

In this example, Megan talks about being almost certain that nothing bad will ever happen to her; she believes her behaviours are harmless and not risky. Participants like Megan and Britney position themselves as bullet-proof and knowing their limits, and go as far as predicting that nothing bad will happen to them in the future. Nathan and Candice's comments reinforce the point that teenagers are aware of the risks and consequences, yet the positive aspects of the getting wasted (e.g. being positioned as cool) are more important than the negative aspects (e.g. being positioned as un-cool or a douche). This parallels how participants talk about how the consequences are part of the overall positive experience, and again demonstrates how these two discourses are related. In the presence of adverse consequences, participants drew on both discourses to position themselves as able to drink and engage in these risky behaviours, because such consequences will 'never happen to them' or are just part of the overall enjoyable experience.

- 215 *[Megan] And you're not so scared of rejection coz of the chance of superman*
216 *thing you're not going to be defeated sort of thing you know. (Int. 2)*

- 217 *[Nathan] But like you could be too shy but if you've had a few beers you like go*
218 *up to her and you feel a bit more.*
219 *[Josh] Yeah like a totally different person and you just go out.*
220 *[Nathan] You just feel like you can do anything and not care like not care what*
221 *anyone thinks you just go do it. (Int. 1)*

The above quotes illustrate that participants talk about being in a position of power when they have been drinking or are drunk. Megan's quote suggests that teenagers are like superman and cannot be defeated (lines 215-216). Nathan's comments position teenagers as being able to do anything; they are positioned as not caring about what others think, having no fear of rejection and are more comfortable in such situations. Alcohol is constructed as giving these participants power and the belief that they can achieve anything.

222 *[Megan] I find my main reason well I have a good time obviously but to be the*
223 *person like when I drink I'm the person that I'm scared to be in real life when*
224 *I'm sober like I'm like I said I'm real care free and I just don't have the guts to*
225 *do that in real life I'm just real scared of what people will think of me but when*
226 *you're drunk you don't care like you become a whole different person but*
227 *sometimes you know in a good way sometimes but yeah I find that I being a*
228 *different person for a night I don't have to worry about everything. (Int. 3)*

This quote from Megan suggests that participants talk about being wasted as a different reality from being sober (or real life). This positions them as being able to be the person that they want to be or the person that they are too scared to be; drinking is constructed as being carefree, a place where they can be a completely different person and not have to worry about anything. This also works to position them as invincible (being away from risks for example) and is another example of how they resist the 'alcohol is bad' discourse.

The perception that they are invincible was generally strong but can be weakened by personal experience with certain events. When asked about how media coverage affects them, such as a case in which a teenager died from alcohol poisoning, most participants stated that it does not affect them or their drinking behaviours.

229 *[Sarah] Does it really ... does it really stop your behaviour?*
230 *[Candice] Most of it does I mean since then I haven't really got drunk that was*
231 *only the start of this year maybe or end of last year I haven't really got drunk*
232 *since then but I know things on the news I just don't really take any notice of it*
233 *like the whole Christchurch earthquake I didn't take any notice of it until I was*
234 *actually in Christchurch.*
235 *[Sarah] So you have to experience it yourself before you learn from it?*
236 *[Candice] Yeah like I can't or it's got to be right in front of me before I can feel*
237 *it. (Int. 1)*

In this example Candice talks about being affected by such events only if she is personally connected to them. Media stories do not 'hit home' with participants unless they have the personal experience of being involved or having to deal with the consequences of the event. Participants therefore retain their invincible position: that such things will not happen to them and that they will never be caught in similar

events, illustrating how powerful the resistance of the ‘alcohol is bad’ discourse really is.

- 238 *[Lara] I was quite upset by it it seems like such a stupid thing to die doing... with*
239 *like that one it influenced me it made me think about it you think how important*
240 *is it if it's going to make you dead like is it really that important?*
241 *[Dan] Aw what as in like getting rid of it?*
242 *[Lara] What? Like how important is it to drive drunk if it's going to potentially*
243 *make you die?*
244 *[Dan] Anything can make you die you could get cancer from eating chicken*
245 *apparently.*
246 *[Lara] But is it really worth it? (Int. 4)*

In this example Lara talks about being affected by media stories; she does not resist the ‘alcohol is bad’ discourse and acknowledges the dangers of binge drinking. Dan’s position on the subject does not change however and he remains set on the belief that he is not affected by such events.

- 247 *[Tim] What about if one of your friends was in that situation?*
248 *[Dan] Aw what an idiot.*
249 *[Ben] If that was Dan I would be so sad I'd be like what a loser bro.*
250 *[Dan] Yeah like why couldn't have you come and talked to someone.*
251 *[Steven] I would probably stop drinking maybe yeah.*
252 *[Tim] Would you though?*
253 *[Dan] I would definitely cut down.*
254 *[Steven] I would for a while.*
255 *[Lara] You would have a good hard think about it how important it is.*
256 *[Dan] You wouldn't go over.*
257 *[Ben] I would just be on the piss all the time oh my god my friends dead. (Int. 4)*

This example shows how this invincible position can be initially weakened using the question ‘what if one of your friends was in that situation?’ Participants mentioned how sad they would be and how they would stop drinking. When probed further, however, participants changed from stopping drinking to just ‘cutting down’ and ‘only for a while’ (lines 251-256). This again demonstrates how the ‘alcohol is

bad' discourse is actively resisted by participants, and how powerful their attempts at resisting such discourses are.

4.3.5 Pointing the finger at others

Many participants constructed younger teenagers drinking as harmful and problematic. In the example below participants talk about teenage drinking as getting worse with younger teens drinking.

- 258 [Bex] *It's not even that though most of the people I know that drink a lot are like*
259 *um year 9's, 10's and 11's.*
- 260 [Amy] *It's getting worse now.*
- 261 [Bex] *You get to year 12 and it's like yeah but year 11 and 10 and 9 just keep*
262 *drinking and drinking they're drinking at school and it's like STOP.*
- 263 [Amy] *It's getting worse and worse every year.*
- 264 [Jackson] *But you look at us back in year 9.*
- 265 [Bella] *And you're like.*
- 266 [Jackson] *We're not as bad as the ones this year are.*
- 267 [Amy] *Yeah I don't think we were. (Int. 2)*

Participants are aware of young teenagers drinking and construct it as a problem. They talk about the teenage drinking culture as getting worse due to younger students drinking more and more frequently. Constructing younger teenagers negatively, and positioning them as adding to the harmful drinking culture, works to allow these participants to appear favourably. They position themselves as not as bad when they were that age, and they are not as bad now in comparison to those young drinking teenagers. This works to shift the blame to younger teenagers and positions them as being able to drink without feeling that their behaviours are harmful or of concern (as others are much worse, etc.). Participants work to move the blame onto others and actively resist the 'alcohol is bad' discourse so that they themselves can binge drink without having to worry about the consequences and what others think of them.

Some participants noted problematic drinking behaviour when reflecting on their past experiences, while believing that their current drinking was harmless and seen as socially acceptable.

268 *[Dan] Aw I always think like retards like when little kids are drinking and*
269 *they're just rowdy and then I'm just like aw well we were like that when we were*
270 *their age and you still think that it's just like yeah go away. (Int. 4)*

271 *[Kelly] Like growing up in Foxton (laughter) like at 14 it was the thing you did*
272 *every weekend you went and got drunk I mean looking back I was 14 I should*
273 *have been like at home like being I dunno (laughter) yeah and I was out roaming*
274 *the streets like falling down walls I was a mess what was I doing. (Int. 3)*

In these two examples Dan and Kelly reflect on their past experiences and talk about how their behaviours (when they were younger) were just as bad as young teenagers today. While Dan constructs them and their behaviours negatively, he can also justify it as he was once like that; therefore while it is constructed as a problem, it is also constructed as acceptable, because he went through that stage and it is no longer a problem. Kelly questions her behaviours as a 14 year old, stating that she was a mess and should not have been doing such stuff at that age. So while these participants are aware of the adverse consequences and position young teenagers as engaging in harmful drinking behaviours, they also resist the 'alcohol is bad' discourse by constructing it as a phase or something that will pass (as their current behaviours are not harmful or a problem).

4.3.6 Acknowledging the dangers of binge drinking

Several participants eventually talked about their group's drinking behaviours as harmful or problematic.

275 *[Britney] I don't want to be the messy tussy like every time like every time I drink*
276 *with my friends we always go to parties together and like honestly there's*
277 *always like 10 or 12 people soppopotomuses (laughter) and the shit that goes on*
278 *is just absolutely atrocious it's like just disgusting and it's like yeah my friends*
279 *are ruthless and its gross and they're babies.*
280 *[Polly] Luckily my friends aren't like that... like when we go out we see people*
281 *like that and we're like yeah we're leaving coz that's just not ok... like I know*
282 *we're bad but...*
283 *[Britney] It's terrible... It's kind of when the drugs get involved I reckon like*
284 *when it's just alcohol it's fine it's never an issue but it's when the it's the mixing*
285 *that gets people. (Int. 3)*

In this example Britney and Polly talk about when drinking does become a problem. Britney states that some of her friends do have a problem or drink harmfully, describing them as ‘soppopotomuses’, atrocious, disgusting, gross, ruthless, and babyish (lines 277-279). Although she admits her behaviours are bad, Polly states that she does not associate with such people (that Britney has described), because that kind of behaviour is ‘not okay’. Britney states that it is not the alcohol that is the problem for her group of friends; it is the addition of drugs that is the issue. Participants took some time to stop resisting the ‘alcohol is bad’ discourse and to finally acknowledge the adverse consequences of teenage binge drinking that they or their group experiences. They still managed to resist the discourse however, by pointing the finger at the group or others rather than themselves.

286 *[Megan] I find it scary watching other people when you know they're past their*
287 *limits and like you just want to stop them but they're so drunk that they want to*
288 *keep going so yeah I know that's like real scary and like unsafe for them. (Int. 3)*

289 *[Candice] Yeah just some people's reactions to their drinking ... some people*
290 *can't handle it um some people just drink excessively and they drink too much*
291 *and they drink too often... one or two is ok and getting drunk once in a while ...*
292 *people that do it all the time... you fear for them. (Int. 1)*

As mentioned earlier in this chapter, these participants have an awareness and knowledge of the risks and consequences associated with drinking, reinforcing the point that teenagers are aware of the ‘alcohol is bad’ discourse. Both Megan and Candice demonstrate this when talking about watching people exceed their limits. However, while some participants did show an understanding that teenage drinking can be harmful and problematic, and that New Zealand does have a harmful drinking culture, teenagers still drink to ‘get wasted’ and engage in risky behaviours, ignoring the adverse consequences and dangers of alcohol use. This discourse is generally resisted, and this section has shown the many ways that participants manage this.

4.4 The links between these discourses

The above results have illustrated several examples of how these two discourses are linked and work together. First, participants used the ‘alcohol is bad’ discourse to

condemn others (such as pointing the finger at others), and the 'social life' discourse to support their own drinking behaviours. This shows how both discourses were drawn on at the same time to construct binge drinking behaviours. Second, some participants were more likely to draw on the 'alcohol is bad' discourse, recognising the risks and consequences of teenage binge drinking, whereas others were more likely to draw on the 'social life' discourse to construct their behaviours positively and as 'teenage-like'. Those who drew on the 'alcohol is bad' discourse, or who did not draw on the 'social life' discourse, were often positioned negatively by those who actively resisted the 'alcohol is bad' discourse and drew on the 'social life' discourse. The results from this study have demonstrated how powerful the 'social life' discourse was at encouraging participants to resist the knowledge of the adverse consequences of alcohol use. The 'social life' discourse worked to ensure the 'good' (drinking as fun) resisted the 'bad' (knowledge of consequences).

A further example of how these discourses were linked was how the social context of the drinking group was talked about as providing safety and acting as a barrier against harmful drinking. This is related to the 'alcohol is bad' discourse, where alcohol was constructed negatively, as unhealthy and risky. Although most participants were aware of this discourse, they used many attempts to resist it. For example, by constructing their group as safe, participants positioned themselves positively and safely where they could engage in risky drinking behaviours and not have to feel bad about their behaviours, because their drinking group was always there to look out for them.

293 *[Polly] I think when like you've got you always got that one friend who's just a*
294 *bit too drunk and then the one friend who has to look after everybody and so I*
295 *guess you've got people who look after you kind of guess it kind of brings you*
296 *together.*

297 *[Megan] You kind of find out who actually cares about you and like.*

298 *[Britney] The people who care way more about having a good time than a friend*
299 *are just and you learn who those people are so quickly coz they just ditch in a*
300 *second.*

301 *[Polly] Yeah I have a couple of friends who it's like you're not in a state to go*
302 *to the next party I'm taking you home and then I have I have friends like that I*
303 *have a friend who they like no matter what's going on they're just like call me*
304 *and I'll pick you up kind of thing and it's like it's good to know that aw if I get*

305 *real hammered I've got people who will help me.*

306 *[Megan] I think I would be scared at a party where I didn't have anyone. (Int. 3)*

Megan states (line 306) that she would be scared to place herself in a risky position if she knew she did not have anyone there for her. All participants talked about their group of friends being there for them, and this was used to justify their binge drinking behaviours and their subjective experiences. Therefore, these participants see their behaviours as acceptable and not a problem because they have friends who will prohibit them from reaching risky levels of intoxication; thus they resist the 'alcohol is bad' discourse. These participants also talk about learning who their friends really are and who will be there for them, often by experiencing the adverse consequences of binge drinking. This is linked to the 'social life' discourse, in terms of having a place in the group and ensuring that their peers have the same values and understanding of the situation.

307 *[Steven] No coz none of us really drink like that heavy for like it to become a*

308 *problem or something you know like yeah we all hang out with friends so*

309 *nothing really happens you know although if you go and drink with randoms.*

310 *[Ben] Yeah but you don't really want to go and drink with randoms though.*

311 *[Steven] But nah I guess that's the good thing about drinking with friends*

312 *everyone like looks out for each other so like as long as you're in good company*

313 *drinking's all good. (Int. 4)*

For these participants, drinking problems and adverse consequences are talked about as being unlikely to arise in a safe environment where 'everyone looks out for each other' (line 312-313). To them, problems only arise when they drink with people they do not know or identify with. Therefore, they do not talk about their behaviours as harmful or problematic as they position themselves as having an identity with the group which provides social facilitation and increased comfort; a safe environment where they can drink and not worry about their behaviours. While alcohol is an essential part of their social lives, it can be dangerous and this is understood; however, the safety that the group and the 'social life' discourse provide works to resist the 'alcohol is bad' discourse, allowing teenagers to engage in binge drinking. This illustrates how the 'bad' is actively turned into 'good', with the 'social life' discourse being more powerful than the 'alcohol is bad' discourse.

4.5 Gender discourses around alcohol consumption

Gender discourses were apparent when participants talked about their perceptions of male and female drinking, and the links between alcohol and sex. Participant's talk about 'getting wasted' was clearly gendered. The 'social life' discourse and the 'alcohol is bad' discourse were also important in this talk, illustrating the links between all discourses. This section will demonstrate how participants' talk was gendered.

314 *[Candice] Yeah and you know that kinda thing but you know um I think it's the*
315 *same now girls and guys drink the same amount and like the same kind of stuff.*
316 *[Nathan] I reckon girls sometimes drink more socially like all together but guys*
317 *just drink just to try and get hammered and just do stupid shit. (Int. 1)*

Here, Nathan talks about females drinking primarily for social reasons, while males drink to get 'hammered and just do stupid shit' (lines 316-317). So, while Candice constructs females as drinking more like males, Nathan positions males quite differently. Britney's earlier quote (lines 39-41) is an excellent example of how 'getting wasted' is gendered. Rather than constructing her behaviour as drinking to 'get hammered', Britney constructs it femininely in terms of 'getting dressed up' and having a good night with the girls. Similarly to Candice, Amy talks about drinking more for the social reasons rather than as drinking to get wasted (lines 8-14). While Amy is not comparing her drinking behaviours to those of males, she is constructing her (and other female teenagers') drinking behaviours as more 'social', and thus feminine. This works to position females as being able to drink and 'get wasted', but to do so differently to males.

318 *[Dan] I guess it's pretty funny but when they (females) get real rowdy and like ...*
319 *it's funny when it's not to you yeah like it's hilarious when it's not to you like if*
320 *it's to you like you just want to crack them and you can't cos you're screwed*
321 *both ways. (Int. 4)*

322 *[Steven] Yeah nah um I think that ah some people think that if guys get wasted*
323 *before girls you know like even if they start drinking at the same time it's like*
324 *aw man yeah I get on hard and stuff you have to hold your liquor like.*
325 *[Dan] So it's kind of like a competition.*

326 *[Lara] Sometimes the girls try to keep up with the boys like I we probably can't.*
327 *[Steven] It's like yeah like yeah it takes surprising like when they do shots it's*
328 *like cool.*
329 *[Dan] Like you don't want to take them too far like they sometimes they like aw*
330 *yeah we can go again and that's just them done. (Int. 4)*

This is another example of male participants constructing females as drinking differently to males. While they talk about it positively by saying it is both funny and cool, they also work to maintain their masculinity. Dan's comment that when they are rowdy to him he just wants to 'crack them' (line 320) positions himself as disliking it when females act masculine around him. To Dan, this may be constructed as trying to compromise his masculinity as he cannot act masculine against them because they are female. Steven's comment about 'holding your liquor' (lines 324-325) also reinforces this positioning of maintaining masculinity in the presence of females; it is constructed as a 'competition' where females must get drunk before males in order for them to maintain their position (line 325). Male participants' comments about looking out for females when they are drinking and ensuring they do not go too far also contributes to this position. Both male and female participants did talk about females not trying to be like males however.

331 *[Tim] Do you think women are drinking more and trying to be like men?*
332 *[Dan] No.*
333 *[Steven] I don't think it's trying to be like men like it's not trying to be like men*
334 *you know like they can drink as much as other guys do coz it's just like back in*
335 *the olden days aw no women have to be women and like you know why guys can*
336 *have brandy.*
337 *[Tim] It's changed quite a lot and you see a lot more women out in town now.*
338 *[Dan] Yeah it's more of the norm now like.*
339 *[Lara] Like in the olden days no girls went to the pub now it's like they can.*
340 *[Dan] Yeah it's just normal now.*
341 *[Ben] Like you can hang out with your girlfriend and she like has a beer that's*
342 *cool. (Int. 4)*

These participants talk about the blurring of gender boundaries. Females can drink more these days (as much as males) and can also drink with their boyfriends – such behaviours are constructed as normal and socially acceptable. Females are

positioned as not trying to be like males, but are drinking because they can and it is now acceptable for women to be out drinking as much as men. So while females can drink in public and drink as much as males, they are still positioned as being feminine when drinking (e.g. in terms of the reasons for drinking).

This gendered talk also played out in the discussion about alcohol use and sex. Many participants talked about binge drinking as a means to get sex, which was a common reason for drinking for many participants. However, males and females were positioned very differently with respect to how sex can be a reason for drinking.

343 *[Laura] I went to a party and I got shit-faced and went up to this guy um you*
344 *know had just started sobering up a bit and ended up sleeping in the same bed as*
345 *him ah woke up and I was like um hell fuck 'mum can you come pick me up the*
346 *please' aw I thought that was worst night ever can't remember anything else but*
347 *just that aw yuck. (Int. 2)*

This is an example of how one female participant described an alcohol-related sexual experience. Laura positions herself as influenced by alcohol (reducing her inhibitions) and that, if sober, she would have no intention of sleeping with the guy at the party. Laura regretted the experience and constructed her behaviour negatively and as out-of-place. Ryan, in the same interview, provides a different construction of this scenario.

348 *[Ryan] The funny thing is though there's the guys side of that scenario where the*
349 *guy wakes up and he's like wasn't there somebody in this bed where did they go*
350 *where did she go what the fuck and yeah it's sort of like I'm proud I might have*
351 *driven her away but I'm proud hell yeah good night. (Int. 2)*

In this example Ryan positions the male as disappointed that the female left, but proud and happy, whereas Laura positioned herself as ashamed and as not intending to engage in sex. How males and females positioned each other from such scenarios was very different however. Throughout the transcripts, female participants constructed males negatively, as 'tools', 'animals', and as simply drinking to 'hook up' (have sex).

352 *[Britney] Boys actually turn into animals like two or three weekends ago like*
353 *honestly the stuff boys did I couldn't yeah just turns them to animals.*
354 *[Kelly] Sorry but guys are just real tools.*
355 *[Britney] Yeah and boys use it as an excuse to plant seeds. (Int. 3)*

356 *[Britney] And some guys scout out the drunkest person in the party and there's*
357 *always and that happens every single time and it's such a good tool for boys I*
358 *reckon because.*
359 *[Amie] Yeah I think they use sex as a motivation part of the time. (Int. 3)*

These participants construct guys and their drunken behaviours as simply wanting sex. This allows them to position themselves as vulnerable, and targeted by drunk males looking for sex. This works to position the male as the 'bad guy' (or the female as the 'good girl') and the female as vulnerable and not thinking straight due to the alcohol. However, it is not always like this – these female participants did talk about some females as 'trashy' and just as bad as males.

360 *[Megan] You have an excuse.*
361 *[Polly] Yeah like like aw she's probably drunk like... I mean personally it's like*
362 *I'm not going to get drunk to go have sex with people coz honestly that's trashy*
363 *but it's just being like being drunk makes you feel like you're more inclined.*
364 *[Britney] Appealing.*
365 *[Polly] Yeah or inclined to be able to get somebody so if somebody's going to*
366 *want to do something then you're going to be like yeah they want me to. (Int. 3)*

Some participants did state that some females do drink with the intention of having sex. In such cases, they are positioned as using drinking as an excuse. This works to remove the blame from themselves and place it on to the alcohol and the male involved; therefore these participants are able to quickly revert to their position that all males are 'sex-obsessed animals', without having to feel bad. The discourse that 'alcohol is bad' is therefore tied to gendered talk. In order to avoid the negative positioning from the 'alcohol is bad' discourse (e.g. as unhealthy and risky), these participants are able to 'point the finger' at the other party involved. They are able to minimise their regret or shame by positioning the male less favourably and themselves as influenced by alcohol, while possibly still enjoying the night and the result of being drunk. Participants were aware that alcohol-related sexual

experiences were often harmful; however how they worked to resist being positioned negatively suggests that the ‘social life’ discourse is also at work here and that sex is an important part of these teenagers’ lives. Alcohol and sex often go together, therefore it is important to realise that for some participants sex may be an essential part of the ‘social life’ discourse that they draw on. Male participants on the other hand position themselves and girls differently, which further illustrates how the gendered talk about binge drinking also plays out in this talk about alcohol and sex.

- 367 *[Nathan] Like for a boy thing it would be to get girls like in some ways yeah and*
368 *you just like not care and like it also provides like a place like to meet girls like*
369 *if you are at a party.*
370 *[Sarah] So are you saying that drinking gives you confidence and makes you*
371 *more like a man so.*
372 *[Nathan] But like you could be too shy but if you’ve had a few beers you like go*
373 *up to her and you feel a bit more.*
374 *[Josh] Like a totally different person. (Int. 1)*

Nathan talks about alcohol as giving him the confidence to meet girls and to talk to them at a party. In this example he positions himself as shy and lacking confidence; alcohol however is constructed as an opportunity to be a totally different person and to feel more comfortable in such situations. While males are constructed negatively by females as drinking to get sex, these participants position drinking as a way to meet girls. They position females as having to provide consent for sex, so it is just as much females wanting sex as it is males.

- 375 *[Steven] Sex is great and it’s a way to get easy sex what up.*
376 *[Sarah] So alcohol is a good way to get sex.*
377 *[Steven] It can be it can be so (laughter) sometimes it because if it’s you and*
378 *there’s this other chick and you’re both you know in the zone and you’re yeah*
379 *what up.*
380 *[Dan] You could just be like DTF (down to fuck) and she will be like yea or nah*
381 *aye. (Int. 4)*

Here these participants’ position females as drinking to have sex also. While Steven admits that alcohol can be a good way to get sex, the negative construction that all males are ‘tools’ and only drink to get sex is not entirely true according to

these participants; rather, both parties have to be 'in the zone' (line 378). Dan positions the female as having the right to accept or decline the invitation; it is equally their responsibility if they do decide to have sex.

These findings clearly show that participants' talk about 'getting wasted' was gendered. Getting wasted was constructed as a masculine behaviour. While female participants did 'get wasted', their drinking behaviours were constructed in more feminine terms to enable a positioning of drinking more for the social reasons of 'getting wasted'. These findings illustrate how gendered talk about binge drinking is played out in participants' talk about alcohol-related sexual experiences. The constructions and positioning of male teenagers' behaviour (e.g. as sex-obsessed animals) are aligned with how binge drinking is talked about as a masculine behaviour; as 'getting hammered and doing stupid shit'. On the other hand, the constructions and positioning of female teenagers' behaviours (e.g. as vulnerable and innocent, or influenced by alcohol) is aligned with how female binge drinking is talked about, in terms of drinking more for the social benefits.

4.6 Summary

The results show that participants talked about alcohol consumption and drunkenness in terms of 'getting wasted', and drew on several discourses when talking about their drinking experiences and behaviours. These discourses included a 'social life' discourse, which constructed getting wasted as something positive for teenagers to do, and an 'alcohol is bad' discourse, where teenage alcohol use was constructed negatively. Gender discourses were also important, as how participants talked about getting wasted and alcohol-related sexual experiences was gendered. Participants used these discourses to talk about getting wasted as fun, cool and something teenagers do. While participants were aware of the adverse consequences of binge drinking, the 'alcohol is bad' discourse was actively resisted; participants worked to ensure they were not positioned as bad or unhealthy. These discourses also worked together; the 'social life' discourse contributed to the resistance of the 'alcohol is bad' discourse, with participants working to turn the 'bad' into 'good' to avoid negative positioning. Binge drinking was constructed as a predominantly masculine activity, whereas females were positioned as drinking more for social reasons. Both genders were positioned as getting wasted to have sex, but how they were constructed differed greatly; for example, males were constructed as sex-

obsessed, while females were constructed as wanting sex but not willing to acknowledge it. Although sex is an important component of teenagers' social lives, both genders worked to avoid being positioned negatively, illustrating how this gendered talk was tied to the other discourses.

CHAPTER 5

DISCUSSION

5.1 Introduction

The aim of this study was to use qualitative research to understand why teenagers binge drink. This was achieved by examining the discourses they drew on to construct their behaviours and their position in society. A further aim was to offer health promotion suggestions based on these findings, as to how teenage binge drinking and its associated risks can be reduced. This study was conducted because teenage drinking in New Zealand is a major health concern, and there has been a lack of both qualitative and New Zealand research examining why teenagers binge drink, and whether they see their behaviours as a problem. Authors such as Coleman and Cater (2005a, 2005b, 2007) and Guise and Gill (2007) have dominated this area of research, predominantly in the United Kingdom, so further qualitative research is needed to understand more about teenage binge drinking and to hopefully minimise this harmful culture of intoxication among teenagers in New Zealand and internationally. This chapter includes a discussion of the findings of this study with reference to the literature, how these findings are consistent with the theoretical framework used, the implications these discourse and health promotion findings have for health promotion practice and policy, and an evaluation of the study in terms of strengths, weaknesses and methodology. It concludes with a summary of how these findings contribute to the literature and future research opportunities.

5.2 How adolescents talk about drinking behaviours

‘Social life’ discourse

As Sheehan and Ridge (2001) state, alcohol plays a meaningful role in adolescents’ social lives and relationships, and is an important part of relationship building. The ‘social life’ discourse that participants drew on was used to construct teenage binge drinking as ‘fun’, ‘cool’, ‘normal’, a rite of passage, and a way to escape ‘real-life’. Participants’ talk about friends, socialising and the advantages of drinking in social settings worked to construct behaviours as fun and cool, for example (or not fun and cool), and position their peers as being part of the group (or excluded from the group). The social reasons for drinking reinforce those themes found by Coleman and Cater (2005a, 2005b), that participants drink for the social facilitation and the

increased enjoyment and comfort of social situations. Binge drinking was constructed as enhancing social interaction and helping teenagers socialise, and was therefore positioned as strategic. To be part of the social group and to experience these advantages, drinking alcohol was positioned as a requirement. Pleasure and sociability are central to teenager's drinking cultures (Harrison, Kelly, Lindsay, Advocat & Hickey, 2011). This discourse is similar to that discussed by Cortese (2010), in which alcohol is talked about as a way of 'doing adolescence'. To be an adolescent is to drink alcohol; you are not an adolescent, or living the adolescent social life, if you do not drink.

Binge drinking was talked about as being an important part of these teenagers' lives and something that all teenagers do. How participants constructed binge drinking was similar to the motivations reported by Engineer et al. (2003): participants constructed their drinking as pushing the limits, fun to lose control, personal freedom and escapism (can be someone else), and a way to relieve stress and anger. This 'social life' discourse was used to position drinking as an important part of every teenager's social life.

Binge drinking was constructed as a teenage thing to do, and a phase that all teenagers go through. Participants positioned themselves and teens in general as being able to binge drink, as for teenagers binge drinking was constructed as taking place within socially acceptable boundaries. In contrast to Kloep et al. (2001), this study found that teenagers did not talk about drinking as a means to be accepted as an adult in their own culture, and they did not wish to be similar to adults. Instead binge drinking was constructed as something fun that teenagers do, and that this period of their lives will eventually end and they will become adults, whereas other activities, such as sleeping and staying in, will then become 'fun'. Coleman and Cater (2007) also reinforce this finding that teenagers do not see their drinking as a problem, mainly due to the fact that they believe they will grow out of it and everyone else is doing it. Like Kloep et al. (2001) however, during this teenage phase the risks and consequences of alcohol use were discounted, which was related to identity formation and securing a place in the social group. These findings are in line with Honess, Seymour and Webster (2000), who reported that teenage alcohol consumption has moved beyond imitating adult behaviour and is now a 'normal' behaviour, like adult alcohol consumption. The intention to get drunk is talked about

as a 'normal' and experimental phase of being a teenager, rather than a risky behaviour with consequences (Mohan, 2008).

The 'social life' discourse was used by participants when talking about who 'fits' with the group and who does not. Identify formation and securing a place in the group was one of the main social advantages of binge drinking talked about by participants. They used this discourse to position those who did not drink unfavourably. Some participants talked about excluding those who do not drink or chose not to drink with them, positioning them as 'losers', for example, as they do not fit with the 'social life' discourse. Teenagers that were not part of the social group were constructed as outsiders and were positioned unfavourably, as they did not fit with the constructions of getting wasted as a positive thing to do that these participants provided from the 'social life' discourse. As Honess, Seymour and Webster (2000) state, peer influence involves an expectation that certain kinds of events will entail particular types or styles of alcohol use, and that an individual is talked about as a willing member of a social group in which norms and expectations concerning alcohol are operating. Therefore, this positioning of people who fit with the group and those who do not works to allow those who want to drink to drink together and enjoy the social facilitation and increased comfort the situation provides the group.

As McCreanor et al. (2008) state, the teenage drinking culture is saturated with pro-alcohol discourses. This is the result of marketing and advertising, and the media, along with other influences discussed in chapter 2, such as the rise of the tertiary drinking culture, and current legislation and policies on teenage alcohol use. Together these have contributed to the development of a teenage drinking culture where alcohol consumption and binge drinking is normalised and seen as socially acceptable. Discourses around alcohol consumption being an essential part of teenagers' identities and an enjoyable activity that all teenagers engage in have been strengthened, leading to this culture of intoxication or determined drunkenness (McCreanor et al., 2008). The discursive resources around alcohol consumption suggest that alcohol is intended for producing intoxication rather than moderate consumption, and this was seen in participants talk about 'getting wasted'. As in Guise and Gill's (2007) study, participants constructed binge drinking as a harmless activity that can enhance social interaction and facilitation. Getting wasted was constructed as positive, and there were numerous examples throughout the data of

the subject positions this 'social life' discourse offers, as well as how participants talk is used to construct teenagers as cool, or not, for example. While part of a larger teenage drinking culture, these participants drew on this discourse to construct their behaviours and position themselves within the social group. Getting wasted is a social activity, and one that is talked about as bringing the group together and providing social benefits; it is constructed as an integral part of teenager's lives.

'Alcohol is bad' discourse

The other main discourse participants drew on was an 'alcohol is bad' discourse. This discourse was used to construct 'getting wasted' negatively. It was clear that most participants were aware of this discourse, but were hard at work resisting it in order to be positioned favourably, as 'not bad' or unhealthy for example. Participants demonstrated knowledge and awareness of the risks and consequences of alcohol use through their talk about the adverse outcomes of alcohol use. This is similar to the finding from Kloep et al. (2001) where participants considered themselves already well-informed about the dangers of alcohol use, and that experiencing such dangers was part of the learning process. In the current study, participants talked about being well-informed of the risks and consequences through peers, parents and families, and personal experience, and talked about such consequences as being part of the overall positive and enjoyable experience of 'getting wasted'. These findings are in direct contrast to those of Courtney and Polich (2009), who found that teenagers lack awareness and knowledge about the adverse consequences of teenage alcohol consumption. However, while the current study's participants were aware that alcohol is risky and harmful, they also actively resisted this discourse in order to construct their behaviours as harmless and acceptable, and to position themselves and teenagers in general as entitled to drink.

Courtney and Polich (2009) state that getting drunk has become 'normal' for teenagers, and that the risks and harms of binge drinking have been socially discounted. The findings of the current study differed in that participants did not discount the risks and harms of such drinking, but instead recognised them, and talked about them positively as being part of the whole 'getting wasted' experience. This was one way that participants resisted the 'alcohol is bad' discourse. Such risks and harms have become constructed as 'fun', because it is part of the drinking experience that the social group aims to share. Engaging in such behaviours resulted

in participants being positioned as ‘cool’, or as part of the group. These findings illustrate how these two main discourses are linked.

As Engineer et al. (2003) found, few participants saw themselves as being ‘at risk’ when they got drunk, as it has become part of their ‘normal’ and expected behaviour. The findings of the current study demonstrate that participants do not construct their behaviours as risky, harmful or a problem. While participants were aware and have knowledge of the risks involved, they generally resisted this discourse and constructed their own behaviours as harmless and not a problem. This finding has been found by several qualitative researchers. Coleman and Cater (2005b) found that rather than classifying themselves as ‘binge drinkers’ with a problem, participants talked about binge drinking as part of a normal and fun existence, and not a concern. Lyons and Willott (2008) also found that young women in New Zealand see binge drinking as a social activity that is normalised and unproblematic. Talking about it as ‘normal’ (and something *all* teens do) works to resist the discourse that alcohol is harmful. Being a teenager is talked about as a period of their lives where they can experience such behaviours and not have to feel responsible or that their behaviours are a problem.

Participants worked to not be positioned as unhealthy, or as engaging in harmful activity, by claiming immunity. They constructed themselves (and teenagers in general) as invincible from the adverse consequences of teenage alcohol use. Wickman, Anderson and Smith Greenberg (2008) conducted a qualitative study with teenagers on invincibility and alcohol consumption. Their participants saw risky behaviours as worthwhile because the immediate short-term benefits overshadowed long-term effects or potential harm. In the current study, most participants talked about short-term benefits, rather than the long-term effects or potential harm, and this worked to position themselves as invincible from the more serious harms of alcohol use. As McCrindle (2003) states, teenagers are short-term focused, have little plans for the future, and value short-term benefits without consideration of the long-term risks.

When participants did talk about the potential harm from alcohol, such as accidents or even death, the ‘alcohol is bad’ discourse was not as resisted. If participants had personal connections to certain events (for example knowing someone who died in an alcohol-related accident), then there was less resistance of the discourse and participants positioned themselves as less invincible. Interestingly,

the lack of resistance of this discourse in these types of situations did not appear to last long, and the invincible constructions and positioning soon returned. This illustrates how strong the ‘alcohol is bad’ discourse is, and more importantly how active these participants are at resisting it. These findings suggest that personal stories and making experiences *more real* for teenagers may be more valuable than statistics or school education that teaches that alcohol use is harmful and a problem (Wickman, Anderson and Smith Greenberg, 2008). This could lessen the resistance of this ‘alcohol is bad’ discourse and help teenagers become more aware and understanding of the potential risks and harms of alcohol use.

The ‘alcohol is bad’ discourse was also resisted by ‘pointing the finger’ at others. This worked to remove the blame so that they were not positioned as engaging in bad or harmful behaviours while others were. Participants constructed their drinking as fun and normal – something all teenagers do, when talking about the adverse outcomes of alcohol use. This allowed participants to shift the blame from themselves and onto the group, or teenagers in general. Participants also shifted the blame on to those whose behaviours were not constructed as normal or acceptable, including younger teenagers and university students, positioning them as engaging in harmful, unacceptable behaviour. This talk works to position participants as being able to binge drink without having to worry about the consequences, or what others think of them. Lyons and Willott (2008) found that teenagers did not view their drinking as risky, or even as binge drinking, but did view other people’s excessive drinking as potentially risky, which is consistent with this study’s findings. McCrindle (2003) talks about ‘generation Y’ teenagers as engaging in risky behaviours for short term benefits, without considering long-term risks. Teenagers today like fun, freedom, experiencing new things, are socially driven and like not having to worry about the consequences. This was reflected in how participants talked about getting wasted and how they drew on these two discourses. This finding, that teenagers resist the discourse that alcohol is harmful by pointing the finger at others, was not found in the literature, and is therefore important for future research to consider.

Social groups were also described by participants as providing safety and protecting them from the risks and consequences of alcohol. Participants thus positioned themselves as drinking in a safe setting, so that they could engage in risky drinking behaviours without feeling guilty or bad about their behaviours. As such,

their drinking group was constructed as being there to look out for them and provide the necessary help and support when needed. Wickman, Anderson and Smith Greenberg (2008) also found that when talking about feeling invincible, participants constructed their social group as a 'safety net' that prevented their risky behaviours from becoming dangerous. Risky was talked about as an 'uncertain outcome', whereas dangerous was talked about as being 'more certain of harm' (Wickman, Anderson & Smith Greenberg, 2008). The findings from this study were similar. Participants positioned themselves as being able to engage in risky behaviours without having to worry about consequences, because their group would look after them. This positioning was another way that participants resisted the 'alcohol is bad' discourse to justify their binge drinking behaviours.

While most participants actively resisted the 'alcohol is bad' discourse, some did not (or resisted it less than others), and the discourse was evident in their talk about the risks and harms of teenage alcohol use. Many participants talked about how bad the drinking culture in Palmerston North was, why New Zealand has a drinking problem, how bad their group's drinking can be, and the fact that they are role models for younger students. Some participants even talked about how their own behaviours were, or had been, harmful or problematic. This shows that it is likely that teenagers have an awareness of the risks and harms of alcohol use and are thus aware of the 'alcohol is bad' discourse. In line with authors such as Engineer et al. (2003) and Kloep et al. (2001), teenagers likely have the awareness and knowledge about alcohol issues and safe drinking, but choose to resist the 'alcohol is bad' discourse so that they can drink and engage in risky behaviours.

As Guise and Gill (2007) found, participants rejected being called 'serious drinkers' or 'binge drinkers', as they did not see their drinking as a problem. Overall the participants in this study did not see their drinking as a concern; they actively resisted the 'alcohol is bad' discourse and frequently drew on a 'social life' discourse to construct their behaviours as fun, normal and something teenagers do. The 'social life' discourse was powerful as it constructed getting wasted as a good thing, even in the presence of a widespread health discourse that alcohol is harmful. Participants were constantly working to resist the 'alcohol is bad' discourse. This demonstrates how powerful these two discourses were in influencing participant's behaviours, as well as the links between the two.

According to Caswell (1997), there are two very different positions in the public discourse on alcohol. First, there are the concerns of those in the field of public health, which are to reduce the harms experienced from alcohol use. The other position is held by the producers and distributors of alcohol, which is to protect the return on the investment of their shareholders. This position works to inform and persuade the drinker to behave in a certain way. This has resulted in conflicting messages about alcohol – teenagers are educated about the harms of alcohol use at the same time as being bombarded with advertisements about how positive drinking alcohol is. The findings from this study reflect these different positions in the public discourse on alcohol: teenagers have an awareness and knowledge of the adverse consequences of alcohol (through public health messages) yet actively work to resist this discourse that alcohol is harmful as they have been informed otherwise by more powerful influences (e.g. the media and alcohol companies). Regardless of what health promotion messages are aimed at teenagers, this resistance is going to be difficult to reduce.

Gender discourses

The findings around gender discourses and teenage alcohol consumption have been consistently documented in the literature. This study found a blurring of gender identities, in addition to participants actively working to maintain their masculinity and femininity respectively. Like Lyons and Willott (2008), these findings showed that participants were enacting particular versions of masculinity and femininity within their social group, and that these versions were understood and reinforced by each other. Participants in this study constructed binge drinking behaviours as a traditionally masculine behaviour, with female participants positioning themselves as being able to binge drink whilst still retaining their femininity. They did this by constructing their drinking as more for ‘social’ reasons – or ‘feminising’ their behaviours, as Lyons and Willott (2008) describe it. As these authors found, female participants drew on discourses of equality when constructing their behaviours. This worked to contest their hegemonic subordination to men, which has created versions of femininity that are complicit with men. Female participants in this study positioned themselves as being able to drink with men, and like men, while still maintaining their femininity. This is likely the result of the shift in gender relations

and social positions that has occurred over recent decades (Lyons, Dalton & Hoy, 2006).

‘Getting wasted’, drinking heavily and engaging in risky behaviours were typically constructed as masculine behaviours. Male participants in this study worked to maintain their masculinity in the presence of female drinkers. They did this by constructing their behaviours as being even more masculine or by constructing females’ behaviours as feminine or out-of-place. Lyons, Dalton and Hoy (2006), in a study of how alcohol and drinking were represented in male and female magazines in the UK, found that both men and women are shifting their drinking behaviours, but that male drinking is changing as a response to that of women’s drinking, in an attempt to maintain masculinity. For example, the drinks, behaviour and drinking styles of young women are derided, described in derogatory terms, and generally devalued in men’s magazines (Lyons, Dalton and Hoy, 2006). Such constructions of men were typically absent from women’s magazines. This evidence, along with the findings from this study, show that males may actively work to build masculine drinking reputations based largely on female behaviour. This is a complex area of research that needs addressing further.

Male participants were aware of the increase in females’ binge drinking and getting drunk. Both male and female participants positioned females as drinking more for social reasons, and that these reasons were more important than the end process of being ‘wasted’, which was talked about in masculine terms. Female participants were positioned as not trying to be like males, but instead as being able to drink as much as males, and in the public sphere. While they may be engaging in ‘masculine behaviour’, the fact that they are drinking for different reasons works to retain some femininity, while at the same time gaining some credibility and power associated with hegemonic masculinity (Lyons, Dalton & Hoy, 2008). Female participants positioned their behaviours as complicit with males, rather than subordinate. These findings are consistent with those from Lyons, Dalton and Hoy (2006), and Lyons and Willott (2008), and are a reflection of the changes that have occurred in society with respect to the emergence of women in the workforce and public activities. These changes have likely contributed to the rise in alcohol consumption and risky behaviours among young women.

Participants’ alcohol-related sexual experiences provided further evidence as to how such talk is gendered. It was interesting how participants positioned

themselves and the opposite gender with respect to alcohol-related sexual experiences. Female participants in this study positioned males as drinking to get sex, by constructing them negatively; for example as ‘tools’ or ‘animals’. Many positioned themselves as vulnerable and subordinate to males, constructing their behaviours as influenced heavily by alcohol and peer pressure to have sex. These findings are similar to those by Hayter and Harrison (2008), who, in a study of adolescent gender differences in attitudes towards sexual relationships, found that young women have more to lose socially with regards to sex than men. Society does not stigmatise male sexuality like it does female sexual behaviours. For example, young women can easily obtain a sexual label denoting sexual promiscuity just for looking good or sexually available (Hayter & Harrison, 2008). Alcohol was constructed as reducing their inhibitions, leading to sex and sexual regret. The constructions of males as ‘animals’ and as ‘drinking to get sex’ worked to justify and reinforce this position of vulnerability. ‘Getting wasted’ was associated with ‘getting sex’ from these female participants’ constructions. Like Hayter and Harrison (2008), these participants position themselves as enduring strong social pressure from males to have sex.

While many male participants constructed getting wasted as a means to ‘get sex’, they also constructed it as a way of meeting people and a way of increasing their confidence. These participants positioned themselves as being both happy and proud about alcohol-related sex, but as disappointed when their partner does not feel the same way. They positioned girls as equals when drinking, and this extended to females drinking to get sex as well. These participants may have drawn on traditional femininity discourses when providing these subject positions – for example, women being in control and responsible for their behaviours, and therefore aware of what they are doing (Lyons & Willott, 2008). These participants positioned themselves as having sex only if consent is provided. Females were positioned as equally responsible when it comes to sex, i.e. as drinking to ‘hook up’. Young males are not subjected to the social pressures that sexualise young women and result in the feeling of vulnerability (Hayter & Harrison, 2008). Instead they are socialised (from peer pressure) into behaviour, often with values of aggression and bravado. This can place females under pressure to have sex, and may cause female constructions of their vulnerability and subordination to males.

The findings from this study reflect how both sexes are influenced by certain social forces, and how teenagers draw on social discourses and stereotypes to construct their behaviours. They demonstrate the different subject positions that males and females have when talking about alcohol and sex and how ‘getting wasted’ is gendered. Further research is needed on teenage alcohol consumption and gender to fully understand how teenagers’ talk about binge drinking is gendered. While Measham and Østergaard (2009) state that there is a decline in young women’s binge drinking in some European countries, such as the UK and Denmark, this is clearly not the case in New Zealand, as illustrated by authors like Lyons and Willott (2008) and rising binge drinking statistics here. More research is needed on gender and teenage alcohol consumption to understand how gender identities are changing and what implications this has on the teenage binge drinking culture.

5.3 Health promotion

Health promotion has a role and aim to reduce teenage alcohol consumption, and in particular binge drinking, in New Zealand. While binge drinking may be ‘fun’ and part of teenagers’ social lives, research has clearly shown that this is a major health concern that is on the rise (ALAC, 2007; MOH, 2009; Ameratunga et al., 2011). Not only are changes needed to policy and legislation, but health promotion interventions that work with schools and pupils are required to reduce the harms experienced from teenage alcohol use.

Given that binge drinking was talked about as a highly enjoyable and fun experience, and part of their teenage lives, it would be impractical to encourage teenagers to abstain from alcohol. Rather, acknowledging a harm-minimization approach to health promotion would be more appropriate in reducing the harms associated with teen alcohol use and ensuring teens are more ‘prepared’ for when they start drinking alcohol (Coleman & Cater, 2005b). As Coleman and Cater (2005b) state, the promotion of ‘safer’ or more ‘sensible’ drinking is the first step to reducing the harmful outcomes and providing teens with the skills to prepare for, and manage, the effects of drinking. Therefore the current study has identified several areas where health promotion interventions could benefit, as well as providing a health promotion report for the MDHB Public Health with themes and recommendations as to how the adverse consequences of the teenage binge drinking culture in Palmerston North can be reduced. A broad approach that addresses

multiple levels (such as parents, schools, community and legislation) is needed to create a safer environment for teenagers being introduced to alcohol. It is important to note that these health promotion findings and recommendations are based on the results from this one study on teenage binge drinking, and that further research is needed on teenage alcohol consumption to generate a range of implications that address many of the issues that this topic raises.

The findings from the ‘alcohol is bad’ discourse have implications for how alcohol is positioned by alcohol distributors and producers; if legislation and policy reduces, or even eliminates, the effect these groups have on teenagers, then over time, with the appropriate health promotion interventions, the ‘alcohol is bad’ discourse may be less resisted by teenagers. It is important that health promotion interventions, aimed at reducing teenage binge drinking and its associated harms in Palmerston North, continue.

Palmerston North was constructed as a ‘boring’ city with a lack of youth-related activities. As Coleman and Cater (2007) found, binge drinking was often viewed as escapism from problems or from the boredom of having nothing else to do. Drinking is fun and something that teenagers can do together, and which provides many social benefits. Participants talked about binge drinking and drunkenness as being ‘normal’ and part of their lives, thus showing how deeply entrenched the culture of heavy drinking is for many young people (Coleman & Cater, 2007). This illustrates how the ‘social life’ discourse is used by participants when talking about binge drinking. Another concern from participants was that schools were talked about as not doing enough to teach about alcohol and that they would benefit from education that shows how to drink safely rather than to not drink at all. Such findings (detailed further in the report in Appendix 7.7) can be tied to the discourse findings from this study; for example, present alcohol education in schools may be contributing to the resistance of the ‘alcohol is bad’ discourse. These findings clearly show that there is a need for improved alcohol education and the promotion of alternative and enjoyable activities in such areas where there may be a lack of youth activities, which may contribute to reducing the resistance of this ‘alcohol is bad’ discourse.

The finding that participants do not construct their binge drinking behaviours as harmful or problematic also has implications for health promotion. For example, if participants do not construct their behaviours as harmful or problematic by actively

resisting the discourse that ‘alcohol is bad’, then health promotion messages aimed at ‘serious drinkers’ or ‘binge drinkers’ will not be effective. An improved approach would be to target the teenage ‘social drinker’, by drawing on the ‘social life’ discourse, to provide messages that teens can identify with. Such messages need to include a personal or emotional connection, as well as information aimed at drinking safely rather than not at all. It is important for teenagers to recognise the adverse consequences of binge drinking, and health promotion messages that draw on a ‘social life’ discourse, so teenagers can relate to them, offers the potential to minimise the resistance of the ‘alcohol is bad’ discourse.

The ‘alcohol is bad’ discourse was resisted less by some participants who had a greater awareness and knowledge of the risks involved. This often arose from the personal connection with an event in the media or from personal experience with harmful drinking. For example, while most teenagers actively resisted this discourse, the invincible position that teenagers have when drinking (that nothing bad will happen to them) can be weakened from a personal experience or connection with harmful drinking. The report in Appendix 7.7 also illustrates the importance of health promotion messages making a personal connection with teenagers. Health promotion messages that are informative, clear in terms of the risks and consequences of drinking, and messages that teenagers can identify with, are needed in order to reduce the resistance of the discourse that alcohol is harmful and to minimise the adverse consequences of teenage binge drinking (Coleman & Cater, 2007). As Wickman, Anderson and Smith Greenberg (2008) mentioned above, personal stories and making experiences more real for teenagers may be more valuable, along with encouraging parents and teachers to establish strong personal relationships with teens so that they can spend time and talk with them about alcohol issues. Therefore by establishing this important connection with teenagers, alcohol education and health promotion messages can potentially reduce the resistance of this discourse leading to an increased awareness and knowledge of the issue, as well as safer drinking practices.

One way of establishing this connection with teenagers is to find out what they believe are the best ways to reduce binge drinking. While Coleman and Cater (2007) found that most teenagers thought nothing could be done to stop binge drinking, some did offer suggestions such as shock tactics that teens could relate too, witnessing and reflecting on antisocial and embarrassing behaviour, acknowledging

the likelihood of sexual regret after alcohol use, and a greater enforcement of not purchasing alcohol when drunk. A common theme in Coleman and Cater's (2007) findings was the need to establish personal connections with teenagers, and the current study reinforces this recommendation. Interventions that are youth-, culturally- and ethnically-specific are likely to be more effective, therefore further research with teenagers is needed to ensure the success of any intervention aimed at a particular group or culture of teenagers. As Coleman and Cater (2007) found, teenagers wanted to hear more real-life stories from people that they could *relate to*, with stories that will make them realise that the negative consequences could actually happen to them. Therefore current health promotion education and interventions need to be complemented with additional strategies that involve the use of real-life stories, delivered in a culturally-specific way to ensure the connection is made with teens. Such changes could potentially reduce the resistance of this discourse, for example, by making teenagers feel less invincible to the adverse consequences of alcohol use.

The findings from this study contribute to an existing large body of knowledge around health promotion and teenage binge drinking. Further research and interventions are needed to meet the broad approach that is required to fully address the issue of teenage binge drinking.

5.4 Evaluation

It is important to consider validity issues of reflexivity, triangulation, representativeness and interpretation. This section will also discuss some general limitations and strengths of the current study.

Validity

This study engaged with concerns about validity in a number of ways. First, the peer group interviews aimed to ensure that participants were free to challenge and, if necessary, correct the researcher's assumptions. As group interviews involved up to six participants, this allowed the group to work together to challenge assumptions the researcher had about teenage binge drinking which may have been supported through the interview schedule. Unfortunately, due to limited time and costs, the researcher was not able to further enhance the validity of the findings by obtaining

feedback from participants to see whether they understood the findings and interpretations.

This study also had high ecological validity. The peer group interview setting was more 'real-life' than a laboratory setting for example; interviews were more 'social' and were conducted at a place chosen by participants or the school, and where participants could also feel comfortable. Peer group interviews were more appropriate than an interview or a focus group with strangers, as each participant had a friend with them and generally knew and were friends with the other participants in the group. As binge drinking is a social activity where teens drink with a certain group of friends, this method of data collection was a greater reflection of the reality of drinking.

Reflexivity was also crucial to this research. The researcher of the current study was critically reflexive throughout the research process by regularly scrutinising the whole research process and continuously reviewing his own role in the research. The researcher took time to reflect on how his own values, experiences and beliefs influenced the research and the findings. He also consulted with the project supervisor, as well as close family and friends, to get an outsiders opinion as to how his own position may have influenced the research. For example, the researcher was a young 23 year old male who rarely drunk alcohol as a teenager and still rarely drinks to get drunk. Given the participants were young teenagers who binge drink, this experience and positioning on drinking and getting drunk may have influenced the research process in numerous ways, such as how the interviews were conducted and how the results were interpreted. The researcher consulted with the project supervisor around issues of personal reflexivity; this assisted the researcher in keeping the interpretations free of his own ideas about binge drinking (e.g. that it is a bad thing), as well as avoiding of thinking in terms of what is going on inside people's mind. Being personally reflexive was a difficult process, but one that was important to ensure the researcher remained separate from the subject matter during the research.

The researcher was also epistemologically reflexive throughout the research process by reflecting upon the assumptions about the world and knowledge that a social constructionist epistemology holds. Research questions were constantly adapted to become more aligned with the social constructionist framework, discursive theory and discourse analysis methodology and methods. The methods

and methodology were aligned with the epistemology and theoretical framework. The research questions were directly shaped by the methodology itself, so as the research progressed these questions evolved. The discourse analysis methodology, through its social constructionist assumptions, determined what could and could not be asked. This epistemology can only address research questions about the social and/or discursive construction of teenage binge drinking. As the research progressed, the researcher became familiar with how important it is for these different components to be aligned, the assumptions about the world and knowledge that this epistemology holds and how these are important for the theoretical framework, the methodology and the chosen methods. The social constructionist framework was the best approach to use in this study as it allowed for a careful examination of the ways in which people talk about binge drinking, and is therefore a useful way to learn more about the social and cultural context of their drinking, what it means to them, and why they might drink in this way.

The researcher was aware that the findings were based on one person's interpretations. Efforts were made to ensure the interpretations were not removed from the data and that they were plausible. Substantial quotes were provided throughout the results chapter to provide evidence of the discourses operating. Also, in the current study, 'investigator triangulation' (multiple researchers) was used to enhance the credibility and validity of the researcher's interpretations. Triangulation is a technique that facilitates validation of the data through cross verification from more than two sources. The initial interpretations of the discourses operating and the different constructions and subject positions made by the researcher, along with the supporting data, were looked at by the project supervisor. The project supervisor offered her interpretations to help the researcher focus on a select number of discourses, and how these discourses were being used by participants to construct binge drinking behaviours. Without prior discussion of the possible discourses that teenagers draw when talking about binge drinking, the researcher and supervisor worked together to understand how these discourses shape teenagers' talk about 'getting wasted' to enhance the credibility of the findings (Denzin, 1970 as cited in Thurmond, 2001).

Qualitative research tends to work with relatively small numbers of participants due its time-consuming and labour-intensive nature of data collection and analysis. A small sample size does facilitate close association with participants

and enhances the validity of rich and meaningful data from qualitative research. The current study had a sample size of 20 participants and aimed to explore a health issue that is relevant to more people than were actually involved in the study, therefore representativeness was an issue worth considering. This was because, as Willig (2001) argues, in such circumstances, we are likely to want to generalise from our study to the wider population of teenagers, especially in Palmerston North. We cannot generalise from the data to the wider world, but we can *relate* our data to the wider world. So although we do not know who or how many people share a particular experience, once we have identified it through qualitative research, we do know that is available within a culture or society (Willig, 2001). Therefore we know that the ‘social life’ discourse and the ‘alcohol is bad’ discourse are available within the teenage drinking culture in Palmerston North, and that many teenagers construct their behaviours as fun and part of their teenage lives, and also actively resist the knowledge that alcohol is harmful. Different cities may have different drinking cultures (for example non-university cities), so we cannot relate these findings to other teenage drinking cultures. These findings, however, can have significant implications for health promotion in Palmerston North aiming to minimise the teenage binge drinking phenomenon.

General Limitations

The first limitation was concerned with the recruitment of participants and the definition of ‘binge drinking’. The questionnaire was employed to select those that drink over 2-4 drinks on at least one occasion during their typical week; however, when asking potential participants to choose a friend or two, this was difficult to ensure, so instead the inclusion criteria (for both participants selected and their chosen friends) was altered to ‘having experience with alcohol and drinking that has led to being drunk on at least one occasion’. Therefore rather than having a set definition of ‘binge drinking’ based on units of alcohol consumed, a subjective definition of ‘being drunk’ was more appropriate for the interview inclusion criteria as it allowed participants to discuss their experiences and opinions from their own personal definition of what ‘being drunk’ is. This also allowed a wider range of experiences and opinions from participants; for example, there were participants that got drunk weekly and participants that only got drunk on special occasions. A wide range of opinions from these teenagers allowed for a greater range of constructions

and subject positions, which was beneficial for the analysis. Also, many participants did not identify as 'binge drinkers', therefore a subjective definition of drunkenness was more appropriate. The recruitment questionnaire, with its definition of binge drinking based on units consumed on average, was not the best method to select participants for the purpose of this qualitative study. Future research should include teenagers that do identify, or are identified, as harmful binge drinkers in order to understand more about harmful teenage binge drinking.

It is important to note that there may be more discourses at work within this teenage drinking culture. This study only identified two main discourses, as well as some gender discourse findings. Given the limited experience with discourse analysis, the researcher found it more beneficial to focus on these main discourses, and how these were used in participants' talk about 'getting wasted'. These main discourses, the 'social life' discourse and the 'alcohol is bad' discourse, were also found to be related, which was outlined in the results and discussion. The 'social life' discourse was more complex than originally thought; it is possible that there were multiple discourses at work within this one discourse, so future research is needed to 'unpack' this discourse. There may have been more discourses operating, and future research should be employed to study these discourses and the discourses operating in different drinking cultures.

Strengths

The interview schedule used in this study was well-developed and structured which led to its success in the peer group interviews. The researcher provided constant evaluations throughout the research process, and altered the interview schedule where necessary to become aligned with the research questions and the methodology. The interview schedule was tested on staff members at MDHB Public Health to provide the interviewers with some practice and to ensure it met time requirements for example. An official pilot was also organised with the first group arranged; however this first interview was successful and required few adjustments to the interview schedule, so the interviewers agreed that the data would be worth using for the analyses. The interview schedule and the organisation of the peer group interviews were some examples of the strengths of this study.

A further strength of the current study was its health promotion focus. Not only do the findings from the discourse analysis have implications for health

promotion practice and policy in Palmerston North and New Zealand, but the preliminary thematic analysis that was carried out for MDHB Public Health provided numerous health promotion themes and recommendations. It is hoped that Public Health will be able to use these findings to develop new projects on teenage alcohol consumption, aimed at reducing the harms of the teenage drinking culture in Palmerston North. These findings can be found Appendix 7.7.

5.5 Further research

Further research is necessary to increase our understanding of the teenage drinking culture and to come up with ways to reduce the harm experienced by teenagers engaging in binge drinking behaviours. As Mohan (2008) suggests, societal changes are responsible for the change in drinking cultures among young people; therefore further research examining the social contexts of adolescence is required before multi-level interventions can be developed. There are many social influences, beyond the scope of this research, that have changed over time that may have contributed to the emergence of a harmful teenage drinking culture. Qualitative research examining these influences would be beneficial to contribute to our understanding of this health issue, and how the social and cultural contexts teenagers are embedded in, influences their drinking behaviours. If alcohol consumption and its consequences can be reduced, then this may have implications for those beginning university and the tertiary drinking culture; for example, teenagers may be more educated and aware of the risks of binge drinking which may influence their behaviours at university. The fact that there are two drinking cultures within Palmerston North – the teen drinking culture and the tertiary drinking culture – warrants further research as to how these cultures function together and how interventions can reduce alcohol-related harms experienced by young people in Palmerston North.

Another area where research could benefit is with younger teenagers. Many participants talked about younger teens as having the drinking problem. Younger teens, or teens with more serious drinking problems, may draw on different discourses than those identified in this study. The participants in this study were not harmful or excessive binge drinkers, and did not identify as such, so research with those that are (or identify as) harmful drinkers is necessary to further our understanding of this drinking culture. While this study has provided an

understanding of the discourses that a sample of 16-18 year old binge drinkers from Palmerston North draw on when talking about their drinking behaviours, further qualitative research with teenagers aged 13-19 and from different ethnic and socioeconomic backgrounds is necessary to gain a deeper understanding of the teenage binge drinking culture in New Zealand. Such research will be beneficial in contributing to practice and policy around teenage alcohol consumption.

In conclusion, this study found that participants talk about binge drinking and drunkenness in terms of 'getting wasted' and drew on several discourses to construct 'getting wasted' positively - as fun, cool, teenage-like and something one should be part of. Participants drew on a 'social life' discourse to construct 'getting wasted' as an important and compulsory part of teenagers' social lives and something that will eventually end. These participants showed an awareness of the widely used public health discourse that alcohol is harmful, acknowledging the risks and consequences of teenage binge drinking; however they actively resisted this discourse to justify their drinking and to avoid being positioned as engaging in risky or harmful behaviours. These discourses were also related, with the 'social life' discourse being strong enough to contribute to the resistance of the 'alcohol is bad' discourse. Talk about getting wasted was also 'gendered'; participants also drew on gender discourses when constructing their binge drinking behaviours and providing different subject positions for males and females. The discourses worked together to construct 'getting wasted' as a good thing and to position teenagers as engaging in behaviour that is not harmful or problematic. These findings demonstrate the usefulness of using discourse analysis, within a social constructionist framework, which explores the function as well as the context of the data.

While there is little research available on teenage discourses around alcohol, this research demonstrated several discourses in how teenagers talk about 'getting wasted'. These discourses were reverberated through the data and enabled recognition of a cultural understanding of teenage binge drinking in Palmerston North. Although we cannot generalise these discourse findings, we can use these findings to potentially reduce the harmful teenage drinking culture in Palmerston North, or to at least make binge drinking safer for teenagers. We can also relate these findings to other populations of binge drinking teenagers, as teenagers draw on culturally available resources that reflect their social context, to construct their behaviour and their position in this world. Teenagers elsewhere may also draw on

these, or similar discourses, so further research is required to contribute to this gap in the literature and to increase our understanding of why teenagers binge drink and what can be done to reduce the teenage drinking culture and alcohol-related harm in New Zealand.

CHAPTER 6

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CHAPTER 7

APPENDICES

- 7.1 Interview schedule
- 7.2 Recruitment screen
- 7.3 Information sheet
- 7.4 Consent form
- 7.5 Confidentiality agreement forms
- 7.6 Ethics approval letter
- 7.7 Health promotion report for MDHB Public Health

7.1

TASK	YES/NO	COMMENTS
<p>Welcome participants - Introduce Sarah and I Pizza and drink provided for participants prior to and during introduction of PGI – help yourselves Provide an Overview of the Study – issue, aims and topics to be discussed, go through information sheet. Participant introductions – ‘introduce your peer’ with name, age/year, and an interesting fact OR yourselves if not peers Discuss ethical issues (not discussed in INFO sheet)</p> <ul style="list-style-type: none">• Able to withdraw at any time/have a break• Confidentiality of details (IC & C forms, pseudonyms used, storage/access of data, to only share info they are happy for group/public forum to hear)• Protocols for dealing with sensitive/distressing issues (don’t have to share anything/answer questions, can end questions/discussions if you wish just ask, happy to talk afterwards, packs of information/freebies on alcohol use and services available to youth, our contact details, school won’t find out what you said etc, all confidential, will contact you to debrief and answer any questions you may have).• Please know that we are not judging you & you are free to share whatever you feel comfortable with. No one will criticise you or judge you, or share any of the information shared today with anyone else. Any activities you talk about won’t be revealed to anyone else.• We want to know about the teenage drinking culture in NZ so your thoughts/experiences are very important and highly regarded• Tape recorded session –anything you don’t want transcribed, let us know during the PGI or afterwards (can also email me etc)• Your right to a copy of results – form at end of PGI for you to complete. Prize draw to enter end. <p>Questions from participants? Do you all understand the research and are you comfortable and happy with what’s required of you for this interview? ALL participants to sign their consent forms and hand back to the researcher. All participants and interviewers to sign the confidentiality forms also. Explain these – to keep all details/information/experiences confidential and to protect privacy. Inform participants that you are turning ON the recorder. Test TWICE to ensure all participants voices picked up.</p>		

Introduction

General points of discussion, a couple of minutes on each:

- First experiences with alcohol – when/where/how?
- What alcohol do you & your friends drink? *Why?*
- Where do you drink/time of drinking?
- How often do you drink alcohol? *Casually and large amounts?*
- How/where do you get alcohol from? *Do you buy alcohol? Who buys it? Do you get strangers to buy it? Do you pay for it? Do you (or have you ever) stolen alcohol from home or shops?*
- **Question to think about:** drinking in today's society – do you think teenagers today drink more than say 40 years ago? Why do you think this? *If yes* What has changed? *If no, then why?*

Part 1: SOCIAL INFLUENCES (15min)

Ok, so let's talk about people who influence your drinking, including your parents, friends, and other social aspects. You're welcome to share your feelings, thoughts and any experiences you have.

How are your drinking behaviours influenced by the following?

- **Your family/family friends/family events/home life.** *Probe questions may include: do your parents/siblings drink? How often? Do you think their drinking is 'normal'? Under what family occasions are you allowed drinking? Are you allowed alcohol at home? Do your parents/siblings buy you alcohol? Is alcohol accessible to you in your home? Family beliefs/opinions on alcohol and teen alcohol use?*
- **Peers/peers' families/events, networks.** *Probe questions such as: Are your mates' drinkers? What about your group of friends? How much do they drink? What about their families and family events – are they similar to your own families?*
- **Ok, so thinking about a time when you were drinking with your friends, how did they influence your drinking behaviours?** *Did you drink more because of your friends? Is drinking 'normal' within your group of friends? What kind of drinking? Friends role modelling/peer pressure – did they make you?*
- **Do you ever drink alone?** *Why/why not?*

Part 2: MEDIA & THE COMMUNITY

- **Is there a lot of alcohol and drinking in your community (PN/suburb you live in)?** How does where you live influence your drinking behaviours? Is alcohol available and easy to get? Does Palmy have a teenage drinking culture?
- **You would have also seen many ads on TV advertising alcohol, like the Tui ads for example, or alcohol adverts at sporting events (such as Tui at Super 15).** So thinking about these ads, how do they influence your drinking? Do these ads make you want to drink more or more often? **Why** – what is it about these ads do you think? How are these alcohol companies selling their products? *How do you relate to these?*
- **What about alcohol in movies and TV shows?**
- **Do you think that drinking and getting drunk is just part of what being a teenager is? WHY?** [Bring back to question in part 1 IF they answered YES its different now]: *Then why is it different now then what it was 50 years ago?*

- **What other social things in your lives do you think influences teenage drinking?** * *Religion/culture etc, where they grew up etc. Sports teams. Apart from parents and peers, are there any other people or groups that may influence your drinking?*
- **Does NZ have a harmful drinking culture?** *Perhaps consider stories on the News.*

Part 3: WHY DO YOU DRINK? (15min)

So let's talk about **why** you drink alcohol, or the reasons for drinking and getting drunk.

What are the motivations or reasons for drinking? Why do you drink? Why do you get drunk? [*Need in depth probing here to avoid simple responses such as 'to have fun' or to 'get drunk', such as*]: Thinking about your experiences, *why did you get drunk? What are the benefits of drinking/getting drunk? Did you plan to get drunk? Do you drink to impress?*

- **What are the individual benefits of drinking? The personal reasons for why you drink?** For example stress release, letting of anger, avoiding problems [examples – after exams, a break up], or for sex.
- **Group benefits of drinking – what does drinking do for you as part of a group?** What are the reasons for drinking as a group? *What are the benefits? Do you drink more for the individual benefits (such as dealing with stress) or the group/social benefits? Do you feel more comfortable in group settings?*
- **Do you know much about safe and unsafe alcohol use, and the consequences associated with heavy alcohol use?** *In school are you taught about these issues? Do your families discuss such issues with you? How do you learn about such issues?*

Part 4: OUTCOMES (15min)

- What are the positive outcomes (OR benefits) of drinking and getting drunk?
- What are the negative outcomes (OR disadvantages) of drinking and getting drunk?
- What are the sexual outcomes from drinking and being drunk are? In terms of good AND bad outcomes – how can sexual behaviours be both positive and negative outcomes?
- What are other consequences of being drunk – *e.g. vandalism, abuse, aggression, affects relationships, home life, education, work, accidents/injuries/hospitalisation? Regrets? Drinking & texting? Feel free to share experiences – no one is judging you.*
- There's a lot in the media about the effects of drinking, including news about teenage tragedies involving alcohol [James Webster case for example] and the “don't drink then drive ads”. How do these personal stories or ads make you feel? Do they change your behaviours or make you more aware of the consequences?
- If you know about the negative consequences of drinking from experience, media or through social networks, why do teenagers still binge-drink and put themselves in risky situations?

Part 5: PERCEPTIONS OF BEHAVIOURS (10min)

- Reflecting on your own experiences of drinking and/or drunkenness, do you see your behaviour(s) as a problem? **Why?**

- How do you see your drinking and drinking behaviours? Is it ‘normal’? What does it mean to you?
- Research has shown that many teenagers misuse alcohol and put themselves in risky positions. Does New Zealand have a teenage drinking culture? Do you think this is a problem?

Ok a few final discussion points:

- AGE & drinking – what are your thoughts on different aged people drinking? For example, very young people drunk vs. high school students vs. university students vs. older people drunk. What about if your parents are drunk?
- GENDER and drinking – perceptions of men and women drunk. *Do you feel differently when you see men and women drunk? Male drinking and female drinking – how/why is it different?*

SUMMARY (10min)

TASK

YES/NO

COMMENTS

Provide a summary of PGI and topics – how they tie together

Ask participants if they have any questions, thoughts or feedback

Anything else they would like to add about the topic(s)

Turn off tape – inform participants of this.

Now that the tape has been turned off, is there anything you would like to add or ask?

Tell participants that we not condemning their behaviours or judging them – we are interested for the purpose of our research

Provide all participants with an information pack on alcohol use and services available and ensure they have a copy of information sheet with our contact details.

We are happy to talk to any of you after this or feel free to ring us or email if you have any questions or concerns (remove data etc)

TWO forms to fill in: ONE request for results/feedback from study to sign (if don’t want this then don’t have to fill it out) and ONE prize draw entry form to say thanks for your time and effort today.

Any further questions?

Thanks to all of you for volunteering to give up your time and to participate in our PGI.

7.2

Future Research Opportunity

Hi there

Would you be interested in participating, with a friend, in a peer group interview on teenage alcohol consumption?

If you are interested, please fill in the details below. We will contact you shortly and will send you information about the study so that you can decide as to whether you would like to volunteer to participate or not.

Name:

Email address OR cell phone: _____

Please note: this information will remain separate from the remainder of this questionnaire to protect your confidentiality. Only information included on this screen will be passed to me.

If you are interested and are selected to participate, you will receive an entry into a draw for a range of cash prizes (vouchers) to thank you for participation. Refreshments will also be provided.

We look forward to talking with you.

Cheers,
Tim & Emma



MASSEY UNIVERSITY
COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES
TE KURA PŪKĒNGA TANGATA

A Study of Teenage Alcohol Consumption

June 2011

Kia ora,

Thanks for showing interest in participating in my project! My name is Tim, and I am a postgraduate student in psychology at Massey University. As part of my Master's degree, I am conducting a research project. Please read this information sheet carefully before deciding whether you want to participate or not. Your time is much appreciated.

Background and aim: This study aims to understand more about the teenage drinking culture in New Zealand. We will focus on teenagers' understandings of the reasons for drinking and understanding the effects of drinking alcohol. We hope to contribute to our understanding of how harmful teenage drinking and its associated consequences can be reduced.

What is involved? You are invited to bring a friend to participate in a peer group interview with 4 other students from your school. Your friend must also meet the inclusion criteria below. Please pass the copy of this information sheet to your friend before you both agree to participate. We also advise you to show your parent/guardian this information sheet so that they understand the research and know your whereabouts at the time of the group interview – but this is up to you. If they have any questions or concerns, they are free to contact us on the numbers below.

The group interview will be approximately 1 hour long and will require about 1.5 hours of your time. It will focus on why and how teenagers drink alcohol, drunkenness and its consequences. You will be asked to join in a voice recorded discussion of such topics and to share your thoughts and experiences with the group. Pizza and drinks will be provided and for participating you will receive an entry into a prize draw for vouchers (including Downtown Cinema movie tickets, Warehouse vouchers and Palmerston North Plaza vouchers) ranging from \$25-100.

Peer group interviews will be conducted at a time and place most suitable to those participants involved in each group. This will probably be at school after school hours. They will be conducted in a private room, and all information shared will remain confidential. Participants will also remain anonymous.

Who is running it? This research is funded by Massey University. The Principal Investigator is Tim Chainey, a Master's student in health psychology at Massey University who is supervised by Associate Professor Christine Stephens. Dr Emma Dresler-Hawke, a senior lecturer in Marketing at Massey University is also involved in our project. Our contact details are below. Sharon Vera, Professional Health Promotion Advisor at MidCentral District Health Board is also assisting with this project, and Sarah Pore, Maori Health Promotion Advisor from MidCentral District Health Board, will be assisting Tim with the interviews.

What will participants get out of it? You will be making a voluntary offering of your time to advance our understanding of why and how teenagers drink alcohol. The benefits of participating in this study include: the knowledge of contributing to research; research participation and experience (this experience will hopefully be enjoyable for you!); insight into research practice at a university level; free pizza and drink; an entry into a competition for a range of vouchers; and free information on alcohol use and the services available to youth. Participation will help our understanding of why the teenage binge drinking culture has become so prominent in New Zealand and what can be done to reduce the harmful consequences associated with heavy drinking and drunkenness.

Te Kunenga
ki Pūrehuroa

School of Psychology – Te Kura Hinengaro Tangata

Private Bag 11222, Palmerston North 4442, New Zealand T 06 356 9099 extn 2040 F 06 350 5473 <http://psychology.massey.ac.nz>

Do I have to meet any special criteria? You have to be between the ages of 16 and 18, reside in the Palmerston North area and attend one of the six high schools in this study. You must also have had experience with alcohol and drinking that has led to being drunk on at least one occasion. Finally, you need to speak good English.

How do I find out more? Contact the researcher, Tim Chainey, either by phone, text, or email (see below for contact details). I will answer any questions you have, and if you are interested in taking part, will arrange a convenient time for you and your friend for the peer group interview. My supervisor, Christine Stephens, is also available to discuss this project with you.

Participants' safety and rights

Withdrawal: Your participation is entirely voluntary and you are free to withdraw from the study at any time, or chose not to answer any question, without having to give a reason, and this in no way will affect your academic progress or disadvantage you. Simply tell the researcher or phone him or the project supervisor (contact details below).

Confidentiality: Please note the following: no material that could personally identify you will be used; pseudonyms (e.g. 'participant A' or changed names) will be used to identify participants during data transcription, analysis and writing the final reports, to protect your privacy. Consent to use these pseudonyms will be obtained from participants; and information (contact details, tapes and transcribed data) will be stored in a safe file during the study period and for 5 years after the study to protect participant confidentiality. All information will be destroyed after 5 years.

Code of rights: The Code of Health and Disability Services Consumers Rights 1996 applies to this research. For details see [http://www.hdc.org.nz/the-act--code/the-code-of-rights/the-code-\(summary\)](http://www.hdc.org.nz/the-act--code/the-code-of-rights/the-code-(summary)).

Complaints: You can complain or make further enquiry about your rights directly to the researcher or the project supervisor, or by contacting the Head of the School of Psychology, Massey University, Palmerston North, or an Advocate working with the Health and Disability Commission (see <http://advocacy.hdc.org.nz>), or the Central Region Health and Disability Ethics Committee (phone 04 8162405 or see <http://www.ethicscommittees.health.govt.nz/moh.nsf/indexcm/ethics-about-central#contact>).

Your right to research results: Participants will be sent a summary of the results of this research before publication. High schools will also be offered feedback and preliminary results.

Research team contact details

- Tim A. Chainey, 0273370899 or tim.chainey25@live.com
- Emma Dresler-Hawke, 06 350 5799 ext 7141, E.K.Dresler-Hawke@massey.ac.nz
- Dr Christine Stephens, Associate Professor, School of Psychology, Massey University, Private Bag 11 222, Palmerston North, phone 0212423904, email C.V.Stephens@massey.ac.nz

About the researcher

Tim has a Bachelor of Science degree in psychology and geography and is now studying for a Master of Science in psychology. Tim grew up on a farm in Taranaki, and moved to Palmy in 2006 to study psychology. He is 22. After completion of this project, he is heading to Europe in November for a year of work and travel. He is looking forward to working and living in Sweden next year, as well as travelling as much of Europe as he can. Late next year, he will return home to continue with a PhD in NZ or Australia.



This study has received ethical approval from the Health and Disability Ethics Committee; ethics reference number **CEN/11/04/021**.



MASSEY UNIVERSITY
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TE KURA PŪKENGĀ TANGATA

A Study of Teenage Alcohol Consumption

1 June 2011

Consent Form

Please read the following before signing this form:

- I have read and I understand the information sheet dated June 2011 for volunteers taking part in this study. I have had the opportunity to discuss this study and I am satisfied with the answers I have been given.
- I understand that taking part in this study is voluntary, and that I may withdraw from the study at any time, and this will in no way affect me.
- I understand that my participation in this study is confidential and that no material that could identify me will be used in any reports.
- I have had sufficient time to consider whether to take part in the study.
- I know who to contact if in the unlikely event I have side effects from the study.
- I know who to contact if I have any questions regarding the methods used or the study in general.

Please also read and circle the following answers:

- I consent to my interview being audio taped. YES/NO
- I consent to pseudonyms (e.g. 'participant A') being used to protect my privacy. YES/NO
- I wish to receive feedback from the study as well as a copy of the results (please note results will not be available until later this year). YES/NO

Once you have **read and accepted** the above clauses, please sign below:

I _____ (*full name*) hereby consent to take part in this study.

Date: _____ Signature: _____

Full names of researchers: **Timothy Chainey and Dr Christine Stephens**

Contact phone numbers for researchers: **0273370899 and 0212423904 (Massey University)**

Project explained by: **Timothy Chainey** Project role: **Researcher**

Signature: _____ Date: _____

Please ensure you complete two copies of this consent form: one to hand back to the lead investigator and one for yourself to keep. This study has received ethics approval from the Health and Disability Ethics Committee, ethics reference number: **CEN/11/04/021**.

Tim Chainey
Researcher

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TE KURA PUKENGA TANGATA

A Study of Teenage Alcohol Consumption

INTERVIEW CONFIDENTIALITY AGREEMENT

To be signed for EACH peer group interview by ALL participants:

I (Full Name - printed)

Agree to keep confidential all information concerning the project

.....

..... (Title of Project).

This means:

- I **will not** retain or copy any information involving the project.
- I **will not** use any of the information shared (including information sheets and information from the interview) before, during and after the focus group.
- I **will** keep all information (including participant details, contact details, and participant opinions or experiences) shared during the peer group interview **confidential**.
- Contact details/information about any of the other participants must be **respected** and not shared outside of the group interview.

Date:

Signature:

.....

This study has received ethics approval from the Health and Disability Ethics Committee, ethics reference number: **CEN/11/04/021**.



MASSEY UNIVERSITY
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AND SOCIAL SCIENCES
TE KURA PŪKENGĀ TĀNGATA

A Study of Teenage Alcohol Consumption

INTERVIEW CONFIDENTIALITY AGREEMENT

To be signed for EACH peer group interview by BOTH interviewers:

I (Full Name - printed)

Agree to keep confidential all information concerning the project

This means:

- I **will not** use any of the information shared (including information sheets and information from the interview) before, during and after the focus group for any purpose other than this research project.
- I **will keep all** information (including participant details and participant opinions or experiences) shared during the peer group interview **confidential**.
- Apart from the research team (lead researcher, co-researcher and project supervisor), I will ensure that **no one has access to any of the data**, including participant details and the information shared during the group interview.

Signature:

Date:

This study has received ethics approval from the Health and Disability Ethics Committee, ethics reference number: **CEN/11/04/021**.

Te Kunenga
ki Pūrehuroa

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TE KURA PŪKENGĀ TANGATA

A Study of Teenage Alcohol Consumption

TRANSCRIBER'S CONFIDENTIALITY AGREEMENT

To be signed by ALL transcribers of the data

I (Full Name - printed) agree to transcribe the recordings provided to me.

I agree to keep confidential all the information provided to me.

I will not make any copies of the transcripts or keep any record of them, other than those required for the project.

Apart from the research team (lead researcher, co-researcher and project supervisor), I will ensure that no one has access to any of the data, including participant details and the information shared during the group interview.

Signature:

Date:

This study has received ethics approval from the Health and Disability Ethics Committee, ethics reference number: CEN/11/04/021.



Central Regional Ethics Committee
 c/- Ministry of Health
 PO Box 5013
 1 the Terrace
 Wellington
 Phone: (04) 816 2405
 Email: central_ethicscommittee@moh.govt.nz

8 June 2011

Mr Timothy Arron Chainey
 33a Heathcote Place
 Fitzherbert
 Palmerston North 4410

Dear Mr Chainey

Re: Ethics ref: **CEN/11/04/021** (please quote in all correspondence)
 Study title: **A Qualitative Study of Adolescents' Perceptions of Binge Drinking**
 Investigators: **Mr Timothy Arron Chainey**

This study was given ethical approval by the Central Regional Ethics Committee on the 3rd of June 2011.

This approval is valid until 03 June 2016, provided that Annual Progress Reports are submitted (see below).

Amendments and Protocol Deviations

All significant amendments to this proposal must receive prior approval from the Committee. Significant amendments include (but are not limited to) changes to:

- the researcher responsible for the conduct of the study at a study site
- the addition of an extra study site
- the design or duration of the study
- the method of recruitment
- information sheets and informed consent procedures.

Significant deviations from the approved protocol must be reported to the Committee as soon as possible.

Annual Progress Reports and Final Reports

The first Annual Progress Report for this study is due to the Committee by 22 March 2012. The Annual Report Form that should be used is available at www.ethicscommittees.health.govt.nz. Please note that if you do not provide a progress report by this date, ethical approval may be withdrawn.

A Final Report is also required at the conclusion of the study. The Final Report Form is also available at www.ethicscommittees.health.govt.nz.

We wish you all the best with your study.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Awhina Rangiwai', with a horizontal line underneath.

Awhina Rangiwai
Administrator
Central Regional Ethics Committee
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**Health Promotion Findings concerning Teenage Binge Drinking in
Palmerston North**

Health promotion findings from the thesis project:

**‘Let’s get wasted!’ A Discourse Analysis of Teenagers Talk about Binge
Drinking’**

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**A Report for:
Health Promotion team
Public Health Unit
Community Health Village
MidCentral District Health Board
Palmerston North
New Zealand**

1.0 Introduction

1.1 Overview

This study aimed to learn more about the teenage binge drinking culture that has become prominent in New Zealand. It focused on teenagers' perceptions of the social influences and motivations of their binge drinking, the meanings they attach to such practices and behaviours, their perceptions of their own behaviours, and whether they see them as problematic. Teenagers' perceptions of their own and others behaviours is a key component of this study, as there is a significant gap in the literature, and future research will provide us with a greater understanding of why adolescents perceive such behaviours as 'normal' and 'fun'.

This study is inspired by the likes of Coleman and Cater's (2005a, 2005b, 2006, 2007) work on adolescent drinking motivations. Although considerable quantitative research has previously explored the relationship between alcohol use and outcomes such as risky sexual behaviours, there has been a lack of qualitative research. Such research offers the potential to enhance understanding of the social and cultural contexts of these behaviours, and to contribute to informing practice and policy aimed at reversing the worsening trends of alcohol misuse observed in society. Further, this research is guided by the social constructionist perspective, which takes a critical stance towards conventional knowledge, challenging the view that what we know is based on objective truths, instead suggesting that knowledge is held to be highly dependent on social context, history and culture (Guise & Gill, 2007).

1.2 Background

Research has shown that drinking alcohol to intoxication may increase the likelihood of adolescents and young adults engaging in sexual activity, increasing the likelihood of unplanned pregnancies, the incidence of sexually transmitted diseases (STDs), and regret over such experiences (Bellis et al., 2008; Miller, Naimi, Brewer & Everett-Jones, 2008; Hingson, Heeren, Winter & Wechsler 2003). Other consequences associated with adolescent drinking include: an increased risk of accidents and injuries, vandalism, public disturbance and aggression, and hospitalisation, as well as interruptions to family life, education and work (Coleman & Cater, 2005a). The Ministry of Health (MOH) (2009) found that past-year drinkers aged 16-17 years old experienced much higher rates of harmful effects in the past year due to their alcohol

use than all past-year drinkers aged 16-64 years old. These harmful effects included: injuries (18.8%), harmful effects on financial position (13.3%), friendships or social life (12.6%), and work, study or employment (11.5%). It is also interesting to note that 23% of people aged 16-17 years old had experienced harmful effects on their friendships or social life in the past year due to someone else's alcohol use (MOH, 2009).

Statistics show that it is not the proportion of adolescents that are drinking, but rather *how* they are drinking that is of most concern. Miller et al. (2008) found that 44.9% of American high school students drank alcohol in the past 30 days, and 28.8% binge drank. In New Zealand, surveys show that there have been no significant differences in the proportion of drinking adolescents among 16-17 year-olds since 1996/1997 (MOH, 2009). Eight in ten people aged 16-17 years had consumed alcohol in the past year, with 27% consuming alcohol 1-2 times a week and 35.8% at least weekly (MOH, 2009). According to ALAC (2008), 25% of current teenage drinkers admit to having drunk at least five glasses of alcohol at least once in the last two weeks, with 125,000 teenagers under the age of 17 falling into the category of 'binge drinkers'. Of this, 75,000 drink regularly (once every two weeks) and binge, and 50,000 drink at least once a week and binge, usually with the intention of getting drunk (ALAC, 2008). The NZ Drug Foundation (2011) states that total alcohol consumption in NZ rose 9% between 1998 and 2008. Statistics also show that binge drinking among teenagers is increasing. Between 1995 and 2004, the proportion of young people drinking more than six drinks on a typical occasion increased from 14% to 25% in 14-15 year olds, 25% to 36% in 16-17 year olds, and 31% to 40% in 18-19 year olds (NZ Drug Foundation, 2001).

In a report commissioned by the Alcohol Advisory Council of New Zealand, Ameratunga et al. (2011) found significant declines in both the proportion of secondary school students who considered it okay for people their age to drink regularly, and the proportion who were current drinkers. While the proportion of students who binge drink remained constant from 2001 to 2007, the proportion of current drinkers who reported binge drinking within the previous 4 weeks rose from 48.8% to 57.0%. So while adolescent drinking rates may be declining or remaining stable over time, those adolescents who do drink appear to be drinking more (e.g. binge drinking more often), signalling health promotion concerns and the need for

further research like the current study. These statistics, along with the increased rates of harmful effects of alcohol, clearly show teenage drinking is of concern.

1.3 Rationale

It is clear that adolescent alcohol consumption and binge-drinking in New Zealand is a concern, and that something needs to be done to change this harmful culture of intoxication. Currently in New Zealand, the Alcohol Reform Bill, the Government's response to the review of our liquor laws by Law Commission President Sir Geoffrey Palmer, is before parliament. In 2007, the Government tasked the Law Commission, an independent advisory body, to review New Zealand's liquor laws (NZ Drug Foundation, 2011). This followed increasing concerns among New Zealanders about alcohol-related harms in society. During the review, the Law Commission received nearly 3000 submissions revealing high levels of dissatisfaction with the current drinking culture in NZ (NZ Drug Foundation, 2009; McEwan, Campbell & Swain, 2010). The Law Commission made 153 recommendations, but not all have been accepted. Among those not acknowledged are some of the most effective policy levers to reduce alcohol-related harms, including increasing the price of alcohol, removing the advertisement of cheap alcohol, lowering the blood alcohol limits for driving, increasing the purchase age, removing alcohol from supermarkets, educating parents, children and community members, and controlling alcohol promotions, advertising and sponsorship. The Government needs to strengthen its response and develop a comprehensive approach to addressing the problems that alcohol poses for New Zealand society. A multi-level approach is needed: changes must occur across the spectrum to change harmful teenage alcohol consumption, and by making such changes to the Bill this goal can be more achievable.

Most research on why adolescents' binge drink has focused on developmental and psychological perspectives to explain behaviours (Schulenberg & Maggs, 2002). Although developmental perspectives do emphasise the social context, it focuses on the individual and there is a limited understanding of the social and cultural aspects that make each individual, group and context unique. More research is needed to understand the social context and culture in which adolescents engage in risky behaviours and the meanings they attach to these behaviours, to inform health promotion activities. Qualitative research aiming to explore and

explain patterns of binge drinking and risk taking behaviour is relatively scarce. As Coleman and Cater (2005a) state, understanding why young people drink in this manner - and whether they view their behaviour negatively - is essential to inform practice and policy aimed at reversing undesirable trends. By learning more about the social context of these behaviours, we can understand more about the culture of adolescent intoxication and how it can be changed.

1.4 Aims

This study aimed to use qualitative methods to explore teenagers' own perceptions of the context in which they drink, and whether they perceive their behaviours and the associated consequences as harmful and/or problematic. A further aim, for which this report is based on, is to provide suggestions and recommendations, based on the findings from the thesis project (Chainey, 2011), as to how teenage binge drinking and its consequences can be minimised, changing the harmful culture of adolescent intoxication in New Zealand and internationally. Rather than trying to eliminate such behaviours and practice, which would be impossible, a minimisation strategy is needed to reduce the risky behaviours and harmful consequences of adolescent alcohol use. This report will be made available to the MidCentral District Health Board (MDHB) Public Health in Palmerston North to aid future projects on adolescent alcohol consumption in the MidCentral region and to better understand the adolescent drinking culture in Palmerston North and New Zealand.

2.0 Methodology & Methods

To understand teenager perceptions, peer group interviews were conducted with 20 adolescents aged 16-18 years old, from a range of high schools in Palmerston North, to hear about as many different experiences and viewpoints as possible. A preliminary thematic analysis was carried out for the purpose of providing MDHB Public Health with health promotion findings. Themes that were relevant in terms of health promotion and minimising the teenage binge drinking culture in Palmerston North are summarised in this report. The complete findings this research can be found in the thesis report by Chainey (2011). It is important to note that the term 'teenager' used in this project refers to the age range of participants in the study (aged 16-18 years), and that in American literature the term 'adolescent' means the

same as ‘teenager’ (those aged 13-19 years); so when discussing other authors work these terms may be used interchangeably.

3.0 Results

3.1 Parental Influence

While peers appeared to have a strong influence on alcohol consumption behaviours (e.g. social facilitation and increased comfort), participants also talked about parents and the home environment as having a strong influence on their drinking behaviours. The accessibility and availability of alcohol for participants was a significant influence on their drinking behaviours. Most participants reported that their parents purchased their alcohol in order to know *what* and *how much* they were drinking. Many participants talked about how important trust is between themselves and their parents. Parents are perceived as willing to purchase alcohol for their child if they are aware of where their teenagers are drinking, what they are drinking and how much, and that they are safe. While participants perceived their parents to trust them with alcohol and going to parties, parents are unlikely to be aware of the true nature of teenage drinking behaviours. As reported in Chainey (2011), there are many adverse consequences of drinking and drunkenness that teenagers experience; however participants drew on several discourses (and actively resist the public health discourse that alcohol is harmful) to talk positively about their experiences and to create the perception that their drinking behaviours are not harmful or problematic. This may influence parents’ perceptions of their child’s drinking and even their behaviours towards them.

Some participants noted their parents as limiting their drinking to safer environments. For example, one participant talked about how his parents influence his drinking by restricting the parties he attends to ‘good mates only’. This also emphasises how trust has become an integral part of the parent-child relationship with regards to alcohol consumption. Participants also talked about how important trust is after hearing about a case in which a teenager died from alcohol poisoning. For example, one participant stated that she lost respect for this teenager after finding out that he often drunk dangerously and that his parents knew little of his drinking behaviours. Participants felt that they can drink alcohol and get drunk knowing their parents trust them; this possibly contributes to their justification that their drinking is not harmful or problematic to themselves or others.

Many participants also talked about parental drinking influencing their drinking behaviours. For many participants, alcohol was something familiar as they had grown up with it and had easy access to it, whereas for others alcohol was more restricted. Participants quite often reported feeling restricted and therefore felt a greater need for alcohol during their teenage years. This relates to cultural themes, in that children do not grow up with alcohol in New Zealand, whereas in countries like France and Spain alcohol is an integral part of the local culture and is therefore perceived differently by adolescents. As Kuntsche, Rehm and Gmel (2004) found, wine-producing Southern European countries like France, Portugal and Greece had the lowest prevalence of secondary students (aged 15) reporting drunkenness at least twice in their lives.

Many participants also felt that they modelled their parent's behaviours. Others also noted how their parents made drinking and getting drunk look fun or acceptable (for example some participants saw their parents drinking as funny to watch). Therefore participants' drinking behaviours are influenced by their parents drinking and their parents' approach to their drinking behaviours, how they are raised and educated about alcohol, as well as how accessible and available alcohol is in the home.

3.2 School education

An interesting finding from the interviews was that participants believed their schools did little or nothing to teach about alcohol consumption and the associated risks and consequences. These participants perceived high schools as teaching about alcohol consumption too early; participants felt that programs like the *Dare* program in Year 6 were ineffective in teaching about safe alcohol use and the risks and consequences involved. Most participants reported that their schools had not taught them about alcohol use, whereas a few said they had but had failed to teach them *why* alcohol can be harmful.

Rather than simply educating students that 'alcohol is bad', many participants believed that schools should take a different approach and explain why it is bad. They perceived schools as doing more harm than good by educating that 'alcohol is bad', as this is more likely to make teenagers want to discover why it is bad and engage in behaviours without the necessary awareness and knowledge of the issue. This was tied to the findings from the discourse analysis that was carried out by

Chainey (2011). Discourses included: a social life discourse, where drinking was constructed as something fun and that all teenagers do, and an alcohol is bad discourse where alcohol was constructed as something bad and unhealthy. This later discourse was resisted by participants throughout the transcripts (e.g. by constructing their behaviours as fun or cool), which works to position teenagers as engaging in behaviours that are not bad or unhealthy. Thus participants drew on such discourses (see chapter 4 in Chainey, 2011) to justify their behaviours as acceptable and normal for teenagers. These discourses are also related to how participants talked about the adverse consequences as being part of the positive drinking experience and where teenagers believe nothing bad will happen to them (the theme of invincibility). While many stated that personal experience was the best way to learn about alcohol use and drunkenness rather than learning about it from others, some stated it would have been beneficial if schools had taught about *why* drinking is harmful prior to their senior years at high school or when they first began drinking.

While some participants questioned whether they would listen to someone teaching them about alcohol use during their senior years, many said that they would have listened or at least have retained the information should they need it in the future. Several participants reported that schools focus more on drug use and sex education rather than alcohol use on its own.

3.3 Media

Most participants did not perceive alcohol advertisements as influencing their drinking behaviours. Advertisements that participants did pay attention to included advertisements that were ‘catchy’ and ‘fun’ to watch (such as the Tui ads), advertisements for new alcoholic beverages, and advertisements for cheap alcohol. While some did perceive these advertisements to influence their behaviours (e.g. for cheap alcohol or alcohol on special), most did not and suggested that peer communication was more important and that teenagers still drink the same alcohol and the same amount regardless of advertisements. Although participants saw some alcohol advertisements as enjoyable and humorous, they talked about their drinking behaviours as influenced more by peers, parents and the community.

One type of advertisement that participants perceived to be effective in influencing their drinking behaviours were the drink driving advertisements. Almost all participants agreed that the drink driving adverts had been effective in influencing

their drinking behaviours. They talked about how everyone ensures that there are sober drivers or that no one drinks whilst under the influence of alcohol. This was tied to the social theme that teenage groups are perceived as safety zones; they look out for each other and there are always people who ensure others get home safely.

Most participants perceived ads in general as ineffective or not part of their lives; this was linked to cultural themes where drinking is talked about as a 'teen thing' and that teenagers are going to drink regardless of what they hear or read.

Teenage tragedies in the media only have an effect on teenagers and their drinking behaviours if there is a personal connection between them and the tragedy or event. However in many cases participants reported not being affected by the media, and if they are, they are affected only momentarily; this reinforces the theme of invincibility where adolescents think 'it will never happen to me'. Such results have implications for the use of personal or emotional connections in health promotion messages.

3.4 Community

Palmerston North was often perceived as a 'boring' city with a lack of youth-orientated activities, and as full of university students who drink excessively and take over the city. Palmerston North was repeatedly perceived as the problem for why many teenagers drink to 'get wasted'. Participants talked about their community as having a harmful drinking culture. Alcohol was talked about as both accessible and available in the community for teenagers. These participants are frequently exposed to alcohol and young people drinking. One participant stated that for a young person in Palmerston North it is difficult to escape the drinking culture as heavy drinking has become such a normal occurrence.

Many participants also reported having and using fake ID cards, obtaining alcohol from older people (such as university students), and liquor outlets that fail to check ID's. Participants reported ways of getting around the alcohol purchase age, such as fake ID's lines and getting older students to buy them it. Several participants also reported (confidentially) several outlets in their community that failed to check their ID's when purchasing alcohol. Some participants suggested that retailers may assume that young people are university students and thus of legal age because of Palmerston North's status as 'student city'. Thus alcohol in Palmerston North was perceived as both accessible and available to these teenagers. This has contributed to drinking becoming 'normality' for teenagers.

During their teenage years most participants stated that alcohol was all around them and that it was easy to get hold of and ‘something to do’ (accessible and available). When talking about first experiences of alcohol, one participant described alcohol as ‘*cool and mysterious*’ and as a ‘*magical liquid*’, thus illustrating how alcohol is often perceived positively by young teenagers. This reinforces the point that teenagers do not believe their drinking behaviours are harmful or a problem.

Interestingly, participants do believe that there is a harmful drinking culture in Palmerston North, but that they themselves are not part of it. While participants perceived their drinking as harmless and unproblematic, they tended to ‘point the finger’ at others as having the binge drinking problem; in this case tertiary students or younger secondary school students. The discourse analysis carried out by Chainey (2011) suggests that this is one attempt at resisting the public health discourse that ‘alcohol is bad’ to ensure they can engage in such behaviours without being positioned negatively by others.

Participants talked about how bad the drinking culture was and how they did not identify with it; for example as one participant stated, she would not go out on the streets around her place unless she knew the people involved. Another described the Square at night as ‘a scene from the Vietnam War’. While they are aware of this drinking culture, participants do have their own drinking culture; however this is often refined to parties due to age restrictions with bars and clubs for example. Many participants did talk about wanting to mix with the tertiary drinking culture or to be able to do the same thing students do. This is an issue as high school pupils do not have the experience or the maturity that university students have when it comes to drinking alcohol excessively.

These are two very different drinking cultures within the same geographic area. Further research is needed with how these cultures function together and how each influences the other. Health promotion interventions should also focus on reducing the risks and consequences associated with the tertiary drinking culture, as this appears to play an important role in teenage binge drinking for high school students.

4.0 Discussion

Given that binge drinking was talked about as a highly enjoyable and fun experience, and part of their teenage lives, it would be impractical to encourage teenagers to

abstain from alcohol. Rather, acknowledging a harm-minimization approach to health promotion would be more appropriate in reducing the harms associated with teen alcohol use and ensuring teens are more 'prepared' for when they start drinking alcohol (Coleman & Cater, 2005b). As Coleman and Cater (2005b) state, the promotion of 'safer' or more 'sensible' drinking is the first step to reducing the harmful outcomes and providing teens with the skills to prepare for, and manage, the effects of drinking. This report has identified health promotion themes and implications as to how the adverse consequences of the teenage binge drinking culture in Palmerston North could be reduced. Changing this drinking culture is an important yet difficult task, and one that will not happen overnight. An approach that addresses multiple levels (such as parents, schools and community) is needed to create a safer environment for teenagers being introduced to alcohol. It is important to note that these health promotion findings and recommendations are based on the results of one study on teenage binge drinking, and that further research is needed to generate a range of implications that address many of the issues that this topic raises.

Palmerston North was perceived as a 'boring city' with a lack of youth-related activities. As Coleman and Cater (2007) found, binge drinking was often viewed as escapism from problems or from the boredom of having nothing else to do. Drinking is fun and something that teenagers can do together, and which provides many social benefits. Participants talked about binge drinking and drunkenness as being 'normal' and part of their lives, thus showing how deeply entrenched the culture of heavy drinking is for many young people (Coleman & Cater, 2007). A common theme was that participants do not believe schools are doing enough to teach about alcohol and that they would benefit from education that shows how to drink safely rather than to not drink at all. These findings clearly show that there is a need for improved alcohol education and the promotion of alternative and enjoyable activities in such areas where there may be a lack of youth activities.

Health promotion messages that are informative, clear in terms of the risks and consequences of drinking, and messages that teenagers can identify with, are required in order to reduce the resistance of public health messages that 'alcohol is bad' and to minimise the adverse consequences of teenage binge drinking (Coleman & Cater, 2007). As Wickman, Anderson and Smith Greenberg (2008) mentioned above, personal stories and making experiences more real for teenagers may be more valuable, along with encouraging parents and teachers to establish strong personal

relationships with teens and to spend more time and talk with them about alcohol issues. Therefore by establishing this important connection with teenagers, alcohol education and health promotion messages can potentially reduce the resistance of public health discourses leading to an increased awareness and knowledge of the issue, as well as safer drinking practices.

One way of establishing this connection with teenagers is to find out what *they* believe are the best ways to reduce binge drinking. While Coleman and Cater (2007) found that most teenagers thought nothing could be done to stop binge drinking, some did offer suggestions such as shock tactics that teens could relate to, witnessing and reflecting on antisocial and embarrassing behaviour, acknowledging the likelihood of sexual regret after alcohol use, and a greater enforcement of not purchasing alcohol when drunk. A common theme in Coleman and Cater's (2007) findings was the need to establish personal connections with teenagers, and the current findings reinforce this recommendation. Interventions that are youth-, culturally- and ethnically-specific are likely to be more effective, therefore further research with teenagers is needed to ensure the success of any intervention aimed at a particular group or culture of teenagers. As Coleman and Cater (2007) found, teenagers wanted to hear more real-life stories from people that they could *relate to*, with stories that will make them realise that the negative consequences could actually happen to them. Therefore current health promotion education and interventions need to be complemented with additional strategies that involve the use of real-life stories, delivered in a culturally-specific way to ensure this connection is established with teens. Such changes could potentially reduce the resistance of such discourses and health promotion messages, for example by making teenagers feel less invincible to the adverse consequences of alcohol use.

With regards to the current alcohol reform bill in New Zealand, these findings reinforce the need for accepting *all* 153 recommendations made by the New Zealand Law Commission. Such changes that could reduce the resistance of health promotion messages around teenage alcohol use include: increasing the price of alcohol, removing the advertisement of cheap alcohol, removing alcohol from supermarkets, and controlling alcohol promotions, advertising and sponsorship (NZ Drug Foundation, 2009). In addition to such changes, health promotion interventions aimed at enhancing the awareness and knowledge of such alcohol issues (making teenagers more aware of this public health discourse) are also needed to reduce the

resistance of public health messages such as enhanced education for teenagers, parents and communities.

Since beginning this research the New Zealand Government has accepted 130 changes to the controversial alcohol reform bill (Hartevelt, 2011). These included banning alcohol sales in dairies and forcing grocery stores to make their liquor sales more discrete. Absent from the proposed changes was a proposed split alcohol purchase age, which would allow 18 year olds to drink at a bar but not allow them to buy from an off-license until they turn 20, as well as issues around advertisement, sponsorship and price of alcohol (Hartevelt, 2011). These changes fail to address such crucial issues which are in-part responsible for encouraging customers, especially youth, to binge drink. The Hospitality Association states that this bill and the proposed changes will not significantly reduce binge drinking or alcohol harm to young people (Hospitality New Zealand, 2011). More changes are necessary if the binge drinking culture in New Zealand is to be reduced.

5.0 Recommendations

- 1) *Promotion of alternative and enjoyable activities.* Health promotion should work with Palmerston North teenagers to understand what youth-oriented activities would be most beneficial for youth in this area to reduce the number of teenagers binge drinking and the consequences of these behaviours.
- 2) *Improved education in schools around alcohol consumption.* Education that emphasises how to drink safely and how to deal with the risks and consequences is more valuable to teenagers and often more effective in increasing awareness and knowledge of the issue. Programs should be introduced and reinforced during high school years.
- 3) *Health promotion messages need to be more informative.* Not only do messages need to inform adolescents about the risks and consequences of alcohol use and binge drinking in a clear manner, but they must also *identify* with adolescents and the issues concerning them. This includes promoters being able to identify with teenagers and including personal stories to make experiences more real for them.
- 4) *Minimise use of fake ID cards and increase control and purchase operations.* Research and interventions need to ensure the creation and use of fake IDs is minimised. Control and purchase operations should be enhanced as well as

providing on-and-off license premises with more information and tougher guidelines around fake IDs, age restrictions and entry requirements into bars clubs.

- 5) *Enhance parental and community education around teenage binge drinking.* Health promotion should continue to increase the knowledge and understanding of teenage alcohol use within the community.
- 6) *Continue efforts to ensure more changes to Alcohol Reform Bill.* Health promotion should continue to advocate for improved alcohol laws and reducing the misuse and detrimental consequences of alcohol. This may include making written and oral submission to Select Committees and lobbying both local and central government.

6.0 Conclusion

This report has identified several areas where health promotion needs to focus its attention. Teenage alcohol consumption and binge drinking are serious health concerns, therefore a multi-level approach is required to minimise the harmful consequences of these behaviours. Further research and practice on teenage alcohol consumption is essential as these findings are not the solution to this health issue, but are merely a small component of what is required to reduce teenage binge drinking and its adverse consequences.

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