

ALCOHOL USE/ABUSE FROM AN ADOLESCENT PERSPECTIVE:
CONSIDERATIONS FOR PREVENTION PROGRAMMING

By

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B.A., The University of British Columbia, 1969

A THESIS SUBMITTED IN PARTIAL FILFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF
SOCIAL WORK

in

THE FACULTY OF GRADUATE STUDIES

(School of Social Work)

We accept this thesis as conforming
to the required standard

THE UNIVERSITY OF BRITISH COLUMBIA

December 1988

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ABSTRACT

This exploratory study examines alcohol use/abuse from an adolescent perspective. The study specifically addresses three issues: how and whether adolescents define their drinking behaviour as a social problem; what adolescents perceive as negative consequences and benefits of their use and what adolescents consider to be key influences on their drinking/nondrinking behaviour. The knowledge gained from the adolescent target group is one of the key components on which prevention programs should be developed. Specific examples of applying this knowledge base to prevention programming are given within the text of the study.

Qualitative, single occasion focus group interviews were conducted with 60, grade 8, 10 and 12 students from urban and suburban high schools. Randomly chosen male and female students participated in a total of nine separate grade designated group discussions.

The study indicates adolescents do not perceive drinking as a problem for their age group although they do recognize problematic elements associated with their drinking. Adolescents define drinking as a problem according to the drinking situation, the amount drunk, the type of drinker and how much control over drinking is exercised by the teenager.

For most students in this study, alcohol functions to elevate moods,

acts as a socializing aid with peers and offers temporary relief from daily pressures. Negative consequences are identified as short term effects of a drinking episode, the long term effects of prolonged use and the fear of getting caught engaging in an illegal activity prohibited by most parents. Both the perceptions of the definition of problematic teen drinking and the benefits and negative consequences of alcohol appear to change with increasing age.

Parents, friends and social activities the teenagers are involved in are considered key influences on adolescent drinking behaviour. The key influencers act to either encourage or discourage teen drinking. Students do not perceive peer pressure as a strong influence to drink. The desire to conform to group drinking norms practised by their friends, particularly in party situations and the perception they will be forfeiting a good time with friends by not drinking are considered more pervasive influences on their drinking behaviour.

Prevention programs need to recognize that teens, unlike adults, do not view adolescent drinking as problematic; that socializing needs of teenagers could be met by providing alternate opportunities for being with friends and having fun minus alcohol; that the emphasis placed in existing programs on teaching adolescents how to handle peer pressure, should be directed to looking at aspects of friendship having a greater

impact on drinking and that parents, because of their key influence as models of drinking behaviour, be included as a prevention target. Overall, the findings in the study support the value of developing prevention programs based on a sound understanding of the nature of adolescent drinking practices as it changes with age and as perceived by adolescents.

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ACKNOWLEDGEMENTS

Special recognition is extended to my family whose support helped make the finished "product" a reality: especially to my husband, Ken, who took over housekeeping chores and provided much needed love and encouragement; to my children, Brian, Rebecca and Paul who did not make demands on their mom's time and have taken pride in my accomplishment; to my mother, Lorena, for her endless hours of babysitting and for passing on to me the joy of learning and the desire to develop God-given human potential; to my deceased father, Eric, for his example of persistence and plain hard work; to my grandmother, Lillian, for her financial support and to Cheryl, my sister-in-law, who spent more hours than I care to recount transcribing and typing the interviews.

Also, I would like to thank all those students who participated in the study for openly sharing with me their thoughts and feelings.

CHAPTER 1: INTRODUCTION

Focus of Study

Perception is the most tricky and fascinating aspect of the mind.

The brain acts as a superb pattern making system which allows experience to organize itself into patterns. Once the patterns are formed they direct attention and organize the perception of the present. A designer looks at a table in a manner different from a housewife or a furniture manufacturer. Sometimes there are the most startling surprises when we come to realize how someone else is looking at a situation which to us, could only be perceived one way.

Edward de Bono (1983 , p.6)

The quotation from de Bono aptly illustrates the basic thrust of this study and underscores the central assumption of the author that social problems are created and defined according to the meanings imbued them by the particular onlooker and/or participant in the situation. Just as the housewife's perspective of a table differs from the manufacturer's, the adolescent's view of his/her own alcohol use may differ from an adult's view of that use. Keeping this in mind, the study examines the issue of alcohol use from an adolescent perspective rather than the usual adult perspective in an effort to uncover further insights into adolescent

drinking by simply changing vantage points.

Often adults such as parents, professional prevention workers in the addictions field, teachers and counsellors, assume they know the adolescent view of alcohol. However anomalies exist. A study conducted by the Addiction Research Foundation of Ontario (Smart and Liban, 1980) revealed that 80% of adults felt that 16 year olds should abstain from alcohol completely. The Canada Health Attitudes and Behaviour Survey (King, Robertson, and Warren, 1985) on adolescent health attitudes showed that 24.5% of grade 10 students in B.C. used alcohol once per month and 12.3% used alcohol two to three times per week. Furthermore, a study conducted by the Alcohol and Drug Programs of B.C. (1987) showed that 80% of grade 10 students had consumed alcohol in the past year.

Moreover, Sobal's study (1985) suggests that teachers are not "in touch" with student health concerns. Except for sex, many topics that stereotypically are attributed to dominate student interest, such as smoking, drinking and drug use, were among the topics about which these students expressed relatively little concern.

These findings indicate that there may be significant differences in perceptions between the adult and adolescent population concerning alcohol use by teens. These discrepancies in perception have potential

ramifications for programming. Adolescents, for example, may not consider their drinking as problematic, as a cause for concern requiring prevention action, and may stonewall attempts of programs and program deliverers to influence drinking behaviour. Thus programming may be based on concepts originating from perceptions which are not relevant to the adolescent population or are not related to its understanding of needs. Such programming will be less effective in preventing the occurrence of alcohol related problems if it does not recognize the issues, concerns and functions underlying adolescent alcohol use.

While an understanding of the adolescent alcohol issue can be gained, in part, by acquiring knowledge from research and literature on the stage of teen development, analyzing current surveys on patterns of usage in B.C. and seeking information gained from adult's experiences working with teenagers, an often overlooked, but in this author's opinion, an important source of information is the teens themselves. It is assumed that one logical way of discovering their views on drinking is to ask them, using data collection techniques which will give full expression to their particular construction of reality related to the drinking issue.

It is necessary to solicit their input, to understand alcohol use from their perspective; that is, what they consider to be problematic or not

about alcohol use, what beneficial or negative functions alcohol serves, and what, or who, they perceive as key influencers.

Study Purpose

The goal of the study is to provide a clear description of how students perceive their alcohol use. To achieve this goal the following three research questions are addressed:

- 1) How do adolescents view alcohol problems? What meaning do teen's give their alcohol use? What, if any, are problematic elements of teenage drinking?
- 2) What do teens perceive to be the benefits or negative consequences of their drinking alcohol?
- 3) Who or what do adolescents consider are important influences on their drinking behaviour?

This broad descriptive overview will be useful in contributing to the development of a B.C. data base on alcohol drinking for the purpose of developing alcohol prevention programming targetted at youth.

Specifically, the study is conducted in conjunction with the Alcohol-Drug Education Service (A.-D.E.S.), an agency which is in the beginning stages

of formulating an alcohol prevention program for adolescents. Initially, interest was expressed by the agency in ongoing program evaluation and needs assessment. After extensive consideration was given to the process of program development, the need to tailor programs to the understanding and reality constructs of the adolescent target audience was noted. This study will provide useful information for the early stages of program development. The A.-D.E.S. will consider the information gathered for pre-programming preparation and subsequent program input. The knowledge base will provide part of the framework on which the prevention programming is developed.

Further, the focus group interview technique used for data collection proved a very useful tool in this exploratory study. Adolescent response to the group discussion was highly favourable and provided a rich body of relevant data. This study could provide the basis for further refinement and evaluation of the interview technique with this particular population when examining other social behaviours.

Prevention Programming Defined

It is important at the outset to make clear what is meant by prevention

programming. Prevention programming refers to those planned efforts (whether legal, social/cultural or educational) which attempt to reduce the possibility that alcohol related problems will develop in young people. As such, the programs embrace anticipatory effort related to what are considered underlying factors, using a wide range of strategies from promoting healthy drug free life styles to strengthening social skills for resisting social/peer pressure to drink. Prevention thus focuses on the entire adolescent target population, not already identified deviant sections of the population who have a drinking problem and/or are alcoholic. Whereas much research has focused on the deviant behaviour associated with problem drinking little research has been conducted to determine how the non-deviant "normal" adolescent population views and uses alcohol.

Study Plan

The primary purpose of the study is to examine alcohol use/abuse from an adolescent perspective seeking their understanding of the nature of the alcohol issue, their perceptions of the benefits and negative consequences of use and their assessment of influences on drinking

behaviour. The secondary purpose is to take this information and apply it to developing alcohol prevention programming for adolescents.

The study is exploratory, designed to gather input from adolescents on how they view their alcohol use. The three parameters of the drinking issue outlined in the research questions are explored using qualitative oriented, focus group interviews.

The remaining chapters of this study will outline in more detail relevant background information on the issue; a review of research findings as they relate to the three areas of inquiry, definition of the problem, functions served by use, and key influencers of use; a description of the single occasion, multiple site design utilized and the focus group interview data collection technique employed; a discussion of findings on how adolescents perceive their use of alcohol and what those findings imply for prevention programming.

Limitations of the Study

As the study is primarily exploratory in nature, it is limited in scope and does not claim to be an exhaustive study of all possible relevant aspects related to adolescent alcohol use. No attempt has been made to

examine personal psychological attributes, such as self-esteem, or cultural factors, such as various ethnic drinking practices, and their contribution to the adolescent perspective.

The study did not determine which of the students drank or did not drink alcohol. It was decided that such sharing of private information was inappropriate in the open group discussion format. During the execution of the study it became clear that ascertaining such knowledge would have made it possible to tie in pre-use/nonuser's alcohol experiences and user's experiences with certain attitudes expressed by adolescents. Thus the relevance of the actual drinking experience of the study population and its effects on perceptions could not be explored.

The adolescent population studied was limited to those still attending school. This eliminated from the sample those students who were not present or had quit school. As such the population in the study cannot be taken as a true representation or cross section of all adolescents.

CHAPTER 2: BACKGROUND

The intent of this chapter is to present information considered important for understanding concerns expressed by the adult population regarding current adolescent drinking practices and the alcohol related damages encountered through drinking. While this does not show drinking is perceived as problematic by teenagers themselves, it does point out reasons for adults to define adolescent alcohol use as problematic. Moreover, such concern has translated itself into action. Programs which, in the main, employ educational strategies in an attempt to modify adolescents' consumption of alcohol are becoming more widespread. However, those programs have met with limited success. Those programs appearing to be more successful are based on an extensive investigation of adolescents' perceptions of and use of alcohol as well as peer participation in program development and delivery.

The Issue Of Adolescent Drinking

The general public perceives adolescent drinking as problematic and has expressed concern over the recent trends in teenage drinking. Such

concern, in large measure, is a response to increased use by teens and the alcohol related damages that may result from use. In a nutshell, drinking is viewed as a problem of progressively dismaying magnitude among youth of this country. Further elaboration on these two points follows.

The problem of general adolescent drug use was considered by the public in the sixties to be epidemic. It is presently considered endemic, cross-culturally (Scarpitti and Datesman, 1980). The drugs of choice for adolescents today are alcohol, tobacco and to a lesser extent, marijuana. In the recent Alcohol Drug Program (A.D.P., 1987) high school survey of approximately 1700 B.C. students, alcohol had the highest annual and monthly prevalence rates.

Some perspectives on the dimensions of the problem are afforded by recent reviews on the correlates of teenage drinking. Trends in alcohol use over the past two decades have been identified as: an increase in the percentage of adolescent drinkers, an increase in the incidence of heavy drinking and a reduction in the age of onset of drinking and regular drinking (Skirrow, 1985). Furthermore, the frequency and quantity of alcohol use by age increases gradually and consistently for both boys and girls (A.D.P., 1987). The rate of problem drinking among youth aged 12 to 17 now stands at about the 20% level (defined by a self-report criterion

involving having experienced significant drinking-related negative consequences at least six times in the past year) (Miller and Nirenburg, 1984).

There is little doubt that adolescent drinking practices have changed mirroring a relaxation of traditional sanctions on adult use in the adult population. Frequent and casual use of alcohol, despite the inevitable associated social and health problems, is the norm presented to adolescents.

Nondrinking appears to be the normal pattern in early adolescence. By late adolescence a reversal occurs. Youth who don't drink at this stage are "deviant" in the sense that they are not engaging in a behaviour embraced by the vast majority of their peers and of adult society. Despite this observation, Skirrow (1985) states that North American society tends to view all adolescent alcohol use as pathological. For example, such drinking among otherwise normal adolescents, is seldom described in positive terms, but frequently presented as resulting from factors such as low self-esteem, a sense of a lack of power or control, inadequate social skills, succumbing to peer pressure, a disturbed family, and so on (Norem-Hebeison and Hedin, 1983). To the extent that drinking is seen to result from these kind of factors, or of acting as a substitute for more

appropriate coping methods, it is labelled as pathological. For clearly troubled youth, Skirrow (1985) contends, alcohol may well be a pathology leading to alcohol abuse or alcoholism, but for most it is not.

Consequences of Use/Misuse

The concern with the use of alcoholic beverages among adolescents stems in large measure from the alcohol related damages that may result. There are important immediate consequences of alcohol misuse for adolescents which cannot be overlooked; for example, car accidents, violence, sickness, alcohol poisoning and family disruption. In 1983, 39% of deaths among 14 to 25 year olds were alcohol related (B.C. Coroner's Office).

Drinking and driving are a particular problem with Canadian youth. In 1985, B.C. teenagers were involved in 28% of the alcohol related deaths attributed to drinking and driving (Liquor Policy Review, 1987) The adverse consequences are experienced not only by individuals who frequently and repeatedly misuse alcohol, but also by infrequent users.

The negative consequences adolescents experience can be serious for individuals, their friends and families. The psychological and interpersonal disruptions that occur around alcohol abuse impede the

adolescent maturation process and are often detrimental to family harmony (Skirrow, 1985). Moreover, there appears to be an association between early onset and problem use in late life (Kandel, 1978). The gateway function of alcohol and tobacco to illicit drug use has been documented (Dupont, 1984). Drinking not only seems to be a prerequisite for marijuana use, but problem drinking seems to be a prerequisite for the use of other illicit drugs such as psychedelics, amphetamines, barbiturates, cocaine and heroin (Braucht, 1981). Drug dependency when it does develop in an adolescent occurs at a much faster rate than in the adult population.

There are reasonable grounds for concern among the adult population given the recent trends of increased use among youth and the possible outlined consequences of use. It is not suprising, then, that there is substantial support for programs to positively influence adolescent alcohol and other drug using behaviour. Many parent movements (for example, Mother's Against Drunk Drivers and the Canadian chapter of Parent Resource Institute of Drug Education) have organized to inform adolescents and parents of the negative effects of alcohol/drug use. Many other private and public agencies (for example, Lions Club, Junior League, and Insurance Corporation of B.C.) have included as part of their mandate

to develop and support programs aimed at reducing the incidence of youth use. Government health departments at all levels are becoming more aware of the need to move beyond treatment of drug dependency to reducing overall costs of enforcement, lost productivity in the workplace, family breakdown and violence and lost human potential associated with drug problems, particularly alcohol.

There has been substantial pressure placed by parenting groups, health related agencies and professional agencies on the government to take action on the issue. As a result more money is being channelled presently into public awareness and educational prevention programs aimed particularly at youth. The Federal Ministry of Health has committed \$210 million over the next five years to alcohol/drug programming, 32% of which is earmarked for education and prevention (A.-D.E.S., 1987). The B.C. Alcohol Drug Programs has in the past two years enlarged their staff to include a director of prevention services, five consultants and five regional prevention workers. One of the stated targets groups for these workers are youth (A.-D.E.S., 1987)

Thus heightened public awareness and more potential funding sources are making alcohol/drug prevention programming an increasingly popular endeavour. In the desire to create and activate programs and thereby

satisfy government/interest group demands the emphasis on developing programs to suit the adolescent life situation and reach that intended audience, should not be overlooked.

Current Status of Present Alcohol Prevention Programming

Education is often the first strategic idea put forward when a social situation is deemed as necessary to change. The alcohol use/abuse prevention field is no exception. To date, the most widely used prevention programs have been educational, focused on children, particularly adolescents, and have been school-based.

At the outset, it should be noted that many of the published papers in this area are ambiguous or vague with respect to whether the central topic is educational with regard to the program's effect on drinking problems; drinking problems and problems associated with the use of other drugs or the use of illicit drug problems only (and not drinking problems). In any given analysis of papers entitled "The effectiveness of drug education," one most often finds that the effects of drinking are lumped together with effects involving other substances. Only rarely are the effects of the program on drinking and drug use systematically

identified, independently measured compared and contrasted.

The overall aim of educational programs is to decrease (or at least slow down the rate of increase in) rates of problem drinking. In pursuit of this ultimate behaviour goal most programs are based on three main theoretical approaches to behavioural change. They consist of the knowledge/attitude approach, the values and/or decision-making approach and a social competency approach (Moskowitz, 1983).

The knowledge/attitude approach has been used most widely. These programs are mainly informational, focused on the short term goal of bringing about increases in students' knowledge base regarding alcohol. That is, the physical, biological and psychological effects of alcohol use as well as the legal implications of underage drinking are presented. These programs are generally presented by a teacher or outside experts, such as pharmacologists or ex-alcoholics, and more than other approaches are extremely short, one-shot programs. Presentations are didactic and involve limited, if any, group discussion. Typically, the implicit hypothesis underlying this approach is that increased knowledge about the consequences of substance abuse will lead to more negative attitudes towards use, which in turn will reduce the likelihood of personal use or problem drinking.

However, with regard to alcohol and other substance use, there is little empirical support for the causal links implied by this approach. Both Goodstadt (1974) and Tobler (1986) in their separate evaluative reviews of drug education programs indicate that, while substantial knowledge gains have been reported in some programs, attitude changes have been negligible or minimal and no significant changes occurred in alcohol use.

In contrast to the knowledge/attitude approach which focuses on the activity (that is, alcohol use), the values/decision-making approach focuses on the individual. The emphasis is placed on self-awareness, self-esteem building, values clarification, problem solving and decision-making skills. The use of alcohol and other drugs is treated as a personal issue to be decided on by each person. The model promotes self-examination of one's needs and values and the role that substances serve in fulfilling these values. The objective is to decrease the likelihood of substance use through promotion of self-understanding and responsible decision making.

Research on adolescents provides limited support for this approach inasmuch as logical introspection regarding the costs and benefits of substance use has not been highly predictive of subsequent use (Moskowitz, 1980). Moreover, reviews of these programs by Goodstadt

(1974), Schaps, Bartolo, Moskowitz, Palley and Churgin, (1981) and Tobler (1986) show there is little empirical evidence to support the efficacy of this approach with regard to drug education. Tobler even goes as far as to suggest that for these programs solid evidence exists for discontinuing their use.

In the most recent approach to drug education, social competency, alcohol use is conceptualized as a socially learned, purposive and functional behaviour which is the result of the interplay of a diversity of social and personal factors. The approach assumes that the individual abuses substances because they lack appropriate psychosocial skills. Therefore the objective is to develop and reinforce life skills such as refusal skills and assertiveness skills which will help the adolescent cope with influences favouring drug use. Two techniques, modeling health-promoting behaviours (e.g., involvement in sports) and teaching skills to resist social influences (e.g., peers and family) that promote drug use are frequently employed.

Results from evaluations of this approach appear more hopeful in terms of changing alcohol and other substance abuse behaviour. Tobler's (1986) meta-analysis of 143 adolescent prevention programs also support this conclusion. Peer programs which utilized positive peer influence and

refusal skills and social and life skill's training were found to show a definite superiority over knowledge/attitude and values/decision-making approaches for the magnitude of the effect size obtained on all outcome measures. On the ultimate criteria of drug use (alcohol, cigarette, soft and hard drugs) peer programs were significantly different than the combined results of all the remaining programs.

A number of reviews have been published concerning the empirical evaluation of alcohol and substance abuse prevention programs (Goodstadt, 1980; Kinder, Pape and Walfish, 1980; Schaps, diBartolo, Moskowitz, Palley and Churgin, 1981; Tobler, 1986). These papers have reached a substantial degree of consensus that (1) some evaluation studies have shown effects on student's knowledge about alcohol; (2) fewer studies have been able to demonstrate impact on attitudes and these results have been mixed (some positive and some negative effects); (3) very few studies have attempted to show influences on drinking/drug behaviours and even fewer have observed significant effects on these behaviours (again, some of these have found negative effects); and (4) severe and pervasive methodological flaws in the evaluation studies exist, including nonrandom assignment of subjects into experimental groups, small sample sizes, high levels of attrition from samples,

unknown validity and reliability of outcome measures and absence of follow-up other than post program assessment.

Moreover, most programs reviewed, even those with sound evaluation designs did not contain any measure of drug use behaviour. For example, Shaps et. al. (1981) found only four relatively well designed studies out of 127 program evaluations they reviewed which utilized substance abuse measures. Of these, only two showed a positive impact on behaviour. Furthermore, many programs espoused global objectives (e.g., to prevent alcohol abuse) which are not amenable to operationalization or are attached specifically to behaviour/attitude outcomes which can be measured.

Unfortunately, the obvious conclusion to be drawn from existing alcohol prevention literature is that few studies have demonstrated any degree of success in terms of alcohol abuse prevention. Few programs have been successful in changing actual alcohol use behaviour.

Yet, potentially, the most effective programs to date have involved teen participation in the programming, involving peer teaching and peer counselling and promoting positive peer influence (Tobler, 1986).

It would seem that a rethinking of the issue of adolescent alcohol use and its concomitant programming would facilitate more effective

programming. As part of this process and based on the noted success of teen involvement in the implementation of prevention program efforts, it is suggested that those youth at whom the prevention efforts are directed also should be included in the problem definition and program design stages.

The Alberta Alcohol and Drug Abuse Commission's (AADAC) alcohol/drug prevention program (1981) incorporated these basic premises in the development and delivery of their province wide program. The program developers, aware of the problems encountered in other alcohol prevention programs, built into the program clearly delineated, measurable objectives in terms of changes sought in drinking behaviour and based the program's concepts on extensive research into teenage development and perception of the "world of adolescent drinking", using teenagers as one of the primary information sources. In particular, research addressed adolescent development and adolescent drinking practices. Areas explored included activities teens were involved in, drinking situations and norms, role models and future aspirations. Group discussions provided understanding of the functional relevance of alcohol and drug use among teenagers.

Using knowledge gained from both qualitative input (diagnostic group

interviews with teens) and quantitative input (surveying a larger student population as well as their parents) as a basic framework, program concepts and components were devised.

Evaluation results (Thompson, Skirrow and Nutter, 1987) gathered from 1981 to 1986 showed that positive behavioural change effect in teenage drinking occurred. The percentage of teenage drinkers declined significantly since the introduction of the program compared to a control province. Both frequency of drinking occasions and total quantity consumed by Alberta teenagers declined. In addition, there has been a trend toward delay in the onset of drinking and more teens had never had a drink. The evidence from this program and its subsequent evaluation lends support to the importance of understanding the alcohol issue from a teen's perspective and incorporating that knowledge into the program design.

However, programs developed on this premise are the exception rather than the rule. Most programs developed have been products of experts based on adult perceptions of the issue. The belief of many programmers that they know a priori what is best for youth may have led those programmers to assume student attitudes towards alcohol and their needs, rather than seeking student input directly (Drug Abuse Council,

1974).

While adolescents are the primary consumers of prevention programming, they usually have not been involved in the program development. Their input is key to understanding the nature of the youth drug issue and it follows that programming should be based on their reality constructs. A rich source of data has been largely ignored to date.

In order to communicate and influence alcohol usage, it is necessary to have a sound understanding of the alcohol issue from their perspective - that is, how adolescents view alcohol use and what role it plays in their lives. To develop this understanding, adequate data concerning present practices, an understanding of what alcohol means in a functional sense and the placement of this information in the context of adolescent development and identity formation are necessary. Thus, to further this task, data in this study are collected from adolescents on (1) the nature and meaning of the alcohol issue, what is the perception of problem elements in drinking; (2) functional aspect of use, the perceived benefits and negative factors and (3) key sources of influence on teenage drinking.

CHAPTER 3: REVIEW OF RELATED LITERATURE

In reviewing the literature, the writer concentrates on presenting prior research findings which give indicators of possible relevant variables to explore in more depth with adolescents and to provide a focus for relevant questions to ask during the data gathering phase of the study. As such, the literature review provides a basis on which the issues of meaning/definition, functions and influences of teenage drinking take shape. Moreover, the review points out both gaps in knowledge and the shortcomings of some studies in providing data considered necessary to describe and understand alcohol use from an adolescent perspective.

The chapter will begin with an overview of adolescent patterns of use in B.C., making use of existing surveys, particularly the most recent B.C. Alcohol Drug Program Survey (1987) and will be followed by a review of the findings in the literature significant to the three areas of inquiry in the study. To conclude, a case will be made for examining these three basic issues within the context of the changes which occur in normal adolescent growth.

Current Trends in Adolescent Use of Alcohol in B.C.

An examination of the current drinking patterns will help in understanding adolescent alcohol use. The following section will provide the pertinent findings relating to consumption patterns of B.C. youth.

Many surveys have been conducted in Canada on drug using patterns of teenagers. However, questions asked about alcohol specifically are usually only a small segment of such studies. Consequently the questions about the use of alcoholic beverages, at times, are not as detailed as one might like. What is available then, is a general overview of patterns of B.C. teenage drinking.

In B.C. the legal drinking age is currently 19. Legal sanctions exist for those selling or otherwise providing alcohol to underage drinkers and for such drinkers if found in possession of alcohol. However, underage drinking is very common and the pattern of underage alcohol consumption is fairly typical of other parts of North America and Canada (Whitehead, 1984).

A province-wide survey conducted in the spring of 1987 by the B.C. Alcohol Drug Programs with approximately 1700 adolescents in secondary schools indicated the following findings. The drug with the highest rate of use was alcohol, as 74.4% of adolescents stated they had used alcohol within the past 12 months. About 60% of adolescents surveyed had used alcohol in the past 4 weeks and almost 1 in 5 reported drinking at least

weekly. Hollander and Davis (1983), in a survey conducted among Vancouver secondary students over the years 1974, 1978 and 1982 indicated that the "having ever used" category increased for all age groups between 1974 (78.2%) and 1978 (86.5%) but decreased in 1982 (68.5%). The two studies are not directly comparable because of different sampling techniques and different survey categories used in each study but they do support the contention that use is at a high level.

The frequency and quantity of alcohol use by age and grade increases consistently for both boys and girls. For example, 55.5% of those in Grade 8 had consumed alcohol in the past year compared to 78.6% of those in Grade 10 and 86% in Grade 12. This finding is consistent with Hollander's study (1983) and the Canadian Health Attitudes and Behaviours Survey (1985) as well as the survey of recent studies of young drinkers in Canada done by Whitehead (1984).

Approximately 24% of adolescents stated that they had been drunk within the past four weeks with only a 4.3% difference between males and females. Forty percent of adolescents stated they had gone on a weekend drinking spree (been "high" or "tight" for most of Saturday or Sunday) at least once in their lives (ADP, 1987). The Hollander study (1983) reported incidence of drinking to the point of intoxication seven or eight times in the past 6 months as 25% for males and 19% for females in

1978 and 14% for males and 13% for females in 1982. No substantial differences in the percentages of male and female drinkers was observed, although males were somewhat heavier drinkers and more frequent drinkers than females. Of the drinkers, 27% of males and 19.5% of females drank at least weekly during the past year (ADP, 1987).

The concern with the use of alcoholic beverages among adolescents stems in large measure from the alcohol related damages that may result, as pointed out in the last chapter. The ADP survey (1987) indicated that a significant proportion of B.C. adolescents consume substantial amounts of alcohol and have demonstrated some personal or social difficulties due to alcohol. Difficulties have been defined in the study as frequent excessive drinking, violence and contact with law enforcement officials. Within such definitional boundaries, 18.5% of adolescents stated that drinking had led to aggressive or destructive behaviour at least once in their lives and 12.2% of adolescents had been warned by the police about alcohol use. Moreover, just over one quarter of those who drink do so at least occasionally when driving around or sitting in a car at night.

More than one in four adolescents (29.3%) reported that their parents did not know how much they drank and 73.4% reported drinking at parties when adults were not around. The Longwoods Research Group survey (1982) conducted in Alberta on the drinking patterns of 12 to 17 year olds

indicated that most adolescents drink with their parents (80% of drinkers) and without (83%) but they consume more alcohol without their parents (3 to 4 drinks on average) than with parents (1 to 2 drinks on average).

In short, it appears that in B.C. teenage use of alcohol is at a fairly high level; the amount of alcohol and occasions for use increase with age; drinking to the point of intoxication has been experienced by many youth; there are few sex differences in numbers drinking and frequency of drinking and many youth have experienced some difficulties due to alcohol consumption.

The use of such survey data gives a partial picture of adolescent drinking behaviour, but it is confined to a flat description of frequencies, prevalence and correlations of use with limited demographic variables. It does not give any indication of the dynamics of drinking behaviour, for example, why teens drink, what needs are being served and what influences teenagers' decisions to drink or not, in what situations. In terms of programming, such statistics may motivate people to act, as they have in the past, but do little to provide guidelines on what strategies and the form the action would take to be effective.

The Nature of the Alcohol Issue: Problem Definition and Meaning

A precondition for any social action program is a social problem.

Without it there is no cause for action and no condition to change.

To say that programs need problems may seem trivial at first glance.

However, while most of us agree that society has many social problems, each of us does not necessarily define like conditions as problematic.

According to Fuller and Myers (op. cit. Biklen, 1983, p.31), "social problems are what people think they are and if conditions are not defined as social problems by the people involved in them, they are not problems to those people, although they may be problems to outsiders or to scientists..." Thus the condition of teenage drinking alcohol may constitute a social problem to parents or other adults such as health professionals, law enforcement officials and teachers, but it may not to adolescents themselves. The definition of alcohol use as a problem varies depending on how the definition is formulated, what facts are marshalled and given value as indicators, who applies them and in what context they are applied (Biklen, 1983). The definition of social problems, then, is a subjective process reflecting the definer's values and interests.

Central to the goal of qualitative research is understanding subjects from their point of view (Bogdan and Biklen, 1982). Thus it is useful to

"gain entry" into the conceptual world of adolescence in order to understand how and what meanings they construct around the practice of drinking alcohol.

Lofland and Lofland (1984) state that the most fundamental and pervasive aspect of human social settings is that of meaning. Meanings, also referred to as understandings, definitions of the situation, beliefs, norms, perspectives or stereotypes, share a common focus on a humanly constructed set of concepts which are consciously singled out as important aspects of reality. Meanings vary in the breadth or range of situations to which they apply; they may be shared (rule/norms) and clearly understood or may be employed but unrecognized as such by the participants. Meanings are best seen and analyzed when one assumes what is called a 'reality constructionist' stance (Bogdan et al., 1982). In line with this perspective Bogdan et al. (1982) states that meanings are not inherent in reality but are imputed to it by humans. Further, because situations of living are constantly changing, new meanings are being generated to cope with new situations. Meanings do more than describe behaviour, they define, justify and otherwise interpret behaviour as well.

The writer was not able to uncover any study which attempted to discover if, how and in what way adolescents would define their drinking behaviour as problematic. Yet, changing how adolescents regard and use

alcohol is not possible without adequate data on what alcohol use/abuse means to them within the context of their development and social interaction. Moreover, an understanding of whether they consider adolescent alcohol use a problem, in what ways and to what extent, will ultimately facilitate more effective communication in terms of programming.

Possible Functions of Alcohol Use: Benefits and Negative Consequences

To construct an accurate picture of adolescent drinking, the literature highlights the case for understanding the role and function of alcohol in adolescents' lives – that is, determining what purposes it serves. It is assumed that one does not engage in behaviour without it serving a purpose no matter whether the behaviour is rationally or impulsively carried out.

Jessor (1982) in his theory of problem behaviour suggests that such behaviour (use of alcohol, especially heavy drinking and drunkenness) can serve a number of psychological functions. It can serve as an instrumental effort to attain goals that are blocked or seen as otherwise unattainable; as a way of expressing opposition to adult authority and conventional society whose norms and values are no longer shared by the

younger generation; as a way of coping with anxiety, frustration and failure whether in relation to school performance or parental expectations; and as a way of expressing solidarity with peers, of gaining access to the peer group and of demonstrating identification with youth subculture.

The problem behaviour theory which Jessor developed was based on an examination of adolescents who have already exhibited evidence of problem drinking and continuous excessive use of alcohol. It is possible that the purposes served by drinking for this group do not accurately reflect the purposes served by the majority, normal adolescent population. The distinction is important because prevention programming attempts to influence, reduce, delay adolescent drinking prior to onset of any problems developing. As such, drinking may not serve the same purposes for these two different population. For example, Jessor (1982) further states that engaging in problem behaviour becomes part of the adolescent's negotiations with the larger society for the status of young adult. However, in contrast to Jessor's notion of problem behaviour, specifically drinking, serving the function of an adult status claim, Wilks, Callan and Forsyth (1985) in their cross cultural survey of teenagers in New Guinea, Australia and the United States, found that the overwhelming majority of students rejected suggestions that adult status was related

to having drunk alcoholic beverages.

From a slightly different but related perspective, other behavioural science theories postulate that behaviour is influenced by the positive and negative consequences expected from behaviour (Fishbein and Ajzen, 1975). In this context, knowing the consequences that adolescents expect and value from drinking alcoholic beverages – such as getting drunk, getting into trouble with parents, changing from bad to good moods and looking “cool” – would be necessary for understanding their drinking behaviour. Mayer and Filstead (1980) suggest in their book, *Adolescence and Alcohol*, that adolescents refrain from drinking alcohol to avoid negative psychological consequences, deviance and trouble whereas they drink to experience pleasure, favourable peer relationships and a positive portrayal of image.

Bauman (Bauman and Bryan, 1980; Bauman, 1985) has shown that a positive relationship exists between children's drinking and their expectations of positive consequences of drinking. In a longitudinal study of adolescent drinking behaviour, Bauman (1985) states that adolescents do engage in the process of assessing the positive and negative consequences of drinking. Further, the subjective expected utility assessment of drinking influences behaviour and behaviour influences the

appraisal of expected utility.

In a further study of sixth and seventh graders, 57 consequences expected from one beer or drink of hard liquor a week were rated (Bauman, 1985-6). The findings from this study suggest that adolescents initiate drinking beer, at least in part, because they expect pleasure and they do not begin drinking to avoid negative psychological consequences and the acquisition of deviant behaviours.

It should be noted, that the three studies by Bauman, although referring to subjects in the sample as adolescents, comprised a group of students studied from grade five through to grade seven. While grade sevens (ages 12 or 13) may be classified as adolescents his sample mainly reflects preadolescents' viewpoints and at the most, only a look at early adolescent expectations.

In a cross cultural study of high school teenagers, Wilks (1985) found that all teens considered "happiness and enjoyment" and "being sociable" as specific advantages of drinking alcohol, while the American teenagers, particularly, emphasized the physical and mental costs of alcohol abuse as disadvantages of drinking alcohol. In descending order of importance, car accidents, general sickness, addiction over time, vomiting and less mental control were cited as recognized negative consequences.

The Longwoods Research Group's bench mark survey (1982) offers

further insight into the benefits of alcohol use from the adolescent perspective. The study indicated a number of functional aspects of use for Alberta's teenagers. Three functions mentioned frequently by the adolescents were challenge, escape and pleasure. Younger adolescents saw the challenge of "not getting caught" as a particular attraction. In terms of escape, drinking provided an easily accessible means of excusing behaviour adolescents know is otherwise unacceptable. Adolescents indicated they liked to "act crazy" from time to time and alcohol provided the means to do so. Alcohol allowed adolescents to escape from day-to-day pressures of growing up and from boredom. Regarding pleasure, adolescents were more likely to use alcohol to feel thrilled or excited, to make already good feelings better or to enjoy life with others.

According to the research findings, drinking or nondrinking serves a variety of identified functions. Some of the possible pertinent functions served by drinking may be pleasure, challenge, escape and sociability. Functions served by not drinking are the avoidance of trouble and the known physical and mental costs of alcohol abuse. It is thought these functions are perceived as being beneficial outcomes or negative outcomes. Moreover, expectations based on these outcomes will influence the decision to drink or not.

It is the intention in this study to examine the question of what

purposes drinking serves in the context of perceived negative and positive consequences. However, it is not clear whether functions indicated by problem behaviour adolescents are transferrable to the normal population. While studies have focused on the positive influences met by alcohol, not much emphasis has been placed on analyzing what are the dysfunctions perceived in use. For example, what are the negative consequences expected from drinking, are the negative consequences seen as problems, do those perceptions remain consistent through the entire span of adolescence and do those negative consequences inhibit use?

Key Influences on Adolescent Drinking

The literature suggests that there are three key influences on adolescent drinking practices and beliefs. They are friends/peers, parents and social activities. In other words, who teenagers associate with and what their drinking practices are; what parent's attitudes and consumption patterns are and what activities and social interaction situations teenagers are involved in appear to influence adolescents' choices regarding their drinking behaviour.

There is some difficulty in analyzing the literature on influences. Many of the studies do not clearly distinguish in their discussion of findings

and conclusions which specific drugs are being referred to. Some define drugs in total, to include alcohol, tobacco, marijuana and other illicit drugs. Particular frequencies or correlations between one of the drugs studied are taken to apply to some, many or all drug use. Also findings of a study on one drug are treated as transferrable to others. For example, Eiser and Plight (1984) in their study of peer influence and smoking generalize their finding that peer influence is not an external force, but rather an internal factor of deliberate choice by one person to identify with one group rather than another, to adolescents wishing to experiment with drugs.

As much as possible study references will be made specifically to alcohol. But rather than eliminate a body of information that may prove insightful in developing the goal of an overview of the teen's perception of alcohol use, studies which use alcohol in part of their analysis of influences along with whatever combination of other drugs will be included.

Peer influence.

Peer influence appears to be exerted in two ways - peer normative expectations and peer use. Peer normative expectations regarding use

plays a role in the initiation and continuation of adolescents' drug use.

Studies have concluded that if an adolescent's peer group approves of drug use, he/she is more likely to use drugs. Conversely, if the peer group does not approve of drug use, he/she will be less likely to use drugs.

Peer use is also important. Studies suggest that youth are more at risk if people in their dominant reference group use substances and less at risk if the group is comprised of nonusers. Students' drug use actually increases as the number of their friends using drugs increases according to Reid, Martinsson and Weaver (1987). They state that drug use is not an activity which is learned and sustained in isolation. Students accept and continue to use drugs as long as peers whom they respect and trust also use.

"Peer pressure" as a influence factor related to many kinds of deviant as well as conforming behaviour has been the subject of much study. Peer pressure is often cited by the general public and many professionals to explain why teenagers become involved in drinking, smoking and various other illicit drug use. It is a descriptive term often given to the influential process of teens influencing each others' behaviour.

Youth do not appear to be pressured or influenced equally by peers in all areas of life. According to Hedin and Simon's (1980) youth survey on leisure time, friendship and youth organisations, teenagers mostly

influence each other regarding dress, appearance, choice of leisure-time activities, language and the use of alcohol and drugs while parent's influence is stronger with regard to moral and social values, vocational choices and educational plans.

From a study of high school students, Clasen, Brown and Bradford (1985) concluded that peer pressure is a multi-dimensional force varying in strength and direction, across grades, between peer groups and among different domains of adolescent behaviour. Perceived pressures toward peer involvement in school activities were particularly strong, whereas perceived pressures concerning misconduct (such as alcohol, drugs and sex) were relatively ambivalent. Perceived peer pressure towards misconduct increased across grade level while pressure to conform to peer norms diminished. This of course, assumes that alcohol use defined as a "misconduct" remains the same through grade levels. This does not appear to be the case. Rather alcohol use, if the increased pattern of usage with age noted previously are considered, becomes a peer norm and not misconduct. The relationship between increases in pressure and misconduct becomes confusing.

In the same study, pressures towards misconduct were examined in terms of friendship group types. "Druggie-tough's" were those students who used drugs and were seen to engage in other inappropriate conduct

such as fighting. "Jock-populars" were those who took part in school activities, particularly athletics, and were popular with fellow students. Compared to the "druggie-tough's" peer group, the "jock-popular" group perceived stronger pressure towards school and family involvement and less pressure towards misconduct. Thus peer group membership may make a difference in the amount of pressure experienced to engage in alcohol use (defined as one act of misconduct).

However, the notion of peer pressure as a force outside the adolescent and as a determinant of one's actions has been questioned. Some studies indicate that the adolescent chooses who he/she will associate with in full recognition that drug use may be one of the means of securing the person(s) friendship and group membership. In this sense, the adolescent is in control of the decision to use drugs or not, rather than being subject to control from without. Supporting the notion Eiser et al. (1984) suggests that peer group influence does not act as an external force but as a means of intergroup function, as a means of distinguishing one peer group from another. If adolescents wish to experiment with a drug or are curious about those using it, they obviously would seek out a group in which the behaviour is practiced. Dembo (1986) conceptualizes youth as motivated actors guiding their own behaviour in an attempt to experiment and validate values. The key to Dembo is that adolescents will seek out

those who supply the support and such validation.

In a similar vein, Sheppard, Wright and Goodstadt (1985) studying grade 7 to 10 students showed that as young people often said, peer pressure is not pervasive; that it can be resisted and that it is "no big deal" not to use drugs. The study suggests it is not the group that goes after the young person actively recruiting engagement in drug use, but rather that the person who wishes to experiment with or use drugs on a regular basis is more likely to seek out a drug using group and thus be able to participate in what is normative behaviour for that group.

Parent/Family influence.

Parental influence is considered by some researchers to be the most important influencing factor in determining adolescent alcohol use and attitudes (Glynn, 1981). Others contend that peer influence is a more important factor in the initiation and continued use of alcohol (Glynn, 1981). Despite the disagreement on the relative amount of influence exerted by both parents and peers, there appears to be a consensus that both exert the major influence on drinking behaviour compared to other factors.

The degree of influence parents have is related to the quality of their

relationship with their children. The degree of closeness and willingness to talk over problems are aspects of this relationship (Alberta Alcohol and Drug Abuse Commission, 1983). In terms of adolescent drug use, particularly, the degree of emotional closeness such as affection, trust and warmth has been shown to have substantial impact (Kandel, 1978). In a study of drug use among grade 5 to 8 students, Reid, Martinsson and Weaver (1987) suggest that the likelihood of an adolescent drinking is lessened if there is a close relationship to an abstinent father. Kandel (1978), in a longitudinal study of New York high school students, concluded that adolescents' feelings of greater closeness to parents than peers is a deterrent to initiation to hard liquor.

However, Streit (1982) in his study of 6,000 children between 12 and 18 years of age points out that any outsider's observation about family relationships or closeness did not predict adolescent problems, including using drugs and alcohol. Rather, it was the youngster's perceptions of the closeness to the family that was of consequence. The child behaved in a way which was consistent with the way he/she perceived the family. Thus if the child perceived emotional warmth and support, there was less tendency to be involved in problem behaviour including alcohol use. Also Streit suggests adolescents who perceived excessive parental control (i.e., strictness, punishment and nagging) were more likely to abuse

alcohol.

Of even more importance appears to be the parents' own use of alcohol. The parents' own alcohol consumption or lack of it and attitudes toward its use serve as a model for their children's future use/nonuse. Kandel (1978) suggests that parents through a direct modelling effect play a substantial role in influencing adolescent initiation into the use of hard liquor. The frequency of parental use of hard liquor (both mother's and father's) was a moderately good predictor of adolescent use. In a further study of three sources of parental influence on adolescents, Kandel (1987) demonstrated that the parental modelling effect is strongest at the early stage of drug involvement preceding initiation. In other words, when adolescents were non-users, they were more susceptible to the modelling influences of parents. The most clear cut instance of such an effect proved to be the impact of parental alcohol use and attitudes about alcohol on adolescent initiation into alcohol use.

Barnes', Forell's and Cairn's (1986) survey of 12 to 17 year olds and their parents support the hypothesis that heavier drinking parents are more likely than other parents to have adolescents who are heavier drinkers as well. In analyzing various patterns of adolescent alcohol use ranging from abstention to moderate to heavy/problem drinking, Barnes et al. concluded that these patterns are learned, in part, by the example set

by parents in the home. Breaking the concept of parental use into finer components, Kandel (1987) concluded that the most significant factor influencing overall adolescent alcohol use, is not whether and how often one or both parents drank, but how much they drank at one time (that is, whether they drank to intoxication or had a single drink). These studies support the contention that parental drinking styles and frequency of alcohol use influence the development of drinking behaviour in their children. Parents act as role models, illustrating, by example, patterns of drinking behaviour which their children emulate.

In summary, findings of these studies indicate that the use of alcohol by adolescents is influenced by both peers and parents. In looking at factors which adolescents consider important influencers, it will be useful to keep both in mind.

Activities.

It is important to focus on identifying key activities or situations where adolescents either alone or in a group find themselves where alcohol consumption is involved and determining the role alcohol plays in such situations. It is thought these considerations will help in understanding the reality of social interaction around drinking, not

merely adult notions of that reality.

It is argued that adolescent social interactions are extremely important, both in terms of their immediate value and as training grounds to develop the skills needed as adults. Skirrow (1985) theorizes that drinking occurs primarily in the context of such social interactions, either as a part of a shared forbidden activity, to facilitate a good time, or to help with the anxiety adolescents frequently find in such situations. Indeed, alcohol may be habitually used to deal with the strong emotional turmoil associated with social situations and may well form a pattern of adult behaviour that is undesirable.

Kandel (1978) supports this contention empirically. Her study of high school students points out the general extent of involvement in activities with peers is one of the important components of peer influence on hard liquor use. She concludes that exposure to peers and their activities provides access to drugs and is a source of socialization into use of those drugs.

Studies indicate certain types of peer activity and social situations appear to be more related to adolescent drinking than others. In Selno and Crano's study (1986) of high school students 13 to 17 years old, two kinds of peer affiliations, formal and informal group participation, and their relationship to alcohol and drug use were considered. The findings suggest

that, for this sample of adolescents, those who reported membership in a variety of formal organizations used less alcohol than those who reported few or no memberships. This pattern was maintained even when the age and sex of the teenagers were controlled. Moreover, ad hoc informal group membership is related to increased substance use, whereas formal group membership is related to reduced substance use.

Selnow and Crano further state that adolescents who engage in a variety of unstructured peer activities (such as, dating and attending parties) were more likely to start drinking earlier than those who did not participate in these pastimes. Similarly, Kandel (1978) reports participation in activities such as going to parties and driving around in cars were important predictors of the onset of drinking among adolescents.

Kovach and Glickman (1986) in their study of the psychosocial correlates of adolescent drug use, indicate that the usual pattern of peak frequency for teenage alcohol use occurred on the weekends or "Saturday Night" drinking with friends. In an earlier study they found that the drug using group compared to the nondrug using group reported less time in reading books, less time spent in religious activities, less time spent watching television and more time spent in "hanging out" and more time sleeping.

Perkins and Berkowitz (1986) studied the social environments and perceived norms as forces that influence drinking patterns among students in college communities and related settings. Their findings supported the hypothesis that students drank more often and more extensively at large parties and social functions rather than elsewhere. Furthermore, if college students thought their attitudes were the same as they perceived the college norm to be, the more they participated in those social activities at which alcohol consumption was a prominent feature.

From the research available, it appears that the greatest amount of drinking takes place with friends, on weekends and at parties. Moreover, less alcohol use was reported by youth who were involved in formal group settings such as youth clubs. The task of this study is to further identify those activities where drinking takes place and to look at the social interaction process that takes place within these contexts.

The literature to date suggests that peer influence (peer use and norms), parental influence (parent's use and modelling) and the context or activities in which the student interacts are important correlates of adolescent drinking behaviour. The study looks at those factors which are identified by the adolescents as influential in their development of drinking behaviour. The three influences noted in the literature are pursued in more depth, when and if, they are mentioned by the interviewed

adolescents.

Placing the Study in an Age/Grade Framework

The position taken in this paper is that youth should not be categorized under the one broad, inclusive term, adolescence, when studying alcohol use. Adolescence cover too many years (ranging from 12 to 21/22 years of age) and too much growth to be properly understood as only one developmental period. It is thought those changes in development will also be reflected in changes of perceptions regarding alcohol through the teen years.

The differences between early and late adolescence are profound. Early adolescence (from approximately 11, 12 to 15) is marked by a closer association with childhood behaviour. The dominant trait of this period is puberty. Social growth becomes important as the peer group increases in power and the adolescent spends much of his/her time learning to handle peers competently. Popularity achieves prominence. Few experiences appear more important than peer acceptance. Moreover, at this time, alcohol consumption is low and alcohol abuse is rare (Mitchell, 1986)

During late adolescent development occurring between 17 and 21/22 years of age, the young person has outgrown juvenile traits of earlier

periods. Physical growth is completed and interpersonal relationships are more mature and constructive. They are more critical in their evaluation of peers, more self-directing and less manipulated by peers. Intimacy is important in relationships. Unlike the excessive involvement with themselves in early adolescence, teenagers in late adolescence are more likely to consider others and want to do so. In terms of mental and physical growth, late adolescents are adults; in terms of psychological growth, they are rapidly becoming adults and in terms of assuming adult social roles, they remain adolescents.

Middle adolescence (from approximately 15 to 17 years of age) is really a transition phase between the extremes of the early and late adolescent periods. Childlike features are replaced by an adult-looking body and middle adolescents perceive themselves as adults. Socially, they experience greater autonomy and increased interest in the opposite sex. Mixed-sex gatherings provide the experimental arena for deeper relationships and an opportunity to practice social skills. Mental growth moves towards more theoretical abstract thought processes. Activities are determined with greater premeditation and with more emphasis on outcomes.

It is apparent that differences in attitudes towards alcohol, reasons for use and perceptions of the drinking activity and patterns of consumption

may be expected to differ from early to late adolescence. These changes in development are important to keep in mind as one attempts to understand the complexities of the alcohol issue.

For example, Jessor and Jessor (1977) in their four year longitudinal study of problem behaviour and psychosocial development in adolescents note that many of the changes observed (problem drinking, drug use, general deviance and sexual experience) over the four year period of study were changes in a direction that may be defined as socially more mature. What is evident in the research of Jessors' is that the conception of alcohol use among youth is not an isolated activity but a basic part of overall psychosocial development in contemporary society. While the study concentrates on an analysis of problem drinking, it does indicate the possible relevance of looking also at normal drinking within a developmental context. Thus for the purposes of this study, each of the areas of inquiry are examined in terms of the three stages of early, middle and late adolescent development.

Summary

The intent of this chapter is to give a general knowledge of the findings in the literature related to the specific topics of adolescent

perceptions of their drinking behaviour. Thus a basic substratum of "the" discipline's perspective on the subject is given. Such a viewing of perceptions provides a sensitivity to features of the phenomena under study and to their relevance (Strauss, 1987). Sensitizing concepts such as meaning, function and influence provide a basic framework for highlighting the importance of certain drinking behaviours, events or activities in this inquiry of adolescent alcohol use rather than being preordinate categories or operationalized variables (Patton, 1980). Such a review of general knowledge in this manner provides a backdrop for raising the broad questions and the more specific subquestions to follow in the study without supplying a specific theory from which deductions are to be made.

Therefore to help gain an understanding of how adolescents view their drinking behaviour, three broad research questions are asked in the study.

What is the nature of their alcohol use from adolescent perspective?

This subsumes an exploration of what a definition of problem drinking might mean to them. What do teens perceive as the functions of their alcohol use? This involves a look at what they consider to be attractions or benefits and negative consequences of their drinking. Who or what do adolescents consider are key influences on their drinking behaviour?

CHAPTER 4: METHODOLOGY

A Qualitative Approach

Rationale.

The literature reviewed provides a beginning conceptual framework for analyzing adolescent drinking behaviour and indicates that some potentially important aspects have been uncovered regarding adolescent drinking behaviour. However, it has also shown that not much is known about how students define their drinking; that is, what they consider problems with drinking, if any. The literature provides a sketchy view of what purposes alcohol use serves for the normal adolescent population at whom prevention programs are targetted. The largest body of research deals with influences on adolescent drinking behaviour with parents, peers and activities noted as key influencers.

However, very few studies, with the exception of Longwoods Research Group's study (1982) have been concerned with capturing the adolescent participant's or consumer's perspective accurately; that is, what sense do adolescents make of their drinking behaviour, what do they see as the purposes for drinking or not drinking and what do they view as

contributing influences in their decisions to drink or not?

Moreover, the overwhelming majority of data collected on youth use and attitudes has been collected from self-administered questionnaires. Studies have examined areas such as levels of use, types of use, reasons for use and correlates of use with sex, age, geographic location, and family background. The questioning technique utilized in the surveys has been mainly closed-ended questions. Such closed-ended questions around issues of meaning, function and influences are considered premature and may lock out the possibility of other important variables from emerging or being considered in the analysis. For example, when trying to quantify reasons for continued drinking (which were pre-selected), the A.D.P. survey on adolescent drinking/drug patterns in B.C. (1987) found that 27% of the students chose to select the "other" unspecified category rather than the set responses offered in the question. This would indicate the existence of other relevant variables that were left out or, perhaps, combinations of variables working together rather than those single, isolated, identified ones. Thus closed-ended questions at this exploratory stage would allow only choices from fixed responses. The conceptual framework, in terms of understanding the student's perception is not developed enough to justify such closure.

Strengths.

A research design based on qualitative methodology was chosen because it addresses these concerns. Qualitative research allows for more open-ended opportunities for teenagers to express their views. The researcher is able to capture the respondent's way of viewing, and variations in the way of viewing, the alcohol issue in the adolescent's own language. Conversely, it minimizes the researcher's own ideas and interpretations of what the adolescent meaning of alcohol use is.

The design is more open and flexible allowing for the surfacing of important variables. Data collection focuses on words or pictures rather than numbers, reflecting and recognizing the complexities of the alcohol issue. Further, the emphasis is on looking at many dimensions of the alcohol situation and their interrelatedness. It thus facilitates a description of the complex and multiple aspects of adolescent use.

A qualitative research design recognizes the present stage of inquiry. Because of limited research on the issue of drinking from the adolescent perspective, the method allows for an exploratory look at the issue, building towards a conceptual framework useful for understanding the drinking issue. This will form a basis on which prevention programming can emerge.

Limitations.

Qualitative methodology requires a large investment of time. The evolutionary process, moving from data collection through data analysis is slow and labour intensive.

The method produces voluminous amounts of data. This resulted in difficulties in reducing the data to a manageable size. Decisions had to be made with regard to what data should be examined in any depth rather than all data being treated in this manner.

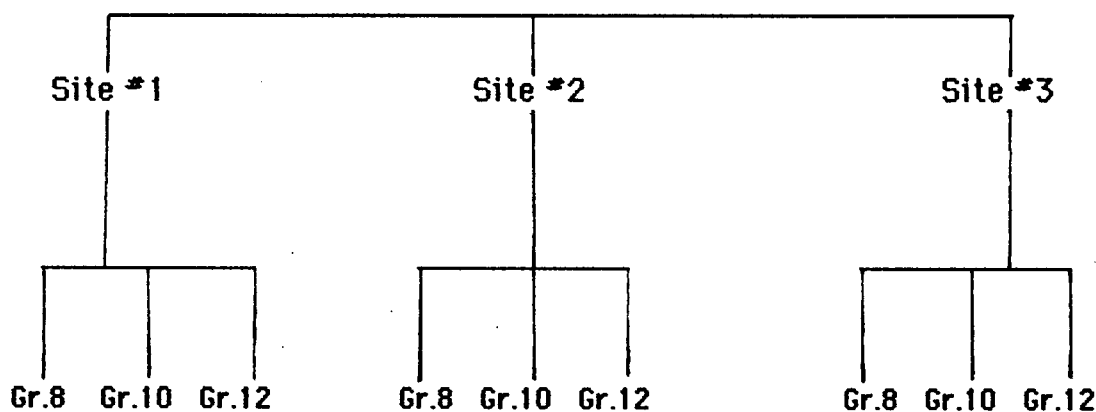
Rigorous tests of reliability are not possible. It is not known whether another researcher independently studying the same setting would come up with the same findings. Reliability is limited to a fit between what was recorded as data and what actually occurred in the sites.

Research Design

The nature of the present study is exploratory. A broad focus of inquiry is taken. As it is not possible to precisely define what the alcohol issue means from an adolescent perspective, it appears that openness of design is desirable. Greater understanding of concepts and clarification of the nature of the issue is sought. This approach allows for the discovery of

new ideas or variables and may give valuable insights which are useful to understanding the alcohol issue. Thus a single occasion, cross-site design employing focus group interviews with adolescents ranging from grade 8 to 12 was conducted.

Figure 1
Research Design



As indicated in Figure 1, the design calls for data collection from a number of sites. A site is defined as a bounded context in which one is studying events, processes and outcomes (Miles and Huberman 1984). A site in this study represents a school. Each group of students from each high school was interviewed once only due to time restrictions and limitations imposed by the school administration for access to the

students. Multiple sites were chosen to increase the comparability of the analysis of adolescent drinking over many schools. This highlights the similarities and/or variations in teens' perspectives from a variety of settings. If the findings are consistently emerging from more than one site, the generalizability of the results are enhanced. The researcher is assured the findings in one well-described setting are not wholly idiosyncratic. This is particularly important for programming considerations because programs are designed to reach the largest portion of an audience with the greatest impact.

However, the researcher was limited in the analysis by the single occasion contact. During the analysis further questions arose as to a group member's response, either requiring further clarification of what was meant or expansion of a particular idea. This potentially useful follow-up was not available.

The use of multiple sites also meant dealing with three different school boards to gain access to the adolescent sample. The process of accessing students stretched over a long period of time. Negotiations for entry into one study setting had to be replicated three times. This again involved a large investment of time.

Study Population

A sample of adolescents, girls and boys, 13 to 17 years of age participated in the study. Students were divided into groups of three grade levels, grade 8, grade 10 and grade 12, paralleling early, middle and late adolescent developmental stages as the range and change in adolescent viewpoints are sought. For purposes of comparison, schools in urban, suburban and suburban/rural locations were chosen. Students from one high school in Vancouver, one high school in Burnaby and one in Langley were involved. High schools were chosen as the study setting because students from a variety of backgrounds are conveniently located in one spot. Furthermore, a majority of alcohol prevention programming is developed for school use with students representing a range of use/non use patterns. A single focus group meeting for each grade was conducted during regular class hours in an appropriate room in each school.

Sample Selection

A total of 60 students participated in the focus group interviews. Approximately 10 to 12 students were chosen randomly from grade lists for each of the three grade discussion groups in each school. Random

sampling greatly increased the generalizability of the themes discovered to the larger student populations at each respective grade level at each school. Moreover, multiple site sampling allows one to look simultaneously at several sites during analysis and provides variability to increase the explanatory ability of the study as a whole (Bogdan and Biklen, 1982). The contention is that the more often the same pattern emerges in a variety of settings, the more likely it represents a pattern which is generally also present in the larger population.

Recognizing the possible difficulty of motivating students to participate, particularly with other students who may be outside their own peer social group, the outlined procedure was followed. After names were chosen from the grade lists, each group's prospective participants met with the researcher at a prediscussion group meeting. The purpose of the study, the importance of their participation and the basic content of the discussion was outlined at this time.

Knowing that altruistic appeals are not always effective with teens, a draw for a mountain bike donated by a local manufacturer was outlined as well. The rules of the draw were simply that students show up for the focus group interviews, that they actively express their opinions during the group discussion and respect the opinions of others. The draw motivated the students initially to take part, encouraged maximum

discussion and made participation in the group as rewarding and as appealing as possible. The attraction of the draw plus the prediscussion group meeting which gave the students an opportunity to assess the situation they would be entering, helped to insure a high level of attendance and lively participation later in the focus group discussion.

Data Collection

The primary source of data collection for this study was the nine focus group interviews conducted with students over the course of a two month period. The interviews were supplemented with ongoing field notes, contact summary sheets filled out on completion of each group interview and a short self-administered questionnaire.

The field notes were in the form of a research log. Briefly, these notes included observations of the school setting pertinent to the study, a record of the meetings held with "gatekeepers" (principals and counsellors) in planning details for holding the interviews and a record of how the pregroup meetings with students were structured and how students reacted to them. Also included were the researcher's comment on each focus group interaction; reflexive observations on the group interview process and personal reactions to it and memos on themes or

ideas that seemed to be emerging during the data collection phase. In essence, the field notes were a record of the processes and interactions involved in setting up and carrying out data collection.

Contact summary sheets (a sample is available in Appendix 3) outlined the main issues that seemed to be raised in the interview, a summary of information on the three target question regarding problem definition, functions and influences on drinking and anything else that struck the researcher as salient in the contact. These sheets provided a useful means of managing, as well as a preliminary means of reducing, the large volumes of data generated in the groups. Insights emerging from these sheets provided direction in the data analysis stage.

A short, self-administered, anonymous questionnaire was filled out at the end of the group sessions by each participant. Questions which included age, grade, sex, religious affiliation and father's/guardian's occupation gave a demographic description of each group. Moreover, for those students who felt they could not express, or did not feel they had a chance to express their opinion on a particular topic discussed, a question was included to give them that opportunity. They were also asked to comment on how they felt about participating in the group discussion. This assisted the researcher in assessing the value of using focus group interviewing as a data collection technique for the adolescent population.

The critical data collection technique employed was the focus group interviews conducted by the researcher with 3 to 11 students per group. The discussions took approximately 1 to 2 hours to complete. The group interviews were audio-taped. The researcher was given the freedom to guide the group interaction process and to pick up on interesting comments made by a student for further explanation and input from other students rather than being distracted by the task of written recording.

Video-taping, which would enable the researcher in the data analysis phase to connect specific comments to specific students (i.e., were girls supporting a position different from boys?) and to better understand non verbal interaction in the group was not utilized. The equipment was not available and it was thought that a camera plus another outside person operating it would greatly inhibit a free flow of discussion.

The discussion followed a topic guide (see Appendix I for the discussion guide used). A multiple site study engaging in cross-site comparison requires some standardization of instruments so that findings may be laid side-by-side during analysis (Bogdan and Biklen, 1982). To maximize comparability and yet give expression to what adolescents regard as important factors in their alcohol use and to give expression in their own words, a set of open-ended standard questions were developed based on the three research questions. This format also gave flexibility

to the discussion. If, for example, students brought up aspects of the law as a key influence on their drinking behaviour, the freedom existed to pursue this topic. Thus the semistructured focus group interview schedule used during all group discussions insured a maximum of construct and contextual validity as well as generalizability and manageability.

An original draft of the topic guide was developed after examining mainly marketing research literature on focus group interviewing. This guide was presented to a group of colleagues for further refinement, changes to question wording and discussion of possible relevance to adolescent drinking issues. The second draft, then, was pretested with a group of four grade nine boys who offered their comments on clarity and relevance of questions to the research topics and made further suggestions as to how to make the group process work better. The final version of the topic guide was used in the focus group interviews.

Focus group interviews were chosen for the following reasons. Zikmund (1982) defines a focus group as an unstructured, free flowing interview with a small group of people. Pope (1981) states that group interviews, known variously as focus groups, group discussions, qualitative research and group depth interviews, describe a general approach rather than a specific technique. Group interviews are descriptive, subjective,

exploratory and approximate. According to Pope (1981), the purpose of the group is to listen to people talk about issues that they have experienced or witnessed that are important to the marketer and, in the process, to learn something. Grinnell (1985) points out that a focus group interview centres on selected topics and/or hypotheses, but the specific items used in the group discussion are not entirely predetermined.

Usually this format is used with respondents who have shared a common experience. Similarly, Merton, Fiske and Kendall (1956) are more specific in their definition and use of a focus group interview. The general purpose of the interview is to "discover the meanings of a designated situation for those who have been exposed to it." Thus the purpose and format of a focus group interview coincides nicely with the objectives of this study. The interview itself focuses on the subjective experiences of adolescents with regard to their alcohol use in an effort to determine their definition of the situation. The flexibility of the method allows for unanticipated responses to be recognized and considered.

Moreover, the focus group interview technique, used extensively in social marketing research, has proven to be an effective means of gathering data in the exploratory stage of research when not much is known or only fragments of knowledge exist about a particular issue. At the initial problem definition/delineation stage of program development,

it is imperative that the target audience's perceptions of the specific health/social problem be understood before program development takes place. The literature reviewed indicated a fair amount of knowledge is known about the frequency, patterns and types of alcohol usage and some key influencers, particularly peers and family, have been identified but very little information concerning how adolescents define the problem or what they consider to be the benefits/negative consequences derived from use are known. Consequently focus group interviews would further the goals of this study to explore those areas of knowledge identified as being limited.

The focus group interview method gives validation to the teenagers' subjective experiences as teenagers. Their opinions on the issue of alcohol use are recognized as important in this interview process (Roberts, 1981). The researcher and the researched are not seen as objective instruments. Rather, the method allows for reciprocal personal involvement and for setting up rapport by permitting the interviewer and other participants to enter each other's lives via their expressed opinions. Thus the personal meaning given the interaction is recognized and the reciprocal exchange of information is facilitated by this method.

Limitations and Strengths of Focus Group Interviewing

The limitations and strengths of the focus group interview techniques discovered in this study are as follows.

Some group members tended to dominate discussion in two of the group interviews. Both situations involved group sizes of 10 or 11 participants. It was noted that the large group size exacerbates the monopolizer effect. In those groups with 3 to 7 participants, the domination by one or two members did not occur.

In some of the groups, informal leaders emerged (this is not necessarily the same person(s) who might monopolize conversation in the group). The amount they influenced other participants' reports, if any, is unknown. However, it was felt the possible interference of this factor with the findings was limited because multiple sites were used. Patterns recurred despite this potential influence. Within the group interaction, the interviewer made conscious efforts to keep the discussion from centering on a particular person and encouraged expression of differences of opinions.

Students who participated in the focus groups indicated a high level of satisfaction with their participation. All but two students stated the experience had been good, enjoyable or likeable. Most appreciated the

opportunity to express themselves and said it was worthwhile to hear other students' opinions about alcohol. They found the group "comfortable," and "relaxed" and it was "easy to speak " in the group situation.

A wide scope and range of responses was gathered at one time. The researcher was able to discover a wide variety in the students' perceptions regarding problem definition, functions and influences on drinking behaviour.

Often a bandwagon effect operated. A comment by one student triggered a chain of responses from the other group members. After a brief introductory period, the students wanted to express their own ideas as the general level of excitement over the topic increased in the group. As one student jokingly commented, "with everyone talking, it hard to get a word in edgewise!"

The interaction between group members allowed individuals to compare and contrast their views with the views of others. Moreover, the group served to activate forgotten detail. As relevant issues were brought out in the group, it reminded other participants of their own experiences and/or opinions which otherwise might not have been recalled.

Data Analysis

Data analysis was based on information collected from transcribed focus group interview tapes and supplemented by information documented in the research log. The process of analysis moved from transcribing, coding and filing to placing edited responses within matrices to facilitate discovering patterns and variations in the patterns of student responses. The process was not always clear cut but involved movement back and forth between the steps in this process. The following portion of this chapter will outline the procedure in more detail.

Each group interview was transcribed in full. Originally it was thought that listening to the tape for each group discussion a number of times and devising an edited version of the transcript would provide a good "grasp" of what was being said in the discussion group. However, this proved cumbersome and difficult to keep the information "in mind" at the same time. A visual presentation of the data was deemed necessary.

Each session's tape was listened to, reviewed and transcribed prior to the next group interview. Contact summary sheets were filled out for each session. Similarly, memos were made in the research log about possible hunches and patterns that seemed to be emerging from the data. The focus of inquiry in the analysis at this point was broad. Data were

looked at for general overall impressions.

When all the group discussions were completed, the transcripts were coded. A coding schedule based on categories paralleling the three research questions and further divided into subcategories based on those research questions was devised. The coding schedule is presented in Table 1. The coding schedule was used to colour code the transcript segments into four broad categories, definition of the problem, functions of alcohol use, key influences and changes in attitude. In like manner, the coding was carried out, where applicable, with the field notes. Transcript segments which overlapped categories were marked with the appropriate colours and set aside in a separate folder to be referred to as each category file was analyzed separately. Each transcript segment was identified by school, grade and page so that cross referencing to the original master copy of the interviews could be made. This step also facilitated analysis of each core category by grade and by school (site).

The transcripts were then cut and filed in separate manila folders according to the four core categories. An analysis of each of the files ensued. During this stage of analysis, the larger core categories were further refined into subcategories (see Table 1 for refinements). This phase involved a grade by grade, cross-site analysis of the coded categories as well as a summary analysis of all student responses within

Table 1
Coding Schedule

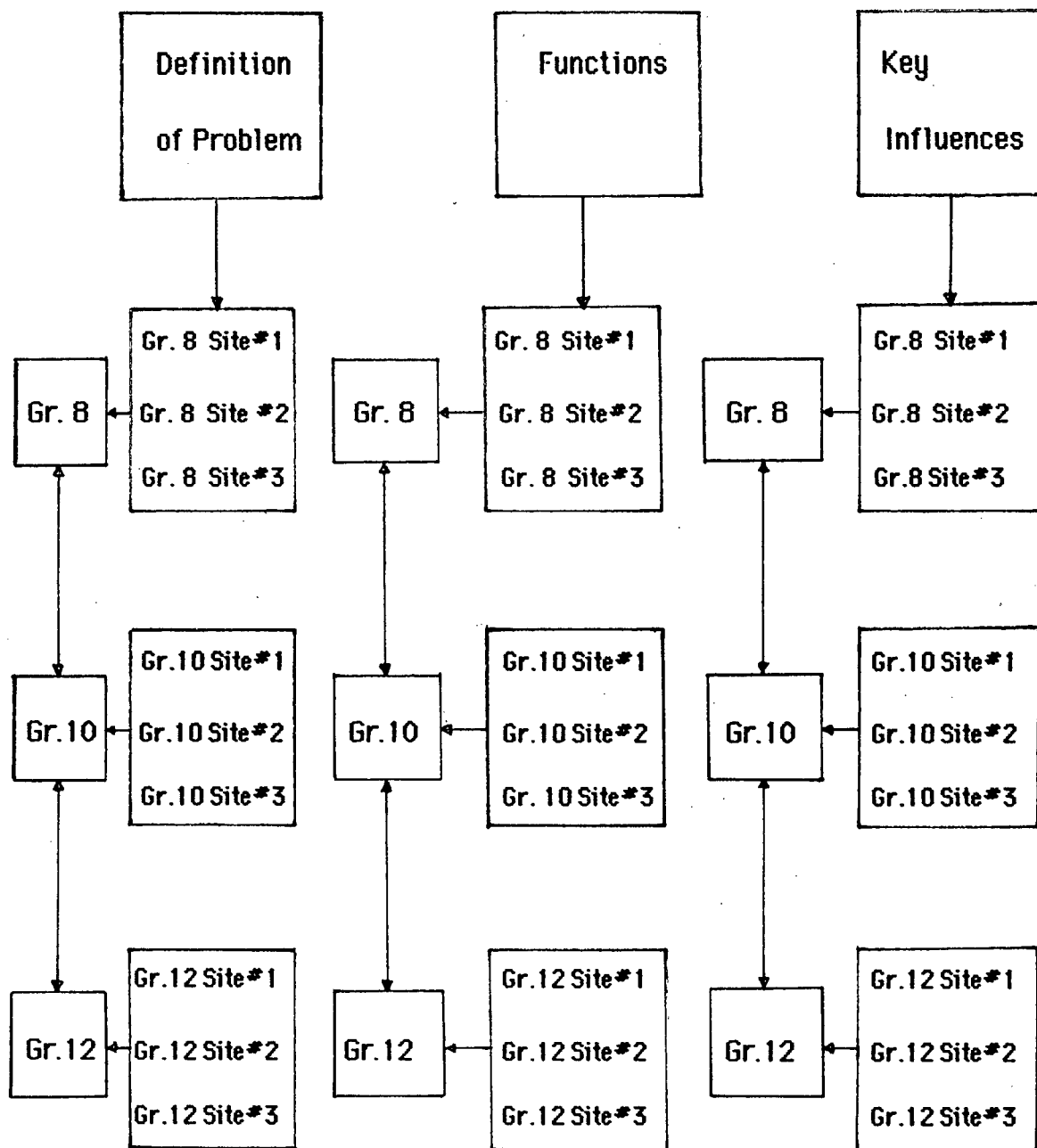
Research Questions	Category (subcategory)
What is the nature of alcohol use?	Definition of Problem (level, type, acceptability,
What is problematic?	control, seriousness, situation , comparison to other drugs)
What are the perceived functions of alcohol use?	Positives (mood elevator, problem resolution, image builder, taste, socializer, inhibition releaser) Negatives (short term effects, long term effects, getting caught, drunkenness [violence, embarrassment, hangovers], drinking and driving)
Who or What are the key influencers?	Parents (siblings, rule setting) Friends (peerpressure, drinking groups, older friends) Availability , Legality, Past experience (personal and significant others), Society, Yourself

the core category context.

Figure 2 illustrates the process nicely. For example, the perceptions of the students around a definition of a problem with drinking including subcategories such as acceptability, seriousness, control and signs, were recorded for each grade at each site. The data were "boiled down" to single phrases or quotations which were transferred to matrices so that patterns and variations could be more easily identified. These paraphrases or quotations were colour coded and counted to see "what was there" and "what goes with what." Those patterns or clusters which appeared most often were considered to be most representative of the grade level and/or total sample's viewpoints. A summary statement of the main perceptual patterns for each grade was then devised. These summarized grade 8, 10 and 12 patterns were analyzed for similarities and variations in thought.

The use of display tables in the formatting of the data was particularly helpful in managing the volume of information gathered as it showed the data analysis in one place and allowed the researcher to scan the data, carry out more detailed analysis, set up data for another more differentiated display and combine data from several sites. The headings or components of the matrix correspond to the codes determined by the coding schedule.

Figure 2

Summary Analysis Flow Chart

The results outlined in the following chapter are based on this analytical process. Findings will be reported in the same order as the research questions were posed in the study.

CHAPTER 5: RESEARCH FINDINGS AND DISCUSSION

Description of Sample

A total of 60 students were interviewed, 32 males and 28 females. Seventeen students were in grade 12, 20 in grade 10 and 23 in grade 8. Just over one half of the students (53%) reported that English was the only language spoken at home. Approximately 17% of the students indicated they were from an Oriental background, 15% of British origin, 13% from an Italian background and 8% from an East Indian background. Twenty percent claimed to be of Canadian origin. The fathers'/guardians' occupations are mainly blue collar jobs (for example, bus driver, mill worker, teamster, machinist and fisherman) and to a lesser extent white collar jobs such as salesman, clerk accountant and bookkeeper. Just under one half of the students (25) expressed no religious affiliation. Of those students that did, the majority were either Protestant (16) or Roman Catholic (14).

Perception of Alcohol as a Problem

The findings presented relate to the students' discussions of what

they perceive as problematic about drinking. The discussion focused on attempting to determine if students saw their drinking as a social problem and what factors they would define as problematic with their drinking. The main findings for each grade are described in Table II.

According to Webster's dictionary a problem is defined as a source of difficulty or trouble. A social problem, then, would be a source or difficulty affecting people. Each of the three age groups reported that they did not consider drinking a problem for their age group. The grade 8 students did not consider it a problem because not many of them drank and if they did, it was never very much. By grade 10 the reasoning has changed focus. It is not because they do not drink but because, in terms of alcoholics, there are few in their ranks and most grade 10 students "don't abuse it." Grade 12's recognized it was a "problem for some, but not most kids." They felt the problem of teenage drinking was an exaggeration by adults and their drinking fell victim to adult stereotyping. That is, if one teenager gets drunk and out of control, they are all portrayed that way.

In their perception, the problem is related to age. The grade 8 teens see it as a problem easily affecting the grade 12's because of alcohol's addictive properties: "they could easily get hooked." The grade 10 students see it as the problem of the "older crowds." The grade 12's see

Table II

Perceptions of Drinking As A Problem

Grade	Definition of Problem
8	<ul style="list-style-type: none"> -not a problem for this age; problems are age related -medium to serious problem relative to other teen problems -one drink is acceptable, with parents, otherwise it's not "O.K." to drink in any situation away from parents -drinking alone is a problem -drinking is controlled by parents
10	<ul style="list-style-type: none"> -drinking is not a problem for this age group; problems are age related -no problem to small problem relative to other identified teen problems -drunkenness acceptable on conditions: no violence or sickness -drinking away from parents is "O.K." -drinking by yourself is problematic -control over drinking: parents, personal and limited peers
12	<ul style="list-style-type: none"> -"small problem for very small percentage of students -small to medium problem relative to other teen problems -drinking in "moderate" amounts; occasional drunkenness approved of but "out of control" drunkenness is not -drinking away from parents preferred and the norm - solo drinking considered problematic - personal and peer control operative

it as a possible problem for any age group but mainly adults. The conception of alcohol as a potential problem with increasing age appears to be related to the progressive nature of the addiction process. During a discussion of alcohol problems recognized in the general population, students overwhelmingly pointed out the physically and psychologically addictive process associated with alcohol, "getting more hooked," "becoming dependent" and drinking more and often ("every day," "every weekend"). Initially teens may not be aware of the effect of alcohol but they keep on drinking (with age). It is a future oriented stance. Drinking may affect them later, but now it does not and they likewise show little concern.

Teenage drinking as compared to the other main concerns identified by this group of teens as teenage problems (school performance; clashes with parents and family members and friends, particularly too much or too little social life and boy/girl relationships) was not considered to be a significantly serious concern overall. This pattern, though, varied by grade. The grade 8 students assessed teen alcohol use as a medium to serious problem. They expressed concern over the addictive aspects of alcohol, the health consequences associated with drinking and the fact that it could "kill you." The grade 10's considered teenage drinking to be no problem to a small problem. Drinking is seen as "no big deal" mainly

because, again, not many abused it, and other problems were seen as the reasons why kids drink, not the drinking causing the problems. The grade 12's assessed teenage drinking compared to their other problems, a small to medium problem. The seriousness of the problem was really dependent on the individual and why he/she was drinking. If the person was drinking "casually," "for the buzz," or "to be happy," no problem would exist. But if the teenager was drinking deliberately to abuse it, a problem would exist. Thus, in terms of their own age group and assessing it in terms of other teenage problems, drinking is not considered problematic. They recognize it could be a problem, but not for them.

Teenage alcohol use was contrasted to other drug use. By most students, alcohol is not seen as a drug. In every respect drug use is considered more harmful. Drugs, in their view, have a power to overwhelm and take control of a person. Alcohol is not credited with such power. For example, one student stated: "Once you start, you can't stop and there is no way out. With alcohol you can stop....you drink to the point of puking and you stop." Drugs are described as "serious," "bad," "more powerful," and cause more physical damage, "you can die from an overdose, drinking isn't that bad." Drug taking results in more trouble with the police. "With booze, they (police) just pour it out." There is a normalcy attached to drinking but not to illicit drugs. Alcohol is

"sophisticated" and socially accepted." Even though alcohol use is illegal for teens under 19, illicit drugs are not legal for any segment of the population. "You think pot is worse, something to stay away from.... alcohol, no big deal....everyone does it." Whereas illicit drug use is definitely perceived as a problem, alcohol is not.

In short, these teens do not perceive drinking as a problem. However, they do recognize that drinking could be problematic under certain conditions.

From a teenager's perspective there are four factors which determine whether teen drinking is considered problematic. The four dimensions identified in the data as the drinking situation, level of drinking, type of drinking and degree of personal control during drinking will be used as a base for defining when and if, the drinking constitutes a problem. While each of these factors were noted in the group discussion, the permutations of each changed by grade giving a slightly different picture of what would constitute a problem for teens. Each of these factors will be elaborated upon in the following section.

Drinking with parents when parents offered the drink on special occasions, such as holidays and weddings, is considered acceptable by most students. The grade 8 groups felt these were the only situations where drinking was permissible. Parents offered the drink and it was

drunk in their sight under their supervision. In addition to these parentally supervised situations the grade 10 groups indicated that it is also permissible to drink at high school/friends' parties where parents were not present. Grade 12's included among suitable drinking situations, drinking socially and casually at informal gatherings of "a bunch of friends" as well as more formally organized teen parties.

In contrast, all groups agree that drinking during school, or when you have to go to school the next morning, is not acceptable. "Coming home drunk", or getting drunk at home also is not acceptable. Similarly, driving after, or while drinking, is inappropriate.

The perceived acceptability of drinking is determined by the level of drinking which occurs. Level mainly refers to the amount consumed on one occasion or situation. Noted differences exist in the opinions expressed by the grade 8 teens as compared to those expressed by the grade 10 and 12's. For the grade 8's, a single drink offered by parents is permissible. The majority of grade 10's felt that casual drinking as well as drunkenness is acceptable. Their stand on drunkenness is modified by conditions. Being drunk is all right as long as you are not doing "wrong things" (for example, fighting and destroying other people's property) and you were not doing it every night. The grade 12 students hold the same general opinion as the grade 10's except the appropriate level of drinking

is reduced. "A few drinks to the point of being relaxed," "moderation," "social drinking," are all terms used to describe the accepted level. Occasional drunkenness is generally condoned. Consuming enough alcohol to get drunk is not considered a problem. However, drunkenness to the point of "throwing up," being "totally out of it," or falling asleep ("hugging the porcelain or hugging the ivory") as well as causing harm to others is considered problematic.

The third dimension, focused on the type of drinker. All groups consider drinking by yourself abnormal and a strong indicator that a problem with drinking exists. Solo drinking simply isn't fun. To them drinking is closely associated with socializing in various ways with friends. If you drank by yourself, it was reasoned you had problems you were trying to hide or get away from. "When you are drinking alone, you are drinking to escape. It's socially, if you're with a bunch of people."

The final and perhaps the most definitive dimension is that of control. In their opinion, control over drinking involves parental, personal and peer control with the importance of each increasing with age. For the grade 8's, parents are seen as the controlling factor in teen drinking. Parents initiate use by offering a drink and supervise the setting where the drinking takes place. They basically determine what is acceptable. The grade 10's appear to be in transition from parental control to personal

and peer control. Through the drinking experiences, "they learn their limit," "know when they are taking too much", and "pushing it too far." In drinking situations away from parents they are learning personal control levels. At this time, friends/peers offer limited help mainly in the form of taking care of their friends if they get too drunk. By grade 12, both personal and peer controls seem to be in effect. The students indicate that your body tells you when you are reaching your limit and you know from past bad drinking experiences how far to go. Peers are aggressive in telling friends "to cool it," "you've had too much." Moreover, those who get "totally wrecked" face the next week of embarrassment with friends "razzing" and "bugging" them about it.

"Out of control" is consistently mentioned as the main yardstick for determining whether drinking is problematic. For both grade 10's and 12's being out of control involves being drunk accompanied by violent and destructive behaviour and/or passing out and/or vomiting. Basically, a compliant drunkenness is acceptable because it doesn't involve harming anyone or anything.

In summary, adolescents do not perceive drinking as a problem for their age group though they do recognize problematic elements associated with drinking. In comparison to other teen problems, teenage drinking is of minimal concern. Alcohol is accorded a more legitimate status than

illicit drugs which are clearly perceived as problematic. Adolescents use the drinking situation, the amount drunk, the type of drinker and how much control over the drinking experience is exercised in defining possible drinking problems. These factors change in meaning as students get older. From a grade 8 student's viewpoint, a drinking problem might include consuming any more than one drink, definitely including drunkenness, by a teen drinking alone and drinking in any situation where parents were not present. For a grade 12 student, a drinking problem would include anyone, drunk, who was violent or sick to their stomach and who drank alone.

Functions of Alcohol

This portion of the chapter will present the main patterns discovered in the focus group interviews regarding the functions of alcohol use. Functions were examined in terms of two basic questions, what do the students think is most attractive about drinking and what do they think is least appealing about drinking. Table III gives the summarized findings for each grade level.

Table III

Perceived Functions of Alcohol Use

Grade	Functions	
	Attractions	Negative Consequences
8	Portrayal of a "cool" image	Long term physical effects ("killing yourself/brain cells")
	A means to "fit in" and be popular	Accidents related to drinking and driving
	Enables one to handle and "forget" problems	Getting caught by parents or by police
10	Creates "good feelings:" you "get a buzz"	Immediate after effects (getting sick, hangover)
	"It's fun"	Cost
	Relaxes a person in social situations	Getting caught by parents or by police
12	Represents "fun" and "good times"	Immediate after and short term physical effects
	Creation of good feelings and releasing of inhibitions	"Out of control" drunken behaviour, your own and others
	Makes you socially more adept	Getting caught by "strict parents"
	Relieves pressures from work, school	

Attractions of drinking.

For most of the students, alcohol facilitates the creation of "good feelings" and "having good times." As such, it serves as a tool for elevating moods and for socializing. Alcohol enables teens to have fun. Fun always involves drinking with other people. Fun is described as "good times," socializing with friends, "meeting new people" and "letting loose." Alcohol gives students good feelings. It gives them "a buzz," makes them "carefree," happy" and "just giggly." As one grade 12 student quipped, "it's a great way to meet women."

Alcohol is particularly valued as a means of releasing inhibitions and thereby allowing students to relax, "open up" and mix socially with their peers. The following typical comments illustrate this function.

"Sometimes people have a hard time personality wise to relax and just be themselves....so they drink to relax. I don't know, I find that lots of times the real themselves comes out. They just let everything down, no guards or anything." Moreover, it helps teens to speak their minds. A grade 10 stated, "You're able to say anything you want... It brings you up and out of yourself."

For students alcohol serves as a way to deal with their problems. The students from all grades recognized drinking as a poor way of trying to

solve problems on a permanent basis but they used it as a temporary release or relief from problems. In essence, it appears to serve a safety valve function for releasing pressures. In speaking of the pressures of school, work and finances, one student succinctly stated what many others said as well, "Where a lot of kids will go into alcohol because they want to get away from reality."

When each age group is compared, differences in viewpoints regarding attractions of alcohol are more pronounced than their commonalities. Noticeably, Grade 8 groups did not mention alcohol's inhibition releasing function. While they identified alcohol use with good times and fun, they did not mention drinking for the "high" or "buzz" identified by the other groups. Moreover, the use of alcohol as a social lubricant, to help students talk easier and meet other young people was not recognized by the grade 8 groups.

Generally, the grade 8 students perceived drinking in the context of managing bad feelings rather than producing good feelings. They particularly emphasized "forgetting problems" as an attraction of drinking. Drinking is seen as a way of handling stressful situations, for example, "when parents don't love you," or "when you are doing poorly in school."

They see drinking as attractive because it helps the teen convey a

"cool" image. To be seen drinking impresses other teenagers. It shows, "they are not immature and childish...that they are grown up." The image setting often involves "bragging" and "showing off" of what most teens consider exaggerations of the drinking escapades. One grade 8 fellow offered this opinion: "I think that if a guy has a girlfriend, he would drink more because he's drinking to show off in front of his girlfriend."

By Grade 12, alcohol's function as an image builder is rejected. Grade 12 students admit that drinking and portrayal of a "cool" image went together in grade 8 but they do not use alcohol for that purpose any longer. One grade 12 student's hindsight view of his drinking experiences illustrates this general change in function well. "The thing I've noticed is that kids go through a stage, when you're 13 it's a real big novelty. When you're 14, 15 it's so cool to get wasted. It's so cool and it's really...it makes me sick, cause I see it every day at school. It just makes me throw up and then when you get to be a little older, you... it wears off and it's not such a big deal where you have to tell everyone, 'oh, look what I did!'"

Moreover, grade 8 teens see drinking as a way to "fit in" and "be popular." Their desire for peer acceptance appears to be fairly strong at this time and pressure to conform is marked. Drinking is seen as a way "to be part of the crowd" because it's an activity which they perceive "everyone who counts is doing." In fact, a majority of grade 8's do not

drink (as the ADP Survey (1987) pointed out). So the perceptions of purposes alcohol serves is most often based on how they assess other teens' use, not necessarily their own. The uses of alcohol as seen by the grade 8 students are based on indirect effects of alcohol use, the act of drinking, such as the "cool" image and popularity, not the actual physical effects of alcohol on mood or personality.

However, by Grade 10 young people view drinking's main function as a creator of good feelings. The mood altering effects of alcohol are sought after and are very attractive. Students are drinking "to get a buzz," "for the high" and "to feel great." They feel "carefree" and "happy." Also alcohol's use as a socializing aid is now recognized.

In the main, alcohol helps to relax teens socially and helps them meet people. It is particularly useful as a socializing tool for shy teenagers and this is seen as a very legitimate reason for drinking. For shy people, drinking "opens them up," makes them more talkative" and "more humorous."

Not only does drinking make the whole social atmosphere more fun to be in, but it makes the individuals themselves more lively and fun to be with. By grade 12 , this socializing aspect of alcohol use gains predominance.

In short, drinking in the upper grades is pursued for its direct effects on moods and sociability. Grade 12 teens no longer consider drinking as a

way of handling difficulties: "the majority of friends that I know of go out drinking and it's never been , I can't handle this, I can't handle that. I've been out drinking with friends and it's, let's go out and have a good time. You would have to drink a lot to forget about what's going on and you don't see people drink that much."

Negative consequences of drinking.

Three perceived aspects of drinking appear to be common to all groups of students interviewed. They have been categorized as short term effects, long term effects and getting caught. The reader is referred to Table III for a grade by grade summarized overview of these findings.

Short term effects of alcohol are clearly identified by the students as the least appealing aspect of drinking. "Vomiting," "getting sick" and various next morning effects, "the hangover," are mentioned. These short term effects are mentioned less often by the grade 8 students and most often by the Grade 12 students. The grade 12 teens went into very graphically descriptive accounts, describing scenes of vomiting and the morning after effects such as "the woolly tongue," "bad taste in your mouth" and "the little ball in the back of your throat."

Long term physical effects are mentioned as drinking detractors. Many

examples are given by the students but most often this factor was pointed out by the grade 8 students. The possibility of killing oneself through driving accidents or being suicidal as a result of drinking is a concern. Specific physical conditions are brought up, again, mainly by the grade 8 teens. Effects of alcohol on the fetus, ulcers associated with drinking, the development of a "bad liver," alcohol poisoning, the destruction of brain cells and the result of that, "going crazy", are identified as negative consequences which they associate with drinking.

Concerns for getting caught also are considered negative aspects of drinking. 'Getting caught' concerns manifest themselves in two ways, getting in trouble with parents and getting in trouble with the police. The drinking itself is not in question as much as the consequences of getting caught doing it. For example, students are apprehensive about types of punishment they would have to bear, like getting grounded or not being allowed to drive the car. In grade 12 getting caught coming home drunk was only of concern for those students who have "strict parents" who would treat the behaviour harshly. There is an indication that many parents have eased their restrictions on kids' drinking by grade 12. Some students had gone through the experience and knew the drunkenness wasn't treated as harshly as they had feared.

Trouble with the police is really a fear of the unknown for the grade 8 students. For the grade 12's, getting caught by the police does not appear to be a worry primarily because they have discovered that the police are lenient and do not enforce the letter of the law. The police will only tell students to pour out their alcohol or at parties where a complaint has been lodged, they will tell teens to keep the volume down on the music. "As long as you don't get rowdy, they leave you alone."

However, in spite of these common perceptions, very marked differences in viewpoints exist between the graded discussion groups. None of the long term negative consequences are mentioned by the grade 12's as least appealing aspects of drinking. With the exception of one grade 10 group, long term effects of alcohol consumption are mentioned only by grade 8 groups. They are particularly concerned about the death inducing factors associated with alcohol. Grade 12's indicated their lack of concern over such possible future consequences. They are of the opinion that it would not happen to them - "not me, baby!" as one grade 12 student quipped.

Grade 10 teens consistently mention the cost factor associated with drinking as being a detractor. Cost is not mentioned by either grade 8 or grade 12 groups. This aspect might be of more concern at this age

because they are wanting to drink more but do not have the financial lucrativeness of their grade 12 counterparts who have there own money source as a result of part time employment.

Grade 12 teens, more so than the grade 8's and grade 10's, are preoccupied with concerns over the short term effects of drinking. While discussion of the short term physical effects centre on the immediate effects of over drinking and the morning after effects, these discussions take place with much laughter, comraderie and a certain 'relish' in the telling of drinking escapades. While they are relaying what they consider to be negative factors about drinking , the telling serves as a positive bonding, relating to commonly shared experiences.

The grade 12 students are particularly aware of the effects of their own drinking behaviour on others and others, on them. This negative factor is not mentioned by any of the grade 8 groups and only one of the grade 10's but it is mentioned by all three grade 12 groups. Their concerns are expressed in the following comments. "(You are) irresponsible. It makes you feel bad. It reflects on you." "When you are at a party and your boyfriend's wasted, he'd all over you and you feel like a dork...in front of all those people, (it's) embarrassing." "Seeing a girl really pissed.... it's really ugly when you see a girl, they're laying on the

couch....sprawling... or their makeup is all run down and they're just mumbling to themselves. No, but it's really gross to see, like they're a lush."

In summary, while alcohol serves a variety of functions, adolescents see it primarily as a mood enhancer, a socializing aid and a means of temporary relief from daily pressures. The least appealing aspect of drinking center around the negative consequences of drinking expressed as immediate physical effects, future possible effects and the results of getting caught engaging in an illegal activity, usually prohibited by parents.

Key Influences

Clearly, there are many factors which teens in this study identified as being influences to/not to drink. These include parents, friends, teen social activities, availability, advertisement, the law, past experiences, the general social milieu and cultural background. It is worth noting that the school and/or teachers are never mentioned as influential factors on drinking behaviour. This is particularly interesting because the discussions took place in a school setting. The picture of influences that

emerges is one of considerable complexity with a multiplicity of factors working in varying combinations, in varying degrees at different times. It is not possible within the scope of this study to analyze each in depth.

Consequently, the findings in this section represent a discussion of some aspects of parental influence and friends which students most often identified as influencers and talked about in the group interviews.

Students are quick to point out that these two factors can influence a teen to engage in drinking behaviour or refrain from it. Influence, then, operates in both directions. Students did not indicate directly that activities they engaged in are an influence on their drinking. However, it is obvious from the discussions that their preferred drinking always took place within the context of activities with friends. Thus those activities are discussed as a key influential factor.

Friends.

Invariably, friend's influence is identified as peer pressure. However, a closer examination of this factor in discussions brought out some important perceptions.

All interview groups implicated peer pressure as a factor influencing

teens to drink. However, in contrast, most of them report they have never personally experienced this pressure. Those that have, assessed it as minimal and happening "only the odd time."

They conclude that peer pressure is overrated by parents and counsellors. The following comments are typical of those expressed by the students. A grade 8 student mockingly commented: "Like, counsellors go, peer pressure, peer pressure. They always mention it." Similarly, a grade 10 student stated: "Everybody, people, talk about, peer pressure....teachers, parents. I've never been put in a position of peer pressure." Moreover, adults blame peer pressure for causing teens to drink when, in reality, the teens are doing it to have a good time. "Most adults use peer pressure and everything. Well, that's why my kids drink, because he's got so many pressures on him and everything. He's not drinking because he wants to drink, he's drinking because of all these pressures. Whereas, the kid is actually drinking... oh, I want to go out with my friends and have a good time."

What constitutes peer pressure changes with age. In grade 8 peer pressure is conceptualized as very forceful, overt efforts by friends to get another friend to drink. Strategies such as name calling ("whimp" and "little baby"); put downs ("what's the matter, can't you handle it") and

threats of friendship withdrawal or exclusion from the group ("if you don't [drink], you might as well not hang around us"), are operative.

Grade 8 students generally agree that, while there isn't a lot of this kind of peer pressure around, they feel it's impact more than grade 12 students would. They state it would not be easy for most of them to refuse a drink in a group of friends. Part of this extra impact, they attribute to their lack of status and place in the new high school setting. For example, "nobody knows you," and "in grade 12 you're higher than everybody else....you know who are your real friends." The grade 12 teens concur, indicating "there's also less pressure now than back in grade 8 and 9. There was a lot more pressure then."

By Grade 10 peer pressure is not perceived as threats or name calling. Overt strategies are witnessed in the "nagging" technique. That is, friends repeatedly offer alcohol to you and coax you to take it despite your initial refusal. The persistence is usually not extensive or extreme.

However, the greatest pressure is felt simply because the teen is not conforming to the behaviour of others in the group. This finds expression in the following manner. Your friends are drinking and you're not. So you feel, in a real sense, "left out of the group's fun." Moreover, the degree of pressure felt is measured by the numbers participating in the activity. It

appears that when everyone else is drinking except the one young person, the pressure to follow suit is marked. In their opinion, even if a few are not visibly drinking, the pressure to conform is greatly reduced and the option of nondrinking is more viable.

As with the grade 10 teens, the grade 12's indicate they generally have not experienced pressure to drink. Pressure, when it is exerted, is not in the form of name calling and threats. More indirect pressure is operative. Peer pressure involves feeling "left out of the action," not ostracism from the group as indicated by the grade 8's. As one grade 12 student stated: "You're bored being sober when everyone else isn't and especially when you've experienced a good time from drinking before."

Moreover, Grade 12 students don't think they feel pressure or have difficulty handling it for three reasons. They consider themselves capable of thinking and acting independently of friends. They "know where they stand on the issue" and their "minds are made up." "Once you've made up your mind, it's not like pressure. It doesn't matter. They can talk, but it's in vain, right."

Secondly, the majority of grade 12 teens do not feel pressure to drink because they want to drink or accept a drink when it is offered by a friend(s). For pressure to operate there has to be some tension between

what you want to do and what others want you to do. If there is no difference of opinion as to what appropriate drinking/nondrinking is, there is no pressure. In a discussion with a fellow student on what constitutes pressure, a student aptly stated: "But, if you want to do it, if you want to take one, you can't say they are pushing you."

Finally, grade 12 students expressed the opinion that friendships are not based on your willingness to drink with peers. There is a growing recognition that "they still like you even if you don't drink."

Pressure not to drink and/or at least drink in moderation is seen as an active force among the grade 12 students. Students comment on the "respect" and "admiration" other students expressed to them when they chose not to drink. Moreover, there is definite pressure exerted at this age to "not go overboard." "Getting totally smashed" is looked down on and not considered "cool" by most grade 12 students.

The teenagers in this study do not consider themselves as mere puppets being manipulated by their friends on the drinking issue. They do not blame peer pressure, as they claim adults do, for their drinking. Quite the opposite. The pressure when it exists is self-inflicted, "like it's pressure from inside yourself, you put on yourself." "Obviously they don't have a strong enough stand on the fact they don't want to do it." The teenagers

maintain that they, themselves, have a primary influence on what happens regarding their drinking behaviour. As was reiterated many times, "It is your own decision. It's not, you're getting forced by anyone else."

Drinking activities.

Drinking activities and friends are closely linked. The preferred and usual drinking context is with friends in a few specific activities. Teens express little enjoyment in drinking with parents. Often when they are offered a drink by their parents they will refuse but then go out later and drink with their friends. The emphasis is not drinking itself, but being with friends and drinking. Those activities which accommodate both are outlined in this section of the chapter.

Overwhelmingly, students report that the primary drinking activity are parties, parties that take place in friend's homes preferably and usually without parents present or with parents out of sight. Teenagers in this study use the word party as a verb (for example, "let's party") to describe the action involved in a party. Alcohol is very much a part of this action. Where alcohol is used as the tool for socializing, parties are the activity where the desired social interaction with peers takes place. Parties

provide a focus for the weekend activity, "something to do," and an actual physical location where teens can meet. According to the students, the purpose of a party is to see friends and be with them "all together." The majority of time is spent meeting people and talking to new and old friends alike. In their judgment the party atmosphere where drinking takes place makes it easier for teens to physically mingle, "sit around, walk around and talk."

By grade 12, students consider it impossible to host a party without having alcohol present, even though the host may not supply it. The alcohol 'supply' for parties is readily available. Teens will usually bring their own alcohol to parties and share it with friends. They purchase it themselves from liquor stores and retail beer and wine outlets by using "fake I.D." or they get an older friend/brother/sister to purchase it. While the grade 12's will concede that it is possible to have fun at a party without drinking, alcohol makes it more attractive. The alcohol acts as a drawing card because it attracts a "larger crowd." The sheer fact of larger numbers of teens being in one place means more excitement and provides the opportunity to meet and make the sought after friends.

Another common drinking activity, "hanging out", occurs at favourite local spots where friends congregate informally. These spots are usually

secluded from public scrutiny and may include parks, beaches , the back of car lots or parking lots. This drinking activity loses its appeal with increasing age and by grade 12 parties are the predominant drinking activity.

In summary, the teenagers consider where you are and what is happening as influential on their drinking behaviour. Consequently, attending parties where drinking is most likely to occur can influence a teenager's drinking behaviour.

Parents.

The students in this study consider parents to be a key influence on their drinking behaviour. Parents set the example for both drinking and non drinking. In speaking of his father's drinking, a grade 12 student commented, "I've never gotten out of control, cause he's set the example." Another female student stated, "Watching your parents drink and how they drink influences you." Also, "It's all in the way your parents perceive it...and all in the way they come across on you, is the way you're going to think about it. Everything they do reflects on you. It goes both ways."

The students contend that if parents drink only with a meal and a

limited amount, the teens will probably drink "in moderation." Parents influence their children to drink for example, by offering it to them at dinner or by drinking with them while watching a sports telecast. Moreover, teens are attracted to the good times and atmosphere associated with adult's drinking. It looks inviting, so they want to drink as well.

Alcoholic parents are perceived as a powerful influence. Students recognize that "some kids just fall right into that (heavy drinking), just start drinking and smoking like their parents." However, in their estimation, parental example works to mainly influence offspring not to drink. In this instance, the influence works two ways. An alcoholic parent will use himself/herself as an example of what not to do. The alcoholic parent points out the problems and harmful consequences of his/her drinking experiences and the difficulty encountered in trying to stop drinking. Implicit is the understanding that the parent(s) have recognized their problem and/or had stopped drinking. When a parent has not stopped drinking, he/she is perceived to act as a negative role model. The teen particularly sees the family disruption and "hurt" caused by the drinking and "is not wanting to turn out like that." As one student clearly illustrated the point: "I despise the way my parents drink. Like, if they

go out with friends... and have a few drinks, like wine or whatever, they'll be fine. But no, they stay at home. They don't go out and they put away a case of beer, two wines and a bottle of vodka. Two of them. And I kind of think that is crazy. So I used to say, they asked me if I drank and I say , No, I don't want to do it. I look at you and I'm sick." I really feel bad about it, they make me feel bad about it."

Students comment that parents do not know what their teens do when they are with their friends, let alone whether they drink or not. A student, in his comments echos a familiar refrain: "I think the biggest problem between what parents think about alcohol and teenagers is the lack of communication between kids and parents. Because I know, I don't talk to my parents and they really don't know what I do."

Parents do not directly ask their teens about their drinking behaviour. A number of explanations are given by the students: because of a certain cultural background, it is not a subject which parents discuss; some parents are afraid to talk about drinking with their teens much like they're afraid to talk about the subject of sex; some parents just don't care what their kids do; a lot of teenagers aren't "close" to their parents and other parents assume their kids don't drink or that the school has given them all the information necessary.

A very few parents invite open discussion of the drinking issue with their children, encouraging their participation and coming to mutually agreed upon standards and consequences if the "rules" are broken. However, many expressed the desire to talk with parents about alcohol and feel it would help them make decisions about the issue.

Moreover, there appear to be three common strategies parents use to communicate their expectations of their children's drinking behaviour. Parents are silent. They do not verbalize expectations or rules regarding drinking. However, most teens in these families feel they know what is expected of them anyway. They find out either through their own experience of coming home after drinking or being intoxicated or by witnessing what happens to an older brother or sister who came home in the same state. This is a reactive strategy rather than a proactive one. Parents deal with the situation only when it arises. The consequences of inappropriate drinking behaviour are known to the teenager only then, not prior to the situation occurring.

The second strategy used resembles an investigation and/or an interrogation as the parent either looks for clues or asks indirect questions about the teen's behaviour. Teenagers interpret this action as parents not trusting them in drinking situations which are not parentally

supervised. The students feel they are under suspicion. Parents convey this message, for example, by accusing their children of drinking simply because the parent has heard from another parent that their child's friends have been seen drinking. Also parents give their teens hints as to what is unacceptable behaviour by holding up some other teen's drinking behaviour as an example. One female student provided an example of her mother's comments: "Oh, did you see that person the other night....how they acted. I can't believe it. It's shocking!" Other parents will give advice indirectly approaching the subject but never directly addressing it. As an example, a grade 10 student stated: "If you're going to a party, they tell you to take it easy. Call home if you get into trouble." Another student said her mother will ask, "Is there anyone there drinking ... when she really means, are you going to drink?"

When the subject is broached by parents, it is most often in the form of a unilaterally imposed imperative, simply, "don't drink." The subject is closed and parents are not willing to discuss it with their sons or daughters. Even when parents do make the effort to discuss it, it is interpreted as a facade and a technique to get the teenager to come to the same decision that parents already had.

Related to the family, teens identified older brothers and sisters as a

main influence on their drinking/nondrinking behaviour. Older friends are grouped in the same category because their influence seems to operate in the same manner. Older siblings/friends influence young siblings by setting an example of not drinking; specifically advising them not to drink because of a past bad experience with alcohol or the younger sibling witnessing what happens to an older brother/sister when he/she gets into trouble, particularly with parents. On the other hand, siblings/older friends may influence younger teens to drink by introducing the young teen to their drinking activities and inviting him/her to take part; by supplying alcohol for the younger person and by "sticking up" or covering up for the younger person if parents interfere.

In summary, parents are perceived as a key influence both to drink and not to drink. Parents through their own drinking behaviour set an example for their children to follow. Alcoholic parents are perceived as a factor influencing teenagers mainly to not drink.

Parents do not communicate with children on the topic of their drinking behaviour. Very clearly, a majority of parents have not discussed the general issue of drinking with their teens and more specifically have not discussed with them family rules about drinking. Such discussion is considered desirable by the students in the study. Instead, parents handle

the issue of their teen's drinking behaviour with silence, investigation, or imposed commands. Moreover, students pointed out the significant influence that older siblings/friends have on their drinking or lack of drinking behaviour by the example they set, supplying the alcohol and/or including the younger students in their activities.

Summary

The final section of this chapter briefly summarizes the major findings of the study as they relate to the three areas of inquiry; problem definition, functions and key influences.

The students in the study do not consider teenage drinking to be a social problem but do recognize that it may be a problem for a few, usually older teens. Adolescents define such problem drinking according to the drinking situation, the amount drunk, the type of drinker and the degree of personal control during drinking. While use of illicit drugs is definitely viewed as problematic, alcohol is accorded a more legitimate, acceptable status.

For most students in the study, alcohol functions as a mood enhancer, acts as a socializing aid with peers and offers temporary relief from daily pressures. The main negative consequences of drinking are identified as immediate physical effects, possible long term physical

effects and the results of getting caught by parents or police while engaging in an illegal activity usually prohibited by parents.

Clearly, both the perceptions and meaning attributed to each of the four common factors used to define problem drinking and the negative consequences and benefits of alcohol use change with increasing age.

Parents, friends and the social activities teenagers participate in, particularly peer parties, are considered key influences on adolescent drinking behaviour. However, unlike adult perceptions of peer influence, peer pressure is not considered by the students to impact strongly on their drinking behaviour. Much more pervasive, is the desire to conform to the larger peer group drinking norms and to take part in the "good times" and "fun" experienced by their drinking friends. Parents through their own drinking practices act as models influencing their children's drinking/nondrinking behaviour. In communicating expectations regarding alcohol use to children, parents usually resort to silence, interrogation or commands while most teens indicated a desire for parents to openly discuss and mutually agree upon acceptable drinking/nondrinking standards.

CHAPTER 6: IMPLICATIONS FOR PREVENTION PROGRAMMING

The final chapter presents the findings of the study in light of the implications they may have for prevention programming. Reference also will be made to those studies presented in the literature review which lend support to the findings in this study. The presentation of programming considerations will follow the same format as the research questions and results were presented in the preceding chapters. The final portion of the study concludes with recommendations for further researching the issue of adolescent perceptions of drinking behaviour and summary remarks.

The findings reveal that these teens do not perceive their drinking to be a problem. This perception is supported by Sobal's study (1985) which suggests that teachers' stereotyped perception of drinking as a major concern for adolescents was not matched by the teenagers' opinions on the drinking issue. However, teens do admit that specific problematic elements can be attached to drinking and can cause them difficulties.

This difference of viewpoint has ramifications for programming. Programs in the past have been developed taking it for granted that teens, like program developers, see teen drinking as a general problem and that it is of concern to teenagers. It appears this assumption does not hold

true, particularly for middle adolescence and beyond. Adjustments may need to be made in the program content to take this fact into consideration.

Initially, the following question has to be answered by programmers. If young people do not see it as a problem and programmers are convinced it is, what is the most appropriate strategy, then, to employ in programming? A necessary component in the program may be fostering a concern for the issue among teens and convincing them of the possible dangers surrounding their use of alcohol and/or encouraging safer drinking habits if it is accepted that the teenage drinking will not 'go away.'

Moreover, the study indicates some of the behaviours which adolescents consider problematic are based on the drinking situation, level of drinking, type of drinker and control over drinking. Knowing the specific behaviours associated with each of these elements provides an indicator as to what drinking behaviours should be prevented - or, at least, common reference points to work from. Basing a definition of the problem on these perceptions will more likely insure what is being said and/or done in the program is not rejected by the teenage audience or considered irrelevant to them. If programmers choose to change adolescent perceptions about alcohol, at least they have a clearer understanding of

what factors need to be considered and mitigated against in dealing with the issue.

Also, changes in drinking behaviour which are considered unacceptable or problematic for different groups should be recognized in programming. For example, programs may assume that drunkenness to a grade 8 group is considered a specific instance of a problem with drinking. If programmers assume the same holds true for grade 12 students and grade 10 students, in particular, the program would most likely be making an erroneous assumption based on the finding in this study.

Many substance abuse prevention programs 'lump' together discussions on the pharmacological nature of drugs, the psychological factors of the person taking the drug and the social conditions in which the person and the drug are found. The same underlying social norms and processes are assumed to operate in the same way for all drug taking behaviour.

However, this study reveals that adolescents do not view drugs and alcohol in the same manner. Based on this finding, programming should not be totally generic, making no distinctions between between alcohol and illicit drugs. There are valid reasons for treating it as a separate topic in prevention programming. Although alcohol and other drugs may have similar physiological effects, the social dynamics operating with teenage alcohol use reflect different definitions of the two classes of

substances. Most youth are surrounded by "respectable" adult models of alcohol use but not illicit drug use. Personal experience with alcohol, much of it in the home with parents, is common in the high school years. This level of socialization and social legitimation is not true for other drugs. Programs which recognize the different nature of alcohol use and pay attention to what functions alcohol plays in the teenager's social life may ultimately prove more effective in preventing abuse.

The findings in this study support the contentions in the literature that drinking alcohol gives teenagers pleasure and an opportunity to escape temporarily from pressures they face (Mayer and Filstead, 1980; Longwoods Research Group, 1982). Functions identified by other literature as important, rebellion, challenge and adult status claims (Jessor and Jessor, 1982), are not considered by this group of teens to be of major significance.

Unlike other studies, it was found that adolescents give considerable credence to their use of alcohol as a socializing aid. With age, adolescents place an increasing emphasis on socializing with friends in the context of activities which involve their alcohol use.

Parties appear to be one of the most popular laboratories within which adolescents can practise social competence. Alcohol plays a valued part in this activity. In the light of these findings, a critical question for

programmers to ask would be, "Is it the drinking that is the attraction, or is the attraction the opportunity to socialize with friends?" If socializing with friends is the key function, it may well be that prevention programs should move outside the realm of school education where they have been entrenched, into the community. In this regard, perhaps more emphasis needs to be placed on environmental strategies, looking at the social milieu in which adolescent drinking takes place. Having priorities placed on activities which provide fun, promote good feelings and the opportunity to be with groups of friends minus alcohol might be an attractive prevention strategy.

The adolescents in this study especially legitimized the use of alcohol to help shy young people "come out of themselves" and "to be more at ease" talking to their friends. They did not appear to see any difficulties with using alcohol for this purpose. However, shy people already have difficulties with interacting socially and more than others need to hone their social competency skills. Alcohol may prolong rather than shorten this learning process. It may even become a substitute for learning these skills. Programmers would do well to help teenagers, particularly in late adolescence, become aware of the process of learning social competence, the risks involved in substituting alcohol and stress the benefits of learning to be socially competent without alcohol.

It seems that outlining the long term effects of drinking may have a potentially deterrent effect on younger teens. As the study shows, the grade 8 students tended to focus on future long term health consequences and the fear of being caught. However, such was not the case with older students. Grade 12 teens seemed more concerned with the immediate short term consequences associated with drinking episodes (for example, vomiting, passing out and hangovers) than whether they might become addicted, or become alcoholic.

Prevention programs providing drug information should reflect this change in emphasis. Programmers first must determine if information about negative consequences has impact, where and with whom. If negative consequences are going to be dealt with in a program, they should concentrate on the long term factors in the earlier grades and short term factors attached to present concerns about the drinking experience in the later grades. For example, alcohol informational components for grade 12 students might focus on the immediate physiological effects on the body that each additional drink creates. It may include a discussion of factors which determine the effect alcohol will have on the body such as sex, body size, tolerance, metabolism and time period of consumption. This would provide an understanding of the body's reactions and defences which the students do not have that

parallels the giddy, sickness and passing out stages of drinking they have come to recognize. Thus program content would be closely tied to both adolescents' concerns about and interests in drinking behaviour.

Peer pressure has been implicated by adults as a key influence on adolescent drinking behaviour. Teens in this study indicate very few have experienced it, some pressure exists but it decreases with age and it generally is not considered important to them. Many prevention programs are based on the first assumption and teach assertiveness skills or refusal skills (that is, students practise techniques for how to say "no" to alcohol and drug use) as a major component of the program. In light of the findings in the study, perhaps attention has been diverted from aspects of friendship that may have greater impact on drinking behaviour. This study indicates, in the students' estimation, that sheer numbers of friends drinking tends to influence their drinking behaviour more than direct verbal pressure from friends. Therefore, it may be more important for programmers to discover and look for other relevant variables related to friendship and peer influence and devise strategies to deal with those issues.

As the students in the study indicated, peer pressure when it does occur, does not have the impact on the grade 12 students that it appears to have on the grade 8 students. By grade 12 students claim to know

themselves and who their real friends are. They are capable of thinking and acting independently. However, students in grade 8 do not feel this level of confidence. They feel the impact of peer pressure more.

Therefore, programs in the lower grades should concentrate efforts (like refusal skills training) at this level as well as devising programs to foster independent thinking and self/group acceptance not based on conformity to other teens' drinking behaviour.

Moreover, positive peer pressure (pressure exerted to moderate /reduce consumption) actively operates in grade 12 as the teens in the study indicate. This appears to be an opportune time for programmers to capitalize and strengthen this teen originated, natural occurring prevention effort.

In conjunction with positive peer pressure functioning in grade 12, the study indicates that older siblings and older friends have a strong influence on younger peers' drinking behaviour. It is possible for programmers to harness these two factors as prevention strategies. Older school mates could be involved in taking on the responsibility for establishing drinking norms in the school. The focus would be actions which they create and support to influence student consumption in a downward direction. Older teens acting as peer teachers (much as peer counsellors operate) would be involved directly in presenting programs to

teens. Thus programming is carried out by peers who see and understand the issues in the same way and speak the same language as their counterparts.

An important factor to consider in programming is the use of alcohol by parents. As both the literature (Glynn, 1981; Kandel, 1987) and the adolescents interviewed in this study indicate, teenagers tend to follow adult models in their drinking behaviour. Thus teenage drinking can be seen as a reflection to some degree of what is being practised by adults. To prevent drinking or reduce the prevalence of drinking among teens, efforts in programming also should focus on reduction in the adult population - no small task. It appears that prevention efforts might well be directed at parents as well as young people.

As it is pointed out in the literature on current student trends in alcohol use and supported by the teenagers in this study, both prevalence and normalcy associated with drinking increases with age. It is important to view these age related changes in drinking behaviour, not as isolated bits of idiosyncratic teen experience, but as integrated into the broader social fabric of growing up in present North American society. This is not meant to minimize the seriousness of the negative consequences of alcohol misuse but rather to direct attention to the relevant variables in the society which mold teenagers' perceptions

about drinking. In so doing, in attempts to untangle the complexity of this network, more effective programs can be implemented for prevention planning.

Teens generally expressed the desire to openly discuss the issue of drinking with their parents, indicating this would help them decide appropriate drinking/nondrinking behaviour. For them, this proved to be the exception rather than the rule. Most communication is nonexistent, interpreted as an investigation or comes in the form of orders dictated by parents with students' opinions given no consideration or recognition as being important in the communication process to determine family rules regarding drinking behaviour. These findings would seem to suggest that prevention programming should be directed at parents as well as teenagers. Programs designed to help parents set family expectations regarding their teen's drinking behaviour and generally how to communicate with each other on the issue may be an important prevention strategy to develop.

Very clearly, the study indicates changing adolescent perceptions of the drinking issue with increasing age. Such changes as to what constitutes problems with drinking, the levels of acceptability, differences in perceived benefits and negative consequences of drinking and differential impact of influences are noted. Programs in the past

erred on the side of treating adolescents as a homogeneous group with static attitudes and opinions on behaviour regarding drinking. The findings in this study suggest that programs should be tailored to the developmental level or age of the target population and prevention strategies should be tailored to the different needs of different age groups.

Moreover, the program effects should be evaluated in terms of such variables as well. For example, did the program vary on different types of young people at different developmental stages at different levels of alcohol use? Such evaluation based on the recognition that there may be many variations within the broad category, adolescence, would greatly aid in determining what programming was working best for whom.

Recommendations for Further Research

Clearly this exploratory study gives only one cross sectional slice of the total adolescent viewpoint as it relates to their use of alcohol. There are many other dimensions which need further elaboration and study to gain a full understanding of the adolescents' perceptions and place it in the larger picture of comprehending the network of factors which make up their actual alcohol behaviour. To further this end, the following

recommendations are made.

The main concepts/factors found in the study's findings need to be examined for their application to a larger representative sample of adolescents. A survey allowing for quantification, at this point, would seem to be a logical next step in the investigation.

It would be particularly useful to study how the level of experience relates to adolescent perceptions of their alcohol use over time. That is, how pre-use/use experiences with alcohol impact on problem definition, functions and influences. In this study it appeared to be a possible underlying factor but because of the nature of the study data collection design, it was not possible to ascertain this information.

The study has not addressed the issue of cultural aspects and its relation to perceptions of teen use. It would be helpful to examine how other cultural influences transplanted into North American society affect adolescent drinking behaviour. It would be useful to specifically investigate potential friction points between more traditional ethnic stances on alcohol and the children's adoption of the North American teenage culture.

Further exploration would uncover the ways in which parents are most influential with their children in regard to drinking. For example, what is the impact of parents' modelling drinking/nondrinking behaviour on their

teenagers? Is it the overall composite of parenting skills or specific individual skills, like setting family rules, that make a difference and what is the process involved?

The whole notion of control could be pursued in more depth. It appears to be a condition used frequently to determine the boundary between acceptable and problematic drinking for adolescents. Being "out of control" is a term parents also use to express what drinking is allowable or not allowable. There is a need to determine whether this condition is an imitation of adultss drinking norms and whether adults and teenagers define "out of contol" in the same way. The possible relationship of the switch of control over drinking from parents in early adolescence to peer and personal control in later adolescence with a teen's striving for independence would provide useful insights into understanding the adolescent viewpoint on drinking.

Teen perceptions of the negative consequences are outlined in the present study. However, it is not clear whether these negative factors influence teenagers not to engage in drinking behaviour. It is one thing to recognize a detracting factor of alcohol use , but it is quite another to assess its weight or relative importance in making a decision whether to drink or not. The answer to this question awaits further research.

The study shows that changes in meaning and functions of alcohol use

occur over time. Further research would help to clarify what other factors change in significance for teens. Also, it would be useful to examine the changes in the weight or value such functions are given through time. This may provide a means of identifying what and when factors are most influential in determining whether adolescents drink or not.

Conclusion

The study has examined the issue of alcohol use from an adolescent perspective. It does not give a comprehensive picture of their viewpoint but it represents a fledgling attempt at developing a descriptive data base on the adolescents' understanding of their own alcohol use. Specifically, the three broad issues of inquiry in the study, problem definition, functions and key influencers were explored and insights garnered. As such, this represents a partial achievement of one stated study goal.

Moreover, the study uncovered useful findings with direct applications for programming by deliberately and systematically changing vantage points. The findings indicate this is a valid approach because of the wealth of information revealed and its relevance to the adolescent target

population. Thus the findings support the importance and value of approaching the alcohol issue from an adolescent's perspective and continuing to do so, as a critical part of the process of developing a conceptual framework from which prevention programs take shape. Programs taking into consideration the adolescent viewpoint may prove to be more effective because they are relevant to the adolescent target population and are related to their needs as they have expressed them.

There is substantial indication that programmers should not simply assume they understand adolescent alcohol use. Some noticeable differences in perceptions between the general population and teens were uncovered in this study, particularly in terms of what is considered a problem with alcohol and the influence of peer pressure in affecting drinking behaviour. For example, middle and late adolescents generally accept drunkenness, they minimize the impact of peer pressure and do not consider their drinking to be a problem. Therefore, programmers would be wise to discover and consider adolescent perceptions by engaging teenagers in the process of inquiry prior to 'diving' into program development. Adolescents, as seen in this study, are willing to participate in the process. They indicated a high degree of appreciation in the group interviews simply because they had been given the opportunity to express their own opinions and have them taken seriously.

It is necessary to place any discussion of alcohol prevention programming in a developmental context as the findings in this study would indicate. Fundamental shifts in perceptions regarding acceptable levels of drinking, benefits and negative consequences and preference for drinking situations occur with increasing age. It would simply make sense, then, that programmers cannot do for the early adolescent teens as they would for the late adolescent teenagers or vice versa and expect to have maximum impact. For example, by grade 12 concentration should not be focused on the teaching of refusal skills to handle overt pressure tactics from a single person, but rather on promoting awareness of the dynamics of group conformity and positive strategies for dealing with it.

Adolescents should not be stereotyped as a homogeneous group who all think and act alike when their alcohol use is considered. Invariably, different factors will work together at different times to form a web of influences determining drinking behaviour. The multiplicity and complexity of the issue became evident during the process of inquiry. Simplistic notions about complex issues will not promote further understanding of the adolescent alcohol issue or lend itself to effective alcohol prevention programs. Prevention programs would do well to anchor concepts, rationale and strategies in a thorough knowledge of the complex reality constructs of the adolescent target population.

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Appendix 1

Focus Group Interview Guide

1. Equipment/Materials

- sticky backed name tags
- pop/cookies
- large sheets of newsprint
- felt pens
- masking tape
- tapes, mike, tape recorder, extension cord
- clip board with interview schedule attached
- Do not disturb sign

2. Introduction

A. Outline details for draw; booklets with tickets and stubs will be filled out at end of the session.

B. Purpose of group

Discussion is to learn more about teenager's views on alcohol use/nonuse.

Results will be used to help develop alcohol prevention programs.

Gives teens an opportunity to express their opinions on the subject and take part in helping to develop programs for them.

C. Ground rules

I will lead the discussion

Discussion will last 1-2 hours

Relax

Express own opinions

Don't be afraid to disagree-there are no right or wrong answers

Respect other's opinions - "no put downs"

You will not be asked to share any information you consider private

Everything you say will be kept in the group

Everyone's ideas count

Rules you want to include?

D. Introduce selves (give a brief personal background as it relates to the project). Possible ICE BREAKER if needed (split in pairs; discover one hobby, interest of the person; each person introduce other to group, stating their interest).

3. Focus Group Interview

A. GENERAL PERCEPTIONS OF TEEN PROBLEMS LEADING INTO THEIR VIEWS OF ALCOHOL AS A POSSIBLE TEEN PROBLEM.

Encourage students to think of and discuss issues which they think are problems for teens today and then move into a more specific discussion of where alcohol "fits" in relation to these problems. Example: What are the problems facing teens today? (Facilitate by using brainstorming technique. Put responses up on newsprint.)

Some people think that teen drinking is a serious problem. What do you think? Would you describe ways it is? Would you describe ways it isn't?

How important is it in relation to the other problems teens face?

Does drinking differ from smoking? How does it? Does it differ from doing other drugs? In what ways?

In your opinion, is it okay to drink? Is it never okay to drink? If it is okay - when? Could you give some examples? If it isn't okay - when? Could you give some examples?

How would you tell if a friend or another teen had a drinking problem developing? What would be some signs or clues?

What would you do if you thought they had a problem?

B. NON FUNCTIONAL /FUNCTIONAL ASPECTS OF TEEN DRINKING

Examine the role alcohol plays in teens' lives and the context in which they see use/nonuse. Example: People usually do things because it serves a purpose or meets a need. Teens may drink because it has some benefit or they may not drink because they don't see any value in it. Make a list as follows on the newsprint. Elicit comments from students and record under appropriate headings.

What is most appealing
about drinking?

What is least attractive about
drinking?

Continue a more in depth discussion of their responses. For example, in what ways do you think teens see drinking as helpful? (Probe issues of

challenge, rebellion, escape mechanism, pleasure seeking, if, and when they come up.)

Is teen drinking harmful/risky or not? In what ways?

Do you think drinking is used by teens to manage bad feelings (e.g. when you are down or mixed up) or create good feelings(e.g. when you are up)?

C. INFLUENCES SHAPING TEEN DRINKING

In most decisions we make there are other people or things who have some influence on what we do.

What/Who do you think influences kids to drink? (Once again use brainstorming techniques, putting up ideas and choosing ones considered most relevant by group to be discussed further.)

Follow the same procedure for the flip side of that question – What/Who do you think influences kids not to drink?

Three influencers, particularly, will be covered in this discussion segment, leisure time activities, peers and parents.

i) Leisure time activities

Examine how teenagers spend their spare time and its relation to alcohol. Example: Think about how you spend your spare time, after school and on weekends. What are the things you do? What kinds of activities do you best like to do with your friends?

What kinds of activities do you think involve teen drinking? (Try to uncover situations and places where the drinking might be most likely to occur.) Could you describe to me a typical scene/situation where teen drinking occurs? What usually happens? (sequence of events).

ii) Peers

Example: Are there certain groups of teens that drink? Are there certain groups of kids that don't drink? If so, how would you describe each group?

Do teens have to drink to belong to a certain crowd? Which ones?

Have you ever felt pressure to drink? From whom? How does the pressure work? (For example, how did they act towards you? How did you feel about their actions?)

What makes it easy to refuse a drink? What makes it tough to refuse a drink?

Do you decide on your own whether to drink or not, or are you pushed by someone/something outside yourself ?

iii) Adults/Parents/Teachers

How do you think adults in general react (view) teen drinking?

Does teen drinking differ from adult drinking? If so, in what ways?

How do parents influence their kid's decision to drink or not?

What is your parent's stand on the issue of teen's drinking?

Does their opinion influence what you decide to do?

Do you tell your parents about your activities? Would you tell your parents if you or your friends had been drinking?

Do parents discuss the use of alcohol with their kids? Are family rules known? (Probe for situations) What might those rules be; could you give me some examples?

Have your ideas about drinking changed over the past years since you have been in high school? In what ways? Ask for examples.

4. Complete questionnaire

Purpose: will give me background information about the group. Gives teens a chance to state what they thought about participating in the group.

Also gives them a final opportunity to express opinions on the topic.

Request students fill out questionnaire. Remind them- they are not required to put names on forms.

Indicate they are to place a check or an x in the box beside the answer of their choice where it is appropriate.

Time- 5 minutes

Complete mountain bike draw forms

5. Closure

Indicate a resource sheet is available if they would like one.

Appendix 2

Questionnaire

1. Your Grade: ☐ Grade 8
 ☐ Grade 10
 ☐ Grade 12
2. Your Age: _____ years
3. Your Sex: ☐ Male
 ☐ Female
4. Your Father's/Guardian's Occupation: _____
5. Do you have a religion? ☐ Yes ☐ No
If yes, what is it?_____
6. Do you speak any language other than English at home?
- ☐ Yes ----- If yes: What is it?

- ☐ No
7. What is your ethnic background?_____
8. If you would like to express your opinion on any topic we talked about in the group, but you did not get a chance to do so, or you felt uncomfortable about sharing it in the group, please state it below.
- _____

9. Please indicate how you felt about participating in the group discussion.
- _____

****THANK YOU****

Appendix 3

Contact Summary Sheet

1. What were the main issues or themes that struck you in this contact?
Number in order.

2. Summarize the information you got (or failed to get) on each of the target questions

QUESTION

INFORMATION

a) Problem

b) Function

c) Influences

3. Anything else striking you as salient, interesting, illuminating or important in this contact?

4. What new questions do you have in considering the next contact with the next site?