

Adolescent drinking, social identity, and parenting for safety: Perspectives from Australian adolescents and parents

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Abstract

We explored young people and parents' views on adolescent drinking and safety in the locations where drinking may occur. Focus groups with adolescents and parents showed that many believed adolescent drinking and drunkenness is normative. Younger adolescents had more negative views of adolescent drinkers than their older peers. Adolescent drinking occurred in private settings and parents made decisions about allowing their adolescent children to attend social events based on the level of safety attributed to the location. If adolescent drinking was likely then home was the preferred location as it provided scope for risk minimisation. Positive portrayals of non-drinking adolescents and information to assist parents' decision-making are needed.

Keywords: alcohol drinking; adolescent behaviour; social identity; parenting

1. Introduction

While drinking alcohol in adolescence is shaped by different factors in familial and social settings (Rolando et al., 2012) research has tended to focus on parental roles and responsibilities along with age of initiation to alcohol and subsequent problematic drinking (e.g., Vellerman, 2009). In this paper, our focus is on how young people and parents view adolescent drinking and their perceptions of safety in the locations where adolescent drinking may occur.

1.1 Adolescent drinking in Australia

Alcohol consumption is declining in Australia, with fewer people drinking on a daily basis and the average age of drinking initiation increasing from 14.4 to 15.7 years from 1998 to 2013 (AIHW 2015). While these trends are encouraging, there is evidence of concerning patterns of consumption among some adolescents. The 2011 national secondary school survey showed that 37% of 17 year olds had consumed alcohol in the past week and 45% of current drinkers aged 16-17 years intended to get drunk most or every time they drank alcohol (White and Bariola 2012).

The national guidelines state that for those aged less than 18 years of age, not drinking is the safest option. Given that children aged less than 15 years are at the greatest risk of harm from drinking, any consumption during this period is considered problematic. Those aged 15-17 years are also at elevated risk of harm and refraining from consumption, or delaying the initiation of drinking for as long as possible, is recommended (NHMRC 2009). Consistent with this perspective, in Australia it is illegal for people aged less than 18 years to purchase alcohol or to have it supplied to them in a licensed venue or public place (Australian Government, Department of Health n.d.). However, unlike the US (National Institute of America on Alcohol and Alcoholism, 2015), it is not illegal for someone under the age of 18 to consume alcohol or for their parent or guardian to provide them with alcohol.

Consequently, given that a substantial proportion of young people in Australia report having consumed alcohol, both the supply of and locations for consumption are likely to involve family or friends and occur in private settings. In 2013, the most common place for alcohol consumption among young people was at private parties (62%), with

their alcohol usually being provided by a friend (45%) or a parent (25%) (AIHW 2015).

1.2 Defining adolescence

The start and endpoints of adolescence are not well defined. The WHO (2015) definition of adolescence is the period “that occurs after childhood and before adulthood, from ages 10 to 19” – with puberty being the key marker of change. Some researchers have referred to a period of ‘middle adolescence’, which is generally around 16 years of age (e.g., Humensky, 2010; Jenks, 2005).

In their integration of evidence to develop a summary of strategies for prevention and harm reduction from adolescent drinking, Toumbourou et al. (2007, p. 1391) defined adolescence as the “period before puberty (around 10 years) to achievement of financial independence in emerging adulthood (around late 20 s)”. This journey toward emerging adulthood is marked by changes in maturation that occur as personal, social, and economic tasks are explored and realised (Marschall-Levesque et al., 2014). For the purpose of this study, we defined ‘adolescents’ as those aged 12 years to 17 years – that is from the commencement of secondary school to the year prior to the legal alcohol purchase age in Australia.

1.3 Social identity and drinking in adolescence

Social identity theory posits that a person's sense of who they are is based in part on their membership or sense of belonging to one or more social groups. This understanding of self both reflects and is shaped by how we categorise ourselves in relation to others, with our social identity emphasising the “uniformity of perception and action among group members” (Stets and Burke, 2000, p. 226) and how we differ from those who are not considered to be part of the group. While our attitudes and behaviours are also shaped by personal goals and desires, situational factors influence the extent to which we align ourselves with actions that are symbolic of our understandings regarding group norms.

From this perspective, young people’s views about drinking in their peer group may be shaped by misunderstandings about the prevalence of alcohol consumption among their peers and the importance of drinking as an indicator both of ‘fitting in’ and of

rebelling against authority. Cross sectional survey research from Western USA with students from sixth to 12 grade found a positive relationship between misunderstandings about the prevalence of peer substance use and the likelihood of personal substance use (Wambeam et al., 2014). A longitudinal network data study with students from 6th to 9th grade in 28 rural communities from two US states found that students with a higher level of popularity were more likely to use substances, particularly as they grew older (Moody et al., 2011). Interestingly, students with different levels of popularity at each measurement point were also likely to have greater substance use, suggestive of consumption related to status-seeking (Moody et al., 2011). Taking this one step further, researchers surveying college students at a southern US university found that those placing higher importance on and commitment to their group were more likely to drink at higher levels (Rinker and Neighbors, 2014). Participants who exhibited a rebellious stance (represented by less deference to authority, defined as honouring the rules and leaders of the university) showed a stronger association between perceived norms and drinking (Rinker and Neighbors, 2014). From a contra perspective, Fry (2011) explored non/infrequent drinkers' sense of identity in reaction to perceptions of drinking as a typical behaviour in young adulthood, showing that an alternative, collective identity was constructed through having a sense of difference and not being connected with “that other world”, while taking a moral stance “where the consequences of behaviour are weighed against personal goals, social justice and respect” (p. 14). In each instance, group norms were significant in shaping young people’s drinking behaviour.

Drinking in adolescence has also been described as part of the passage toward adulthood. Beccaria and Sande (2003) explained that in the modern global youth culture the “use of alcohol for intoxication purposes is the key symbol for ‘free flow’ in the phase of transition from childhood to...making one’s social identity” (p.116). Others have suggested that drinking represents a rite of passage that occurs within leisure time pursuits that involve peers not parents, and where young people are not subject to heavy surveillance and regulation (Northcote 2006). The nexus between high rates of alcohol consumption and youth is reflected in research involving young adults (18-25 years), where excessive drinking was explained as “part of being young, (and where) most looked to a future of responsibility where heavy drinking was less likely to feature” (Demant 2006, p. 775). Similarly, transitions such as entering the

workforce and getting married typically involve adjusting one's pattern of substance use to support its compatibility with the expectations associated with these new roles (Moos 2006). However, for some, substantial harms may be experienced in the short term and problems related to alcohol dependence and abuse that emerge in middle to late adulthood might have their beginning at this stage of life (Babor et al., 2010).

1.4 Parenting and adolescent alcohol consumption

There are substantial discrepancies between parents' views on underage drinking, their self-reported supply of alcohol to adolescents, and adolescents' self-reports of parental provision (Jones, Magee, and Andrews, 2015). Adolescents typically report higher levels of parental provision of alcohol than do parents; and parents experience dissonance due to the conflict between their desire to keep their children safe from physical harm and to protect them from 'social' harm (Donovan and Molina, 2008; Kypri et al., 2005).

The strong moralisation of alcohol and drug use may be involved in these conflicting reports and drivers, particularly "processes of social control and censure" that impact family and friends' consumption behaviours (Room 2005, p. 147). Perhaps parents feel compelled to *portray* their role from the perspective of social control and responsible parenting, which involves not allowing their adolescent children to drink. Concurrently, however, parents may *act* from the view that adolescent drinking is common, that peer acceptance is paramount, and that they have limited control over their children's behaviour outside the family home. Consequently, providing alcohol in the home is perceived as "a way to reduce the impact of out-of-home influences" by modelling or teaching 'responsible' drinking (Jones, 2015, p. 7), driven by the belief that access to alcohol is somewhat inevitable and that parental supply is better than an 'uncontrolled source' (Greenaway, 2010).

The need to interpret parental views on adolescent drinking within understandings of social identity is borne out in a narrative review of longitudinal studies on adolescent drinking. The authors found that research on parental influences on drinking in adolescence does not account for parental behaviours as social phenomena and, therefore, it is difficult to translate the findings into advice for parents (Gilligan et al., 2012). Research in this area needs to account for contextual factors impacting parents'

decision-making about alcohol initiation and supply. Understanding the accuracy of parents' views regarding what other parents believe and how they act would allow an exploration of interventions targeting parent networks; to increase knowledge and inform decision-making about alcohol, adolescents and parenting (Gilligan et al., 2012).

1.5 Social and physical elements of the context for drinking

Aspects of the setting also appear to impact parents' decisions about their adolescent children's drinking. Jayne et al. (2012) emphasised the importance of place in the attribution of qualities of drinking practices; whether settings were considered problematic, sensible, safe or unsafe. In their work, injunctive norms about alcohol consumption at home were related to more general beliefs about alcohol related problems and public safety. These understandings are not simply a product of the physical characteristics of a place but also reflect ideological dimensions about safety and location. Jayne et al. (2012) explained that, "the home and associated geographies of alcohol consumption were thus shown to relate to visions of urban drinking practices and experiences relating to violence and disorder and the role and influence of other adults/children/young people" (p. 198). Another study, on young backpackers, found that drinking was regarded as part of the experience of 'doing place'; of being a tourist and of reinforcing one's identity through performative elements (Jayne et al., 2012). This is also relevant to highly publicised portrayals of violence in public spaces, such as those involving 'king hits' (where "a single blow to the head causes a victim to fall to the ground unconscious" and fatal skull fractures or subdural hematomas may result; (Pilgrim et al., 2014, p. 19). In these encounters, alcohol or illicit drug consumption is often (but not always) involved. The portrayal of these events taps into and contributes to fears about safety in entertainment areas.

Building on these notions about the importance of place and thinking about specific situations where drinking may occur, Northcote (2011) developed a multi-layered model to explain young adults' decision-making about whether to drink heavily in social events. This model includes both stable and dynamic elements. The stable domains are concerned with global elements of the environment (e.g., youth culture, market influence) as well as situational opportunities/constraints, which are elements of the specific event (e.g., venue, crowd, transport). The dynamic factors or

‘situational moderators’ represent variations on aspects of the situation which intervene in decisions about how much to drink, for example, ‘transport options’ and ‘friends’ behaviour’ (see Northcote 2011, p. 2024 for details). In combination, these factors illustrate the physical and social aspects of place that may impact drinking behaviour. These and other factors may also apply to decision-making on the supply of alcohol to adolescents.

The aim of the current study was to explore perceptions of adolescent drinking, adolescent drinkers, and the role of place in adolescents and parents decisions about social activities that may involve alcohol.

2. Method

2.1. Recruitment

Focus groups were undertaken with a sample of adolescents (12–17 years) and parents of adolescents from a regional area in Eastern Australia, from May to September 2013. Potential participants responded to recruitment posters placed in community spaces such as the local high school, youth centre, library, community health centre, shopping centres, doctors surgeries and pharmacies as well as advertisements in the local newspaper, newsletters (e.g., church bulletins, junior sporting team newsletters) and social media posts on Facebook. They were eligible for the study if they lived in the Local Government Area (LGA) under study and met criteria regarding age or parental status. Participants were compensated with retail vouchers to the value of AUD \$50 (adults) and \$30 (adolescents) for their time.

2.2. Data collection

A team of eight trained researchers facilitated the focus groups, which were held in community venues such as the local high school, community centre, library and café (outside normal business hours). Focus groups were the preferred method for obtaining data due to their strength in eliciting rich, in-depth information derived from the interaction and exchange of information that occurs within and between participants, rather than interviewing individuals (e.g., Kitzinger, 1995). Focus groups

are also beneficial as they can be inclusive of participants with low literacy (reading and writing) levels (Crookes and Davies, 2004). We completed 12 focus groups, which involved 51 adolescents (28 male, 23 female) and 27 adults (19 female, 8 male) and ranged in size from 6 to 10 participants. There were 5 groups of 12–14 year olds, 3 groups of 15–17 year olds, and 4 groups of adults. Most adolescent participants knew each other prior to the focus groups as they went to the same school, played sport together, or they were siblings. Adult participants were all parents of adolescents aged from 12–17 years of age who were also known to each other through the local school and through sporting communities. A strength of this approach was the development of a sample that supported fluency and contextual detail in focus groups discussions, as familiar places and scenarios were often raised by participants. A potential weakness, however, could be that the groups, being of like mind, discounted other experiences and points of view. In some cases, participants from the adolescent groups were children of participants in the parent groups-this occurred only where there was an opportunity for different groups to be run concurrently due to the availability of specific facilitators and a suitably equipped venue. It was not an inclusion criterion for participation.

A guide was used to facilitate participants' discussion regarding the prevalence of, and reasons for, drinking in adolescence; the effects of adolescent drinking; and related parenting behaviours. Focus group facilitators used a variety of skills and methods to ensure that all participants were included in the discussion and that dominant personalities did not prevail; participants were further encouraged to contact researchers by phone or email after the group concluded if they had any other thoughts on discussion topics. In addition to discussion guides, the groups involving adolescents included activities to stimulate discussion. The younger adolescent groups (12–14 year olds) were given picture and photo sorting activities and the older adolescent groups (15– 17 year olds) used adjectival word sorting activities. These activities focused on sorting descriptions and impressions of adolescent 'drinkers' and 'non-drinkers' and of parents who 'do' and 'do not' provide alcohol to their teenage children-and why the adolescents grouped them as such.

To provide an environment where participants would feel comfortable sharing and relating information, focus group facilitators were 'matched' as much as possible with

an appropriate target group. Adolescent groups for example, were facilitated by younger research assistants, aged between 21–23 years, who used similar conversational language and appeared to subscribe to the same clothing and music fashion. Adult groups were facilitated by older researchers, typically aged 35 years or more, who were parents. The focus groups ran for approximately one hour. They were audio recorded and transcribed. The university's Human Research Ethics Committee approved this study.

2.3. Analysis

A conceptual framework was developed based on the research questions and emergent themes, which commenced with literal coding and resulted in case based matrices (Miles and Huberman, 1994) that were developed using a constructivist grounded theory approach (Charmaz, 2007). This involved taking a reflexive stance while comparing and synthesising data, to consider influences from the empirical realities of the study and those arising from our own assumptions and experiences (Charmaz, 2005; Charmaz, 2007). Conceptual categories were developed to produce a meaningful reconstruction of participants' stories (Mills et al., 2006) and ultimately allow theorising on the “connections between local worlds and larger social structures” (Charmaz, 2006, p. 133).

Initially, the data were coded in vivo (e.g., using terms like ‘social’, ‘shy’, ‘to get drunk’) and the codes were grouped according to major topics for the focus groups (e.g., ‘why teenagers drink’). During this process, individual codes were collapsed and linked using an iterative approach that included the development of hierarchical coding structures (e.g., why do teenagers drink/norm, fun, confidence) and merging of codes with shared/overlapping meaning (e.g., in private and off site). Next, the coding structures were organised into three main areas: adolescent drinking, constructed identities, and the importance of place. The third phase of analysis involved developing a matrix for each of these three areas, where the X axis represented each hierarchical coding structure (e.g., the first row in the matrix on constructed identities was labelled ‘teen drinker’ and included subsidiary codes for this structure) and the focus groups were represented in the Y axis (younger adolescent, older adolescent, parent of adolescent). Illustrative quotes were entered into the matrix cells and labelled. Following this, text descriptions were developed from the matrices-referring

back to the conceptual framework and text if needed.

The first author led the analytical approach and came to this exercise with no prior experience of the research area and without being involved in project design or data collection. This was because the research team sought a fresh perspective and wanted to include scope for grounded theory analysis that was not impacted by preconceptions developed during study design and implementation. The remaining authors, who had designed the study and been involved in data collection critiqued the accuracy of the text descriptions and the rationale behind the conceptual framework. The first author subsequently reviewed the framework and updated the matrices and the description of study findings where gaps had been identified and further clarity was sought.

2.4. Setting

The setting for the study was an LGA that is 120 km from the state's capital city. It is a picturesque seaside destination popular for its surf beaches, caravan parks, markets and seasonal whale watching and also boasts rich farming land and rainforest areas. The LGA includes a town with a population of approximately 20,000 and a Socio Economic Index for Area value of 1055. The weekly median household income is \$1099 AUD. Couples with children make up 32% of the population and the proportion of 12– 17 year olds is 8.4%. The municipality has one publically funded high school and its own weekly newspaper.

3. Results

Themes are described where they represent at least five references (phrases/sentences/paragraphs) from at least two focus groups in the analytic framework. Illustrative (verbatim) quotes have been labelled to show the focus group type and number (e.g., YA2=younger adolescents, group 2; OA1=older adolescents, group 1; PA3=parents of adolescents, group 3). Location names have been omitted and pseudonyms have been used for venue names.

3.1. Sample characteristics

Our sample represents a predominantly white, Anglo Saxon, educated and middle-

class segment of the community. Almost all adolescent participants (94.3%) were born in Australia; one participant was born in New Zealand and another in South Africa. Similarly, most of the parents were born in Australia (71%) and the majority were tertiary educated (26%). The parents were generally in paid employment (mothers 66%, fathers 86%).

The median household income ranged from \$400–599 to \$2500–3499 (AUD) per week before tax. The greatest proportion of respondents reported a household income of \$1500–2499 (44.4%) and the reported median household income per week before tax was also \$1500–2499. This is slightly higher than the Australian median household income of \$1234 and the median household income of the township itself (\$1099).

3.2 Perspectives on drinking in adolescence

3.2.1 Reasons for drinking in adolescence

The most commonly identified reasons for drinking in adolescence involved social norms, having fun, boosting confidence, and aiming to get drunk. Fewer groups identified wanting to relax or to cope with feelings of depression and unhappiness as reasons for adolescent drinking.

Adolescents and parents explained that drinking in adolescence is about fitting in with social norms. Younger adolescents explained that “teenagers just drink to try and fit in with their friends” (YA1) and older adolescents noted that “it’s what everyone else is doing and it’s part of the culture” (OA1). Parent groups agreed with this perspective, stating that adolescents drink “because their friends are doing it” (PA1) and it’s because of “status, fitting in, and peer pressure” (PA1) as well as the desire for “belonging” (PA2) and “acceptance” (PA2).

Closely linked to this was the explanation that young people drink to have fun. According to participants in the adolescent groups, drinking is about “having fun with your friends” (OA3) and to “have a good time” (YA5). Similarly, one parent group explained that, “16 is like the age where alcohol is actually part of the party” (PA3).

Some adolescent groups identified a relationship between young people feeling depressed and drinking. For example, younger participants explained that “some of them might be a little bit angry and depressed; the drink might take that away” (YA1), and older adolescents said “if they’re sad or not feeling good about themselves they’ll be drinking” (OA1) and that “in times of depression when you’re not very happy so you drink – it makes you better” (OA2). One parent group concurred, explaining that “some might drink because they’re really unhappy” (PA1).

3.2.2 Drinking in adolescence is about getting drunk

Both adolescents and parents felt that adolescents drink a lot. Adolescent participants commented that young people “want to try to see what it’s like to get drunk” (YA3), that “most teenagers drink to get drunk” (OA1), and that they “just go out to get plastered” (PA2). The difference between drinking in adolescence and adulthood is that “teenagers drink to get drunk where adults just drink, just have a few” (OA2) and “parents don’t do it to get drunk where teenagers do” (YA4). Parents also felt that getting drunk in adolescence was “a bit of a rite of passage” (PA4) and that “binge drinking has become more of a thing” (PA4). Some parents recalled substantial rates of consumption in their adolescence that involved, “getting drunk for me” (PA4) and “drinking regularly at 16” (PA1).

3.2.3 Negative consequences from drinking in adolescence

The negative effects of drinking in adolescence centred on health concerns and risk taking, with some adolescent groups also identifying legal issues as a concern.

Negative effects on one’s physical health from drinking in adolescence were explained in terms of harms to the brain and body. For example, this might involve adverse effects on “growth and development” (OA1), as “kids have smaller bodies than adults so they can’t really take it” (YA3).

Participants from adolescent and parent groups had similar views about risky behaviour and drinking in adolescence. They felt that when teenagers drink “they can do really stupid things” (YA3), “you sort of don’t know when to stop [and then] something bad sometimes happens” (YA1). This may involve “bad decisions” (OA2), feeling “confident in situations that weren’t right, like drink driving” (OA1), and that

“you’re invincible” (PA4). Particular issues include becoming “aggressive [and] annoying” (YA1), getting involved in “fights” and having “sex with someone that you wouldn’t” (OA2).

3.3 Constructed identities: adolescent drinkers and non-drinkers

We explored two adolescent identities using participant data: the drinker and the non-drinker. There was also some discussion on adolescents ‘in transition’ to 18 years of age (the legal age to purchase alcohol in Australia) that focused on whether drinking occurred and parents’ views on their older adolescents’ drinking.

Younger adolescents had a negative view of teenagers who drink, describing them as “gossiping” (YA1), and “not happy...not smart” (YA3). In contrast, older adolescents generally described teenager drinkers in positive terms, noting that there are “lots of friendly people when you drink...you can be cute...sensitive...gentle...bad asses, daring, cool, and trouble seekers” (OA1). Some older adolescents explained that this is an oversimplification and that teenagers who have been drinking may become “loud and annoying” (OA1) and get into “fights” (OA4).

Younger adolescents thought adolescent non-drinkers would have many positive attributes, projecting health, leadership, and success. Accordingly, they described adolescent non-drinkers as “happy”, “successful”, “very sporty” (YA1), “role model students”, and “doing something with their lives” (YA2). Older adolescents felt that teenagers who don’t drink would be smart and socially awkward. They explained that, “people that are smarter... they think it’s [alcohol] going to affect their brain and they won’t be smart” (OA1)

Adolescent and parent groups regarded drinking by teenagers in transition (17 years of age) as causing minimal concern. Younger adolescents explained that it is, “not as different because there are young adults and older teenagers” (i.e., there is a limited age difference; YA1) and some commented that drinking “becomes more normal – as you get older” (YA2). Older adolescents noted that their parents have fewer concerns about 17 year olds drinking. For example, “when I’m 17 my parents won’t care at all but 16 they’re still ‘ohhh’ [contemplative]” (A1) and “most parents in my year I don’t think care too much anymore just because we’re nearly all 18” (OA2). Some participants in the parent focus groups felt that drinking as a 17 or 18 year old is

almost inevitable. One parent group commented, “the reality is they are actually doing it” (PA3). Another parent group felt that, “I don’t know if I have a real moral dilemma around [drinking as an 18 year old] but I have a moral dilemma around 16 year olds just going and getting smashed and it not being their decision [cos of peer pressure]” (PA4).

3.4 The importance of place

3.4.1. The social context for adolescent drinking

Drinking in adolescence typically occurs in social settings and private parties are often involved. Adolescent participants explained that, “teenagers are usually at parties” (YA1), and “the kids would drink if they were going to a party” (OA2), and parents noted that “when they first have a drink they’re outside of the home” (PA4) and that “a lot of young people arrive [at a party] already having consumed a lot of alcohol” (PA3). These parties occur in private places, with friends. Older adolescents explained that “it’s not in a pub or club. So you’re not being watched...by authority figures and stuff”. Parent groups explained that public spaces may be involved, for example if you “walk past the park on Friday night...the local hang for young kids” (PA1) and “a lot of parties happen off site, down at the beach, or the park”. (PA3).

3.4.2 Unsafe locations and events

Participants from adolescent and parent groups identified physical locations and social events that were deemed to be unsafe. This included venues such as “Beckett's and the Commercial” (pubs in the main town; OA1), “the town hall in (a smaller town in the LGA)” (YA1), and “one club in (nearby regional city) [that] has an under 16 area and they’re allowed one drink of alcohol” (YA1). Some towns and cities were identified as having inherent risk, such as in the regional city, where “there’s a huge difference between what they do down here and where I teach in (city)...a lot more drinking up there” (PA3), “(suburb of regional city)...and (nearest capital city)” (OA1) or “a party at (lower SES suburb of regional city)” where you “don’t know anyone, it’s just an open house” (OA1). Specific events identified by participant groups were the “huge party at (xxx) reserve” that involved “300 kids down there-unsupervised” (PA4) and “the (outlying suburb) party” that involved “some guy from (suburb of regional city)” who decided to start a fight (OA1) and “stupid places...like

(outlying suburb)” (OA2).

3.4.3 *Permission to attend social events*

There was considerable discussion on how parents made the decisions about whether to give permission for their adolescent children attend social events. The factors considered include the location, venue, and social group involved, whether supervision is provided at private parties, and an underlying perception among parents that drinking in the family home is safer than elsewhere. Transport options were also a consideration. For example, older adolescents felt that getting permission depends on, “who you’re with, where you’re going and how you’re getting home” (OA1). Parents spoke about the importance of “knowing where they are and being safe really” (PA4) and that “they’d rather their children drink at their place and have their friends come and do it...they think it’s better they’re drinking under their roof rather than going out, getting it illegally” (PA4). Having parents at parties in other locations was often described as essential, with parents explaining, “that’s a big thing with my 17 year old – if there’s no parent there, you’re not going. That’s it” (PA2), and “I just say [child’s name], you’re not going to the party if I don’t know there’s a parent [there]” (PA2). There was also discussion among parents about having trust in their (older adolescent) children not to drink at events such as “schoolies” and “18ths”, although they “will involve grog” (PA1, PA4).

The practicalities of travel were also raised, with one parent explaining that they were always available to “come and get him and the three or four mates that were waiting for me to drop them home as well”. A parent from another group noted that, “of course some that drive to the party have to drive back and so they’re not [drinking]”.

4. Discussion

4.1. Adolescence, alcohol consumption and social identity

Our findings illustrate the importance of social norms in young people and parents' understandings about the prevalence and rates of alcohol consumption in adolescence and the reasons for, and risks of, drinking during this phase of life. Consistent with previous research (Pedersen et al., 2013), the older adolescent groups perceived high levels of peer drinking where the aim was “to get plastered”. The perception that the

majority of teenagers drink, and drink at high levels, is at odds with national trends regarding the proportion of Australians that drink in adolescence (Australian Institute of Health and Welfare, 2015), but consistent with evidence on the high rates of drinking among teenagers that do consume alcohol (White and Bariola, 2012; Livingston, 2008). If we consider these understandings in terms of social norms, it appears that participants over-estimated the proportion of young people that do drink but had a more accurate view regarding rates of consumption among those that do drink. In terms of social identity, the combination of these beliefs may infer that teenagers are expected to consume alcohol and to do so at unsafe levels. As shown by others, the misperception that peers use substances is likely to result in higher levels of use among adolescents (Wambeam et al., 2014) and uncertainty about one's popularity also prompts higher rates of consumption (Moody et al., 2011). Young adult tourists also regard drinking as part of experiential activities that signify 'doing place' (Jayne et al., 2012).

In our work, both adolescents and parents regarded drinking as emblematic of one's 'rebel status' and the transition to adulthood as a 'rite of passage' (see also Beccaria and Sande, 2003; Northcote, 2006). Related research has shown a strong link between what parents and adolescents think about drinking, with stronger drinking motives in parents being associated with stronger drinking motives in adolescents, and with more alcohol use and related problems (Mares et al., 2013). Put simply, where adolescents perceive their parents and siblings approve of drinking to get drunk, they are more likely to drink (Jones et al., 2015). It is likely that addressing misperceptions and norms among parents and adolescents would promote a delay in the onset of drinking and possibly extend to the moderation of beliefs about and levels of consumption in adolescence and adulthood.

Participants in our study had a good awareness of the shortterm harms from drinking in adolescence, from "doing stupid things" to getting involved in fights. Longer-term harms they identified were about the potential for negative effects on physical growth and development, however there was no mention of risk for developing alcohol dependence.

4.2. Less concern about drinking in late adolescence

We found a general relaxation of concerns when adolescents approached the legal age to purchase alcohol, perhaps because of the proximity between being 17 or 18 years of age (as younger adolescents explained) and possibly because parents felt they had limited scope to moderate their teenagers' behaviour given the mixed age groups at social events-and the likelihood of alcohol being supplied by friends (Australian Institute of Health and Welfare, 2015). It would appear that young people need capacity to make decisions about alcohol consumption with the understanding that social norms do not comprise a single reality. At present, it seems that deciding to not drink is associated with a stance as someone who opposes perceived norms (Fry, 2011). Our work suggests that developing a common and positive understanding of the non-drinker as a social identity would be useful. This could do with some promotion given the negative views expressed by older adolescents in our work together with the symbolic importance of drinking for popularity and fitting in (e.g., Moody et al., 2011; Wambeam et al., 2014).

4.3. Settings and decisions

The direct influence that parents have on adolescent drinking, through permissions, supply, and rules, is impacted by their perceptions of place. Parents made decisions about providing permission for their adolescent children to attend social events based on the level of safety they attributed to the settings involved, including home, known or 'safer' places, and unknown or 'unsafe' places. A commonly held view among parents was that if adolescent drinking was likely to occur then home was the preferred location as it provided scope for parental supervision and intervention to minimise potential risks. Known places that were regarded as reasonably safe included friends' houses, local venues, and those involving 'nice' families and suburbs. Unknown or unsafe places included sites with a bad reputation and those where the crowd may be unfamiliar, along with events and public areas that are not subject to surveillance. This finding reflects a view that the harms from drinking alcohol in adolescence are associated with external factors that determine levels of risk. As shown in previous work (Jayne et al., 2012), parents appear to have an ideologically based view about safe and unsafe settings that is linked to the possible presence and influence of unknown actors. They appear concerned about the

behaviour of others and the potential for their adolescent children to be caught up in risky situations without a parent on hand to intervene. By allowing alcohol consumption in the home, parents may see themselves as reducing the potential risks from harmful levels of consumption in settings perceived to be unsafe, thereby providing what they consider is a responsible risk reduction strategy (Jones, 2015). However, this approach operates from an understanding that alcohol consumption is inevitable, although rates of consumption in adolescence are reducing (Australian Institute of Health and Welfare, 2015). Further, it may reflect insufficient awareness of the elevated risk of harms from drinking in adolescence and the associated benefits from delaying the onset of alcohol initiation (National Health and Medical Research Council, 2009).

Children negotiate their spatial ranges, working within structural limitations while asserting some level of agency in the negotiation of possibilities. Nansen et al. (2015) showed that while adult controlled events involve supervision/monitoring, child controlled events involve different levels of adult involvement. Friends are important for everyday mobility; for reassurance and safety, for example as protection against a stranger or for information. “Parents aim to support the development of their children's independence and moderate their own concerns in relation to the developmental capacities and negotiations of their children” (Nansen et al., 2015, p. 476). Children are very active in negotiating these permissions, within the constraints of the situation including cultural expectations, economic drivers, and finding a balance between family and individual needs (Punch, 2012).

In a variation on Northcote's (2011) thesis regarding the stable, or global elements of the environment, the situational factors, and the ‘moderators’ that impact young adults' decisions about heavy drinking, our work may be considered as identifying situational factors that pertain to aspects of specific events such as physical location and social context, and moderators regarding parents' perceptions about place and safety. From this orientation, campaigns seeking to minimise the harms from drinking in adolescence could support parents to make informed decisions about the risks associated with social events, while encouraging and supporting young people to make good decisions. Having a heterogeneous set of behavioural options despite characteristics of a place or event will enhance young people's agency regarding

decisions on alcohol consumption as well, rather than feeling pressure to conform to a single view on what it means to be young with reference to alcohol consumption.

4.4 Limitations and future directions

This study has a number of limitations. We used a convenience sample and may not have engaged community members representing all perspectives on adolescent drinking. Participants were generally Australian born and from a middle socioeconomic (SES) background, while the views of those from diverse cultural and SES backgrounds may be different. There may also be variation in perspectives by location, for example, inner city, urban fringe, rural and remote. It was interesting to speak with both parents and adolescents, (particularly younger and older children) and we suggest this approach would be useful in related research.

Our work has highlighted a number of areas that warrant further investigation. It would be useful to understand what determines the shift in perception regarding adolescent drinkers/non-drinkers from younger to older adolescents. Strategies to maintain adolescents' perceptions of non-drinkers as confident, popular and well-balanced individuals and to further promote positive images of non-drinkers should be explored.

The finding that parents believe drinking in late adolescent is common and involves substantial levels of consumption needs to be challenged. Parents referenced their own adolescence when talking about parenting practices, and often recalled this fondly as a 'rite of passage'. Their emphasis on (a limited aspect of) safety and the need to control or curtail their teenager's attendance at 'risky' social events suggests they need information on, and support regarding, effective strategies for communicating with their adolescents about the risks associated with alcohol consumption (Gilligan et al. 2012) along with information to dispel myths about the inevitability of drinking in adolescence.

From current work, we are in a better position to understand and respond to misperceptions about alcohol use in adolescence and understandings of safety associated with known and unknown settings. However our findings must be interpreted with caution and replication studies would assist in testing the veracity of the findings and whether they apply to communities in other geographical locations.

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