

Young Australians Alcohol Reporting System (YAARS)

Report 2016/17

**- Australian Capital Territory
main findings**

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1. Introduction

The Young Australians' Alcohol Reporting System (YAARS) is a research project that aims to provide insight into the risky drinking patterns of young Australians. Young high-risk drinkers are overrepresented in alcohol-related harms, but underrepresented in general population health surveys.

The research has two main purposes: firstly, to investigate event-specific alcohol consumption among young high-risk drinkers; secondly, to investigate trends in alcohol use among young people over time, and thus to detect developing patterns of problematic alcohol use and associated harms. This information on patterns of use and related problems will be used to inform policy, prevention and treatment initiatives [1]. In 2016 and 2017, YAARS was conducted in all eight capital cities of Australia. It combined information from existing data sources with surveys targeting young people aged 14-19 who regularly engaged in risky drinking.

This report describes the methods and key findings from the Australian Capital Territory component of YAARS. More information about the study methods can be found in the national YAARS report. A four-page site bulletin summarising the main findings also accompanies this report.

2. ACT site background

Population

The Australian Capital Territory (ACT) comprises the Australian capital city of Canberra and adjacent areas. The ACT has the smallest geographical area of the eight main Australian jurisdictions [2]. In 2016 the population was estimated at 398,349 in 2016 [3] with 27,483 (6.9%) aged 14-19 [4]. Aboriginal and Torres Strait Islander peoples make up around 1.7% of the population [5].

Education

In 2016, approximately 7.6% of ACT residents were attending a secondary school: 4.2% government schools; 2.1% non-government independent schools; and 1.3% non-government Catholic schools [6]. Around 2–3% of the population aged under 25 were enrolled in a vocational education course at Canberra Institute of Technology (equivalent to TAFE) [7]. The proportion of ACT-resident university/tertiary education students is difficult to estimate, but total the total number of university enrolments in the ACT expressed as a proportion of the ACT population is approximately 10%.

All young people in the ACT are required to participate in full-time education until they complete a year 10 program of study (at approximately 16 years of age). They are then required to participate in full-time education, training, or employment until they complete year 12 (or equivalent), or reach age 17, whichever occurs first [8].

General population youth alcohol and other drug use in 2016

The National Drug Strategy Household survey (NDSHS) is a key report on alcohol, tobacco and other drug use in the Australian community. The 2016 NDSHS indicates that most (55.7%) 14-19 year old Australians did not drink alcohol in the past 12 months [9].

However, about one in five (18.0%) of 14-19 year olds drank more than four standard drinks at least once a month [9]. The National Health and Medical Research Council describes the consumption of

more than four standard drinks as putting adults at risk of single occasion injury [10]. This risky consumption increases with age during the teenage years: in 2016 single occasion risky drinking was estimated to occur in less than 1% of 12-15 year olds, 14.6% of 16-17 year olds and 36.9% of 18-19 year olds [9]. Drinking at even higher levels (11+ standard drinks) at least once a month was estimated at 5.9% of all 14-19 year olds: 4.6% of 16-17 year olds and 12.7% of 18-19 year olds [9].

Alcohol is the most commonly used drug by 14–19 year olds in Australia — 44.2% in the last year [9]. In contrast 15.9% of 14–19 year olds reported use of an illicit drug in the past 12 months in 2016 [9]. The most common illicit drug used by 14–19 year olds was cannabis (12.2%), followed by pharmaceuticals used for non-medical purposes (3.7%), and ecstasy (3.2%) [9].

Alcohol and other drug use in the ACT

Findings from the National Drug Strategy Household Survey 2016 (NDSHS) are released in a two-stage process, and only national findings (stage 1) were available at the time of writing. Therefore the ACT-specific information reported in this section is derived from NDSHS 2013, the previous most recent detailed findings report (stage 2) available [11].

The NDSHS 2013 reported that 83.6% of ACT residents aged 14 or older had used alcohol in the past year (78.3% nationally), with 43.5% drinking on a weekly basis (37.3% nationally). Of those that drank in the past year in the ACT, 29.2% consumed alcohol at levels which put them at risk of single occasion injury (4 or more standard drinks on a single occasion) at least monthly (26.4% nationally) [11].

Almost one in seven (15.3%) ACT residents aged 14 and older had used an illicit drug in the past year (15.0% nationally). Illicit use of drugs in the last 12 months in the ACT was generally similar to national state and territory averages although self-reported cocaine and ecstasy use was higher and illicit use of pharmaceuticals lower [11].

The territory level findings from NDSHS 2013 do not include information specifically on the 14-19 year old age group. However, the 2014 Australian School Student Alcohol and Drug (ASSAD) Survey does provide ACT-level information.

Of the 1,675 12-17 year old secondary school students surveyed in the ACT for ASSAD 2014, 11.9% drank in the past week (14.7% nationally), and 4.8% drank at risky quantities (5+ drinks on a single occasion) (5.0% nationally) [12]. Older secondary school students in the ACT were more likely to consume risky quantities, 11.8% of 16-17 year olds compared to 1.4% of 12-15 year olds [12]. Older students were also more likely to report drinking to get drunk most times or every time, 26.6% of 16-17 year olds compared to 6.3% of 12-15 year olds. Males aged 12-17 were more likely to drink at risky single occasion levels in the previous week (6.9%) than females (2.8%) [12].

Youth alcohol and other drug use trends across Australia

While in recent years most Australian teenagers choose not to drink at all, it seems that those who are continuing to drink, may be drinking in higher quantities [11] [13] [14].

As shown in figure 1, half of Australian high school students aged 16–17 drank in the past 7 days in 1984, whereas less than a third had done so in 2014 [13]. In contrast, there has been a slight overall increase the proportion of current drinkers consuming at risky levels (5+ standard drinks) over time. This latter group may be drinking in higher quantities and contributing to some of the recently elevated rates of alcohol related harm in certain Australian jurisdictions [15]. The YAARS project aims to investigate this group of young risky drinkers who are overrepresented in the experience of alcohol-related harms and underrepresented the current general population surveys [1].

Figure 1. Australian teenage drinking trends 1984 to 2014.

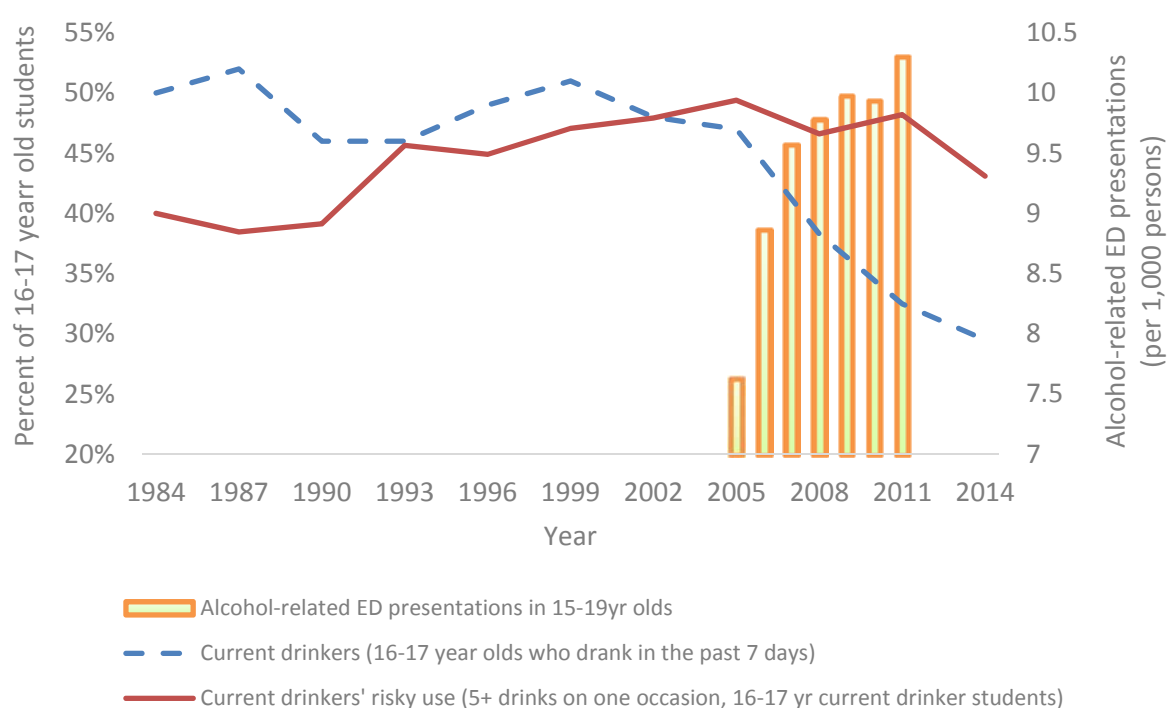


Figure note. Student consumption data from the Australian School Student Alcohol and Drug (ASSAD) Survey. (6). Emergency department data from 2005-06 to 2011-12 includes all Australian jurisdictions excluding Tasmania (9).

Legislative considerations

The legal purchase age for alcohol is 18 in all jurisdictions in Australia [16]. All Australian jurisdictions except one (South Australia) in have 'secondary supply laws' prohibiting the supply of alcohol to an individual under the legal purchase age within a private premise, without permission from the adolescent's parents [17] (11). New offences relating to supply of alcohol to people younger than 18 in private places came into effect in the ACT in 2016 [18]. These changes to the Liquor Act 2010 mean that it is an offence in the Australian Capital Territory to supply alcohol to a minor in a private place such as home unless: the person is the parent or guardian of the minor, or has permission from the parent or guardian; and the supply is consistent with responsible supervision of the minor [19].

3. The survey

Survey background and eligibility

This section provides a summary of the YAARS survey instrument and describes how the survey was conducted in the Australian Capital Territory (Canberra). The national YAARS report contains a more detailed description of the survey content and methods.

The YAARS survey focuses on the most recent occasion of risky drinking among 14-19 years who have been screened as drinking single occasion quantities (recognising the episodic nature of much alcohol drinking among young people) consistent with heaviest drinking 25% for their age group (see below).

The 14-19 age range is chosen to cover important adolescent stages, such as: the transition from the first full standard drink (age of initiation) to more regular consumption; changes in brain development which are associated with risk taking behaviour; and the shift to reaching the legal purchase age for alcohol.

The YAARS survey is mainly quantitative (numerical), and is supplemented with a small number of qualitative (open-ended) items. The survey focused on the most recent occasion when the young person drank more than the single occasion level recommended as lower risk for adults [10], or any drinking in the past month amongst 14-15 year olds.

The national study materials were approved the Curtin University Ethics Committee (HR52/2014-15). The materials and procedures for the ACT branch of the study were approved by the ACT Health Human Research Ethics Committee (Approval ETH.9.16.185). The participant information sheet for the face-to-face survey was adapted to meet ACT Health Requirements.

Young people were eligible for inclusion in the YAARS survey if they:

- were 14-19 years old
- lived in the ACT
- drank alcohol in quantities consistent with being in the top 25% for single occasion consumption in their age group
- could speak sufficient English to understand the survey
- were able to provide informed consent in accordance with mature minor principles.

The survey eligibility criteria for the heaviest 25% of drinkers by age and gender were based on previous research with young Australians aged 14-19. The criteria were:

- 14-15 year olds who drank 1+ Standard Drinks (SD) in a single session, at least once a month
- 16-17 year olds who drank 5+ SD in a single session, at least twice a month
- 18-19 year old females who drank 7+ SD in a single session, at least twice a month
- 18-19 year old males who drank 9+ SD in a single session, at least twice a month

Survey tool/s and materials

The survey was delivered in two modalities, online and face-to-face (F2F). The subject areas covered:

- usual alcohol use
- personal background information
- details of the most recent risky drinking occasion – by individual locations (F2F only) or over the whole session for all locations combined (online)
- outcomes of alcohol use
- other drug use
- emergency department use and health service provision (F2F mode only)
- sleeping patterns (F2F mode only)
- harms due to others drinking
- protective behaviours
- licensed venues
- secondary supply of alcohol (F2F mode only).

The amount of alcohol consumed was calculated in Australian standard drinks: one standard drink is equivalent to 10g pure alcohol.

Survey data was gathered anonymously and confidentially.

4. Recruitment

Survey recruitment used Facebook and Instagram advertising, posters and flyers, and word of mouth. The advertising materials offered young people the opportunity to take the survey by one of two modes: online (self-administered) survey or the face-to-face (interview) survey. The recruitment advertising directed potential participants to the project website (both online and face-to-face), or to an ACT-specific phone number/email address (face-to-face only). The YAARS study webpage (ndri.curtin.edu.au/research/yaars) contained a study outline, email and phone contact details for each state/territory, and a link that participants could click to take the self-administered online survey.

The advertising materials informed potential participants that surveys would be anonymous and confidential and that face-to-face survey participants would be reimbursed for their time, while online participants would be entered into a prize draw for one of 400 \$40 shopping vouchers.

ACT poster/flyer advertising for both survey modes ran from February 17 2017 until March 31 2017, while social media advertising ran from February 28 2017 to March 30 2017.

Facebook advertisements

Paid and unpaid Facebook adverts were used to promote the study. Facebook fees also purchased Instagram adverts. The social media advertising was targeted to appear in the newsfeeds of 14-19 year old Facebook/Instagram users in the ACT. Social media advertising initially used a static image but this was changed to a short animated video during the campaign.

Word of mouth

Participants were encouraged to tell their friends about the study, and flyers were included in reimbursement packs for this purpose. Contact was made with ACT organisations that could help to promote the study, including: peak bodies; ACT unions; youth services; universities; and Canberra Institute of Technology (CIT). The ACT interviewers worked with local youth services to build rapport with staff, who then informed young people about the study.

A short description of the project was also distributed by some organisations in their electronic newsletters.

Posters

A3 and A4 project posters with tear-off sections listing contact details were posted on communal pinboards around universities and CIT sites, particularly in libraries and student lunchrooms. Posters were also put up in student union centres and some departments including anthropology, sociology, and psychology noticeboards. Copies of flyers and posters were emailed to youth services and other organisations that work with young people to be printed and displayed.

Screening

All participants were screened according to the eligibility criteria described on page 4.

There was a two-stage screening process for the face-to-face interviews: initially with the site coordinator through telephone or email before booking an interview, and a then face-to-face verification at the survey interview appointment. Face-to-face participants recruited through youth services were often screened on site at the time of recruitment.

All 14-15 year-old potential face-to-face participants were required to be screened by telephone, and their comprehension of survey instructions was checked at interview, consistent with mature minor requirements. Interviewers also checked the comprehension of older participants if they had reason to think they had not understood survey instructions.

The self-administered online survey participants were screened via survey logic programming.

The alcohol consumption eligibility criteria were not disclosed to potential participants during screening. To define eligibility the screening protocol used open-ended questions about how old people were, what type of alcohol they usually drank, how often they drank, and how much they drank.

Recruitment outcomes

The most successful/used modes of recruitment overall (combined lower and higher risk drinkers) were social media (Facebook and Instagram — 80%) and through a friend (14%). Recruitment through services (e.g. youth services) was also common for the face-to face survey interviews [see table 1]. Recruitment outcomes for higher risk drinkers were not significantly different to the sample overall [table 2].

Table 1. Recruitment of all ACT participants (both higher and lower risk) %

	Survey modality		
	F2F	Self-administered	Total
Facebook advertisement	30%	72%	64%
Instagram advertisement	8%	18%	16%
A poster at university	9%	4%	5%
Through a friend	28%	10%	14%
An electronic newsletter	0%	1%	0%
A service I use (e.g. youth health service)	30%	0%	6%
Other recruitment method	1%	0%	1%
Total	80	339	419

Table 2. Recruitment of ACT participants screened as 'higher risk'

	Survey modality		
	F2F	Self-administered	Total
Facebook advertisement	26%	74%	59%
Instagram advertisement	8%	17%	15%
A poster at university	8%	4%	5%
Through a friend	31%	13%	18%
An electronic newsletter	0%	0%	0%
A service I use (e.g. youth health service)	31%	1%	10%
Other recruitment method	1%	0%	0%
Total	72	163	235

5. Data collection

Data collection dates

The large majority of online surveys (90%) were completed during the period 28 February 2017 to 31 March 2017, and all 83 face-to-face survey interviews were completed during this period.

ACT advertising began on 17 February 2017. However, 16 participants completed the online survey between November 2016 and early February 2017, presumably because they heard about the study via inter-state publicity.

Online survey

Participants completed the online survey independently using their own (or other) electronic device after following a hyperlink from the project webpage: no interaction with an interviewer was involved. Survey data was collected using Qualtrics online software.

There were no limits set for the number of participants completing the online survey. However, face-to-face participants were not permitted to complete the online survey and online participants could only complete the survey once.

The survey was anonymous. Participants' email addresses for entry into the prize draw were collected in a separate database on completion of the survey, and were not linked to the survey data.

Following the completion of the interviewing period ACT data was identified using postcodes, then extracted from the national dataset and cleaned.

Face-to-face survey

Face-to-face surveys were conducted from 27 February 2017 to 31 March 2017. The target was for 100 completed eligible face-to-face surveys: 74 eligible face-to-face survey interviews were completed by the closing date.

Face-to-face surveys were carried out using iPads that could access the Qualtrics survey instrument. The survey interviews were carried out in accordance with the YAARS interviewing manual by two ACT Health staff who had received training.

Face-to-face participants were offered a range of meeting locations around in the greater Canberra area. Most survey interviews were conducted in public cafes or food courts in the city centre or major suburban centres, or on public benches/outdoor tables at a university campus. Interviews at youth centres were conducted within private rooms at the centre, or other discreet locations inside or outside the centre. The surveys were conducted one-to-one, so the participant's responses were not able to be influenced by the presence of a parent or partner, for example.

At the start of each survey the interviewer described the purpose of the survey, covered the participant's rights, gave the participant an opportunity to ask any questions, obtained verbal consent and provided with a \$40 JB Hi-Fi voucher as reimbursement. At the end of each survey, the participant was provided with: contact details of the site coordinator in case they had any questions; a project information postcard to pass on to a friend; and some local service information.

No identifying material was recorded at the face-to-face interview. Any contact information gathered for the purpose of arranging the interview was stored separately to interview data and destroyed/deleted following the end of the interviewing period. Some participants provided an email address to be contacted for future surveys; this which was collected into a separate secure database. An anonymised identification code was generated by the participant (if agreed) to use to link the current survey with potential future surveys.

During the survey interview participants were provided a standard drink chart to refer to showing pictures of different types of drinks and containers, and an indicative amount of standard drinks.

Most survey interviews took at least 30-45 minutes. When interviewees reported they had drunk in multiple locations during their most recent risky drinking session, interviews tended to take longer. Nearly all face-to-face participants completed the large majority of interview questions.

Each time the interviewer completed a section of the survey, that data was automatically uploaded via a secure connection to a secure server at Curtin University. ACT data was later identified using postcodes, then extracted from the national dataset following data cleaning.

6. Analysis

Analyses were carried out using IBM SPSS software, version 22. Due to software compatibility issues one analysis was carried out using SPSS version 24.

This report presents mainly descriptive statistical information about the last risky drinking session. In some cases Chi-square tests were used to compare categorical variables between groups, and two-tailed T-tests to compare means for continuous data. Results are reported as significant where $p < 0.05$. The p value represents the probability that a result was due to chance. P values lower than 0.05 represent a less than 5% probability that a result is due to chance. The lower the p value the lower the likelihood of a chance result.

Alcohol quantity was reported via a number of standard drinks consumed, and using the beverage-specific response method. Respondents were provided with a visual prompt through a standard drink chart to facilitate recall. The upper alcohol quantity limit was set at 50 standard drinks.

Some participants did not answer all the questions – the resulting ‘missing values’ were not included in the computation of descriptive percentages and statistics such as averages. The ‘Total’ or ‘n’ included in the tables reflect the number of participants who responded to the item.

7. YAARS ACT participant sample

A total of 476 14-19 year olds were surveyed in ACT in early 2017; 393 online and 83 face-to-face.¹ The online sample included 266 females, 154 males, three transgender people and three people who preferred not to say/didn't identify with a specific gender. The face-to-face survey sample included

¹ Two face-to-face participants were interviewed in the ACT but provided NSW residential postcodes and were therefore allocated to the NSW dataset.

42 females and 41 males. Consistent with previous YAARS survey waves outside the ACT, the number of 14 and 15 year-old participants was lower than older age groups.

A total of 278 participants across both online and face-to-face survey modalities were categorised as higher risk drinkers. Fifty-two per cent of online participants who took the survey were classified as higher risk and 89% of face-to-face participants: the difference between these proportions is likely to relate to differences in screening processes between the two survey modes. Young people not identified as high risk will not be described further in this report.

Table 3. Australian Capital Territory participants by age, gender and screening status

Gender	Age	Face to face (F2F) survey			Self-administered online survey		
		Lower Risk	Top 25% ¹ of risky drinkers	Total interviews	Lower Risk	Top 25% ¹ of risky drinkers	Total surveys
Male	14-15	1	2	3	7	5	12
	16-17	0	11	11	22	32	54
	18-19	4	23	27	37	51	88
	Total	5	36	41	66	88	154
Female	14-15	0	9	9	7	12	19
	16-17	1	15	16	42	33	75
	18-19	3	14	17	72	67	139
	Total	4	38	42	121	112	233
Transgender	14-15	0	0	0	0	0	0
	16-17	0	0	0	0	1	1
	18-19	0	0	0	1	1	2
	Total	0	0	0	1	2	3
None of the above/ prefer not to say	14-15	0	0	0	0	1	1
	16-17	0	0	0	1	0	1
	18-19	0	0	0	0	1	1
	Total	0	0	0	1	2	3
Total	14-15	1	11	12	14	18	32
	16-17	1	26	27	65	66	131
	18-19	7	37	44	110	120	230
	Total	9	74	83	189	204	393

Most of the eligible (risky drinking) participants were students, either attending school (43%), vocational education/CIT (6%) or university (36%). All were metropolitan based. One quarter (25%) were employed on a part-time or casual basis, 4% were employed full time and 9% were unemployed. Half (50%) had a weekly budget of \$10-\$79 for recreational use, and a further 40% reported having \$80 or more to spend (Table 4).

Please note that in the following table (and in subsequent tables) the total number of responses for different sections may vary because individuals may not have responded to specific questions.

Table 4. Demographic characteristics of ACT sample screened as eligible 'top 25%' of drinkers

		Survey modality					
		F2F		Self-administered		Total	
		n	%	n	%	n	%
Gender	Male	36	49%	88	43%	124	45%
	Female	38	51%	112	55%	150	54%
	Transgender	0	0%	2	1%	2	1%
	I do not identify as any of the above/ prefer not to say	0	0%	2	1%	2	1%
	Total	74	100%	204	100%	278	100%
Age	14-15	11	15%	18	9%	29	10%
	16-17	26	35%	66	32%	92	33%
	18-19	37	50%	120	59%	157	56%
	Total	74	100%	204	100%	278	100%
Occupation	School student (full time)	31	42%	89	44%	120	43%
	CIT student or equivalent (full time)	1	1%	9	4%	10	4%
	CIT student or equivalent (part time)	2	3%	3	2%	5	2%
	University student (full time)	24	32%	71	35%	95	34%
	University student (part time)	0	0%	5	3%	5	2%
	Trade apprentice (full time)	2	3%	4	2%	6	2%
	Trade apprentice (part time)	0	0%	3	2%	3	1%
	Employed (casual or part time)	3	4%	66	32%	69	25%
	Employed (full time)	0	0%	12	6%	12	4%
	Unemployed	14	19%	11	5%	25	9%
	Home duties (full time)	0	0%	4	2%	4	1%
	Other	1	1%	2	1%	3	1%
Total	74	100%	204	100%	278	100%	
Languages spoken in your home	English only	66	89%	163	89%	229	89%
	English and another language(s)	8	11%	20	11%	28	11%
	Total	74	100%	183	100%	257	100%
Aboriginal and or Torres Strait Islander	ATSI	9	12%	9	4%	18	7%
	Not ATSI	65	88%	195	96%	260	94%
	Total	74	100%	204	100%	278	100%
Location	Greater Capital City area	74	100%	204	100%	278	100%
	Non-capital city area	0	0%	0	0%	0	0%
	Total	74	100%	204	100%	278	100%
Weekly budget available for recreational use	≤\$10	13	18%	13	6%	26	9%
	\$10-39	19	26%	46	23%	65	24%
	\$40-79	20	27%	51	25%	71	26%
	\$80-119	12	16%	28	14%	40	15%
	\$120-159	4	6%	20	10%	24	9%
	≥ \$160	5	7%	40	20%	45	16%
	Do not know	0	0%	5	3%	5	2%
Total	73	100%	203	100%	276	100%	

8. Key findings from the 'last risky drinking session'

This section presents key findings on the last risky drinking session reported by young people classed as drinking at high risk levels. Summary information will be presented on:

- How recent the risky drinking session was
- Locations where young people drank
- Drinking days and length of the drinking session
- Types of alcohol consumed
- Pre-drinking
- Outcomes of the drinking session
- Safety strategies used by the young people.

Where people identified as transgender, or who didn't specify a gender, their responses are included in table totals for all participants, but not included in male vs. female comparison results.

Recall period

Across both the self-administered online and face-to-face survey modalities, more than half of the survey participants (56%) reported that the last drinking session occurred seven or fewer days before their survey. The recall period was 14 days or less for 72% of participants, and 28 or fewer days for 86% of participants.

More specifically, 56% of the self-administered survey respondents had their last risky drinking session seven or fewer days ago. Nearly three-quarters (74%) reported it occurred 14 or fewer days ago and almost all (87%) reported it occurred 28 or fewer days ago.

Most (55%) of the F2F sample reported that this last risky drinking session occurred seven or fewer days ago. More than two-thirds (69%) reported it occurred 14 or fewer days ago and the clear majority (84%) reported it occurred 28 or fewer days ago.

These percentages exclude 1% of outlier recall periods. Of 192 self-administered recall periods, n=2 had drinking session dates after the survey date and n=1 had a recall period of greater than or equal to 100 days. All F2F recall periods were between 0–100 days.

Drinking locations

The most popular drinking location across the two survey modes was a friend or acquaintance's home (47%), followed by a nightclub (30%), the respondents' own home (27%), or a bar/pub/hotel (19%). Seven out of ten (69%) young people drank at least one private location (friend's home, own home, or car) during the last risky drinking session, and four out of ten (40%) drank in at least one licensed venue such as a bar, pub or club.

Table 5. Drinking locations at the last risky drinking session by age, gender and survey modality

Face to face (F2F) survey	Males 14-17	Males 18-19	All males	Females 14-17	Females 18-19	All females	All F2F
Own home	23%	26%	25%	39%	36%	38%	32%
Friend's home	62%	44%	50%	39%	50%	43%	47%
Bar or pub or hotel	8%	48%	33%	9%	29%	16%	25%
Nightclub	0%	30%	19%	0%	71%	27%	23%
Music festival or concert	0%	9%	6%	9%	0%	5%	6%
Sporting event or club	0%	0%	0%	0%	0%	0%	0%
Restaurant	0%	0%	0%	4%	14%	8%	4%
Car	0%	4%	3%	9%	0%	5%	4%
School, TAFE, university	0%	17%	11%	0%	21%	8%	10%
Reception centre or function room	0%	13%	8%	0%	21%	8%	8%
Public or other place	31%	39%	36%	30%	7%	22%	29%
Drank in a private location (a home or car)	85%	70%	75%	70%	71%	70%	73%
Drank in a non-licensed location (home, car, park, beach etc.)	92%	83%	86%	87%	71%	81%	84%
Drank in a licensed venue (bar, pub, club, casino etc.)	8%	57%	39%	9%	93%	41%	40%
Total	13	23	36	23	14	37	73

Self-administered online survey	Males 14-17	Males 18-19	All males	Females 14-17	Females 18-19	All females	All online
Own home	18%	30%	25%	21%	24%	23%	25%
Friend's home	65%	34%	46%	64%	39%	49%	47%
Bar or pub or hotel	9%	24%	18%	7%	24%	18%	17%
Nightclub	6%	44%	29%	2%	55%	34%	32%
Music festival or concert	3%	6%	5%	5%	6%	6%	5%
Sporting event or club	0%	4%	2%	0%	0%	0%	1%
Restaurant	0%	2%	1%	0%	5%	3%	2%
Car	0%	0%	0%	2%	0%	1%	1%
School, TAFE, university	0%	6%	4%	0%	9%	6%	5%
Reception centre or function room	0%	8%	5%	5%	2%	3%	4%
Public or other place	15%	2%	7%	7%	6%	7%	7%
Drank in a private location (a home or car)	82%	58%	68%	86%	55%	67%	67%
Drank in a non-licensed location (home, car, park, beach etc.)	94%	60%	74%	91%	56%	69%	71%
Drank in a licensed venue (bar, pub, club, casino etc.)	15%	52%	37%	10%	62%	42%	40%
Total	34	50	84	42	66	108	195

	Males 14-17	Males 18-19	All males	Females 14-17	Females 18-19	All females	Both modalities
Both modalities							
Own home	19%	29%	25%	28%	26%	27%	27%
Friend's home	64%	37%	48%	55%	41%	48%	47%
Bar or pub or hotel	9%	32%	23%	8%	25%	17%	19%
Nightclub	4%	40%	26%	2%	58%	32%	30%
Music festival or concert	2%	7%	5%	6%	5%	6%	5%
Sporting event or club	0%	3%	2%	0%	0%	0%	1%
Restaurant	0%	1%	1%	2%	6%	4%	3%
Car	0%	1%	1%	5%	0%	2%	2%
School, TAFE, university	0%	10%	6%	0%	11%	6%	6%
Reception centre or function room	0%	10%	6%	3%	5%	4%	5%
Public or other place	19%	14%	16%	15%	6%	10%	13%
Drank in a private location (a home or car)	83%	62%	70%	80%	58%	68%	69%
Drank in a non-licensed location (home, car, park, beach etc.)	94%	67%	78%	89%	59%	72%	75%
Drank in a licensed venue (bar, pub, club, casino etc.)	13%	53%	38%	9%	68%	41%	40%
Total	47	73	120	65	80	145	268

Drinking days and duration

Across both survey modalities, the last drinking session most commonly began on a weekend evening (55%), either Friday (22%) or Saturday (33%). However, Thursdays were also a common night for drinking sessions to start (24%). The first drink was most commonly consumed in the early evening (34% 5pm–6.30pm, 33% 7pm–8.30pm), and the last drink in the early hours of the morning (29% midnight–1.30am, 29% 2am–3.30am). The drinking session ran for an average of 6.7 hours (95% CI: 6.2, 7.2).

For online survey participants, Saturdays (38%), Thursdays (24%) and Fridays (23%) were the most frequent drinking session days. The first drink was most commonly consumed in the early evening (37% 5pm–6.30pm, 33% 7pm–8.30pm), and the last drink in the early hours of the morning (28% midnight–1.30am, 32% 2am–3.30am). The mean drinking session duration was 6.8 hours (95% CI: 6.2, 7.4 excluding 7 outliers beyond 24 hours).

For F2F participants the most common days when the drinking session started were Thursdays (27%), Fridays (22%) and Saturdays (20%). The first drink was usually consumed in the early evening (27% 5pm–6.30pm, 34% 7pm–8.30pm), and the last drink around midnight (26% 10pm–11.30pm, 31% midnight–1.30am). The mean drinking session duration was 6.4 hours (95% CI: 5.4, 7.3 excluding 3 outliers beyond 0–24 hours).

Beverage types

The most popular drink types across the two survey modes were spirits whether straight or mixed (68%), beer (39%) and ready to drink (RTD) mixed beverages (38%). Across the whole sample, females were more likely than males to report drinking wine ($\chi^2 [1, 274] = 4.54, p=0.03$) and males were more likely than females to report drinking beer ($\chi^2 [1, 274] = 54.26, p<0.001$).

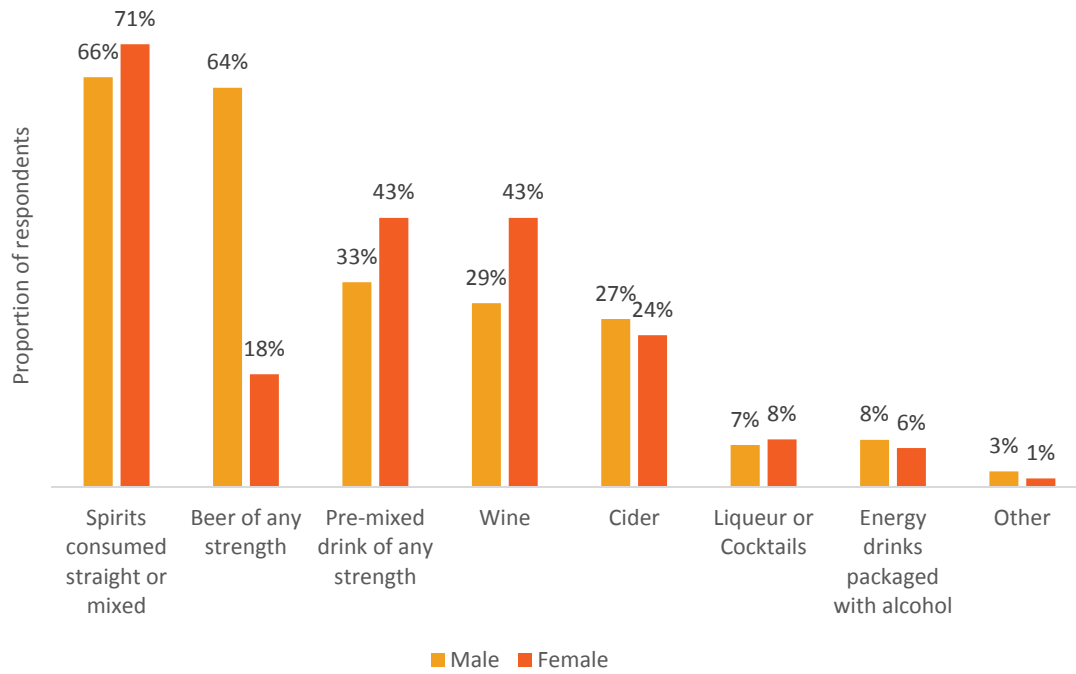
Table 6. Types of beverages consumed at the last risky drinking session

Face to face survey	Male 14-17	Male 18-19	Male	Female 14-17	Female 18-19	Female	Total
Spirits consumed straight or mixed	69%	65%	67%	74%	86%	78%	73%
Beer of any strength	39%	65%	56%	9%	29%	16%	36%
RTD of any strength	15%	26%	22%	44%	21%	35%	29%
Wine	15%	48%	36%	26%	79%	46%	41%
Cider	23%	17%	19%	35%	7%	24%	22%
Liqueur or Cocktails	0%	9%	6%	4%	14%	8%	7%
Energy drinks packaged with alcohol	0%	0%	0%	0%	0%	0%	0%
Other	0%	4%	3%	0%	0%	0%	1%
Total	13	23	36	23	14	37	73

Self-administered online survey	Male 14-17	Male 18-19	Male	Female 14-17	Female 18-19	Female	Total
Spirits consumed straight or mixed	61%	68%	65%	69%	68%	68%	67%
Beer of any strength	58%	74%	68%	14%	22%	19%	40%
RTD of any strength	42%	34%	37%	36%	52%	46%	42%
Wine	27%	26%	27%	36%	46%	42%	35%
Cider	24%	34%	30%	12%	32%	24%	26%
Liqueur or Cocktails	6%	8%	7%	5%	9%	7%	7%
Energy drinks packaged with alcohol	9%	12%	11%	2%	12%	8%	9%
Other	6%	0%	2%	5%	0%	2%	2%
Total	33	50	83	42	65	107	193

Both modalities combined	Male 14-17	Male 18-19	Male	Female 14-17	Female 18-19	Female	Total
Spirits consumed straight or mixed	63%	67%	66%	71%	71%	71%	68%
Beer of any strength	52%	71%	64%	12%	23%	18%	39%
RTD of any strength	35%	32%	33%	39%	47%	43%	38%
Wine	24%	33%	29%	32%	52%	43%	37%
Cider	24%	29%	27%	20%	28%	24%	25%
Liqueur or Cocktails	4%	8%	7%	5%	10%	8%	7%
Energy drinks packaged with alcohol	7%	8%	8%	2%	10%	6%	7%
Other	4%	1%	3%	3%	0%	1%	2%
Total	46	73	119	65	79	144	266

Figure 1. Types of beverages consumed at the last risky drinking session (combined survey modalities)



Pre-drinking

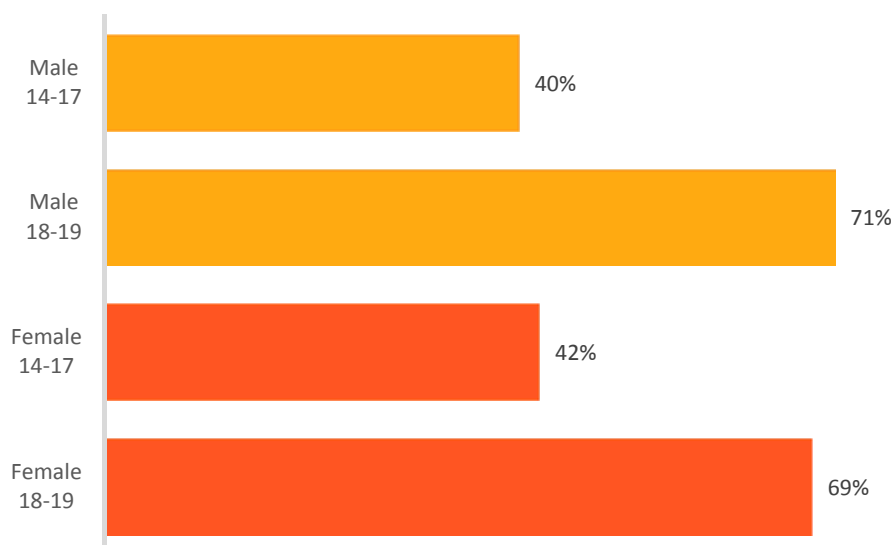
'Pre-drinking', also known as having 'pre's' or 'pre-loading', is consuming alcohol before a person 'goes out'. For example, a young person might drink alcohol at home before going out to a nightclub or a house party.

More than half (58%) of young people pre-drank at the last risky drinking session. Although there were no significant differences in pre-drinking by gender, participants aged 18-19 were more likely to pre-drink than those aged 14-17 (73% vs. 44%, $\chi^2 [1, 255]=19.42, p<.001$).

Table 7. Pre-drinking at the last risky drinking session

		Male 14-17	Male 18-19	Male	Female 14-17	Female 18-19	Female	Total
Face to face	No	92%	26%	50%	75%	43%	63%	57%
	Yes	8%	74%	50%	25%	57%	37%	43%
	Unsure	0%	0%	0%	0%	0%	0%	0%
	Total	13	23	36	24	14	38	74
Self-administered online	No	38%	24%	30%	36%	26%	30%	30%
	Yes	53%	70%	63%	52%	71%	64%	63%
	Unsure	9%	6%	7%	12%	3%	6%	7%
	Total	34	50	84	42	66	108	195
Total	No	53%	25%	36%	50%	29%	38%	37%
	Yes	40%	71%	59%	42%	69%	57%	58%
	Unsure	6%	4%	5%	8%	3%	5%	5%
	Total	47	73	120	66	80	146	269

Figure 2. Pre-drinking at the last drinking session (both survey modalities combined).



Quantity consumed

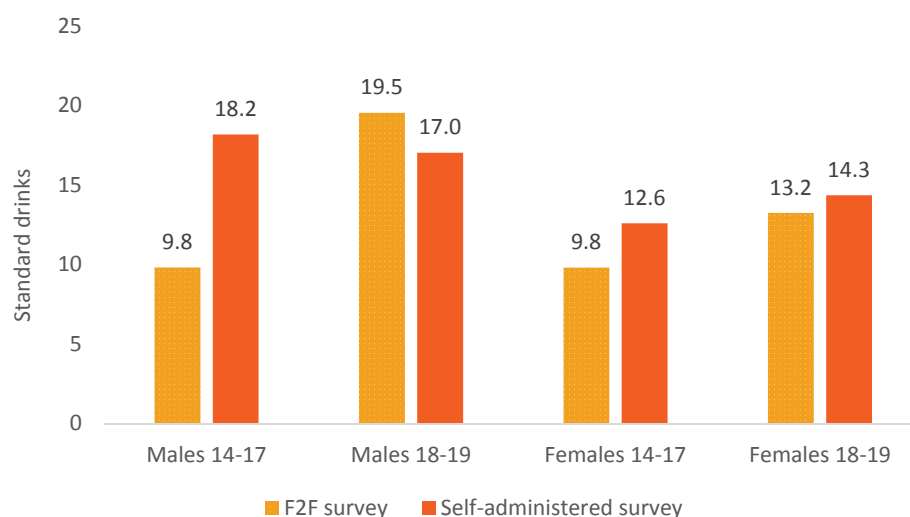
Respondents reported how much alcohol they drank at their last risky drinking session using the beverage specific response method. The average amount consumed at the last risky drinking session (in this sample of the top 25% of heaviest drinkers) was 14.8 standard drinks. On average males consumed significantly more than females [$t(227) = 3.27, p=0.001$, two-tailed]. Also 18–19 year-olds consumed significantly more than 14–17 year olds [$t(229) = 2.18, p=0.03$, two-tailed]. The average number of standard drinks consumed during the average session therefore exceeded the very high risk for potential alcohol related harm (11 drinks or more) [9].

Table 8. Mean alcohol use at the last risky drinking session

	Survey modality											
	F2F				Self-administered online				Both modalities			
	Mean	95% CI for mean		n	Mean	95% CI for mean		n	Mean	95% CI for mean		n
LB		UB	LB			UB	LB			UB		
Male 14-17	9.8	6.7	12.9	13	18.2	13.5	22.9	27	15.4	12.0	18.9	40
Male 18-19	19.5	15.8	23.3	22	17.0	14.0	20.0	44	17.9	15.5	20.2	66
Males 14-19	15.9	13.0	18.9	35	17.5	14.9	20.0	71	16.9	15.0	18.9	106
Female 14-17	9.8	6.7	12.8	23	12.6	9.1	16.1	31	11.4	9.0	13.8	54
Female 18-19	13.2	9.5	17.0	14	14.3	12.0	16.7	55	14.1	12.2	16.1	69
Females 14-19	11.1	8.8	13.4	37	13.7	11.8	15.6	86	12.9	11.4	14.4	123
Total	13.4	11.5	15.4	72	15.4	13.8	16.9	159	14.8	13.6	16.0	231

Note: responses above 50 standard drinks were excluded from analyses.

Figure 3. Mean alcohol consumed at the last risky drinking session by age and gender



The clear majority (91%) reported that they usually drank ‘a little less’, ‘a similar amount’, or ‘a little more’ compared to the last risky drinking session they described in the survey. More specifically, 5% said they usually drank a lot less, 27% usually drank a little less, 49% usually drank a similar amount, 15% usually drank a little more, and 4% usually drank a lot more alcohol (n=152).

Outcomes of alcohol use from last session

Alcohol-related outcomes were assessed over two time periods: the 'last risky drinking session' and the past 12 months. These 32 outcomes covered a range of areas and included the items from the Brief Young Adult Alcohol Consequences Questionnaire [20]. The 10 most frequently endorsed outcomes experienced in association with the last risky drinking session are presented in Table 9. The three most commonly experienced negative outcomes from the last session were: saying or doing embarrassing things (40%); experiencing a hangover (37%); and, having less energy or feeling tired because of my drinking (29%). One quarter of the young people had felt very sick or thrown up (24%) during their last session and a quarter (24%) reported they needed more alcohol to feel an effect or to get drunk. Two-thirds said that drinking had made it easier to talk to people (67%).

Table 9. Outcomes experienced in association with the last risky drinking session

	F2F			Self-administered			Both modalities		
	Male	Female	All	Male	Female	All	Male	Female	All
I found it easier to talk to people due to my drinking	74%	73%	74%	72%	58%	64%	73%	62%	67%
While drinking, I have said or done embarrassing things	54%	43%	49%	43%	32%	36%	46%	35%	40%
I had a hangover (headache, sick stomach) the morning after I had been drinking	31%	41%	36%	43%	33%	38%	39%	35%	37%
I have felt very sick to my stomach or thrown up after drinking	23%	30%	26%	16%	26%	23%	18%	27%	24%
I have found that I needed larger amounts of alcohol to feel any effect, or that I could no longer get high or drunk on the amount that used to get me high or drunk	12%	16%	14%	35%	20%	28%	28%	19%	24%
When drinking, I have done impulsive things I regretted later	26%	28%	27%	19%	18%	19%	21%	21%	21%
I've not been able to remember large stretches of time while drinking heavily	23%	27%	25%	20%	19%	20%	21%	21%	21%
I have often found it difficult to limit how much I drink	29%	19%	24%	15%	20%	19%	19%	20%	20%
I have had less energy or felt tired because of my drinking	37%	41%	39%	28%	23%	26%	31%	28%	29%
I have been injured due to my drinking (inc. cuts & bruises)	17%	27%	22%	15%	10%	13%	16%	15%	15%
N	35	37	72	74	99	176	109	136	248

Use of safety strategies while drinking

Use of safety (harm reduction) strategies during the past 12 months was assessed using Martens' Protective Behavioral Strategies Scale [21]. Despite being heavy drinkers, some participants also engaged in protective strategies that can limit alcohol-related harms. The most effective safety strategies involve people limiting the amount of alcohol they drink. However, other behavioural strategies that can also limit alcohol-related problems despite the quantity consumed. Table 10 lists the safety strategies that young people 'always' or 'usually' engaged in while drinking. The most commonly used protective strategies were: knowing where your drink has been at all times (76%); making sure you go home with a friend (66%); using a designated driver (57%); and, drinking water while drinking alcohol (44%). Safety strategies to stop or limit drinking (Subscale 1, Table 10), or to drink in a safer manner (Subscale 2, Table 10) were only used by a minority of participants.

Nearly two-thirds of participants (62%) reported drinking shots of spirits — a risk rather than protective behaviour.

Table 10. Safety strategies usually or always engaged in while drinking in the past 12 months.

	Face to face			Self-administered online			Both modalities		
	Male	Female	All	Male	Female	All	Male	Female	All
Subscale 1: Stopping/ Limiting Drinking									
Determine not to exceed a set number of drinks	9%	21%	15%	16%	12%	13%	14%	14%	14%
Alternate alcoholic and non-alcoholic drinks	12%	38%	25%	25%	20%	22%	21%	25%	23%
Have a friend let you know when you have had enough to drink	15%	41%	28%	24%	17%	19%	21%	23%	22%
Leave the bar or party at a predetermined time	12%	27%	19%	19%	20%	19%	17%	22%	19%
Stop drinking at a predetermined time	12%	3%	7%	21%	10%	15%	18%	9%	12%
Drink water while drinking alcohol	50%	59%	54%	38%	41%	40%	42%	45%	44%
Put extra ice in your drink	9%	9%	9%	16%	9%	12%	14%	9%	11%
Subscale 2: Manner of Drinking									
Avoid drinking games	21%	21%	21%	10%	7%	8%	14%	11%	12%
Drink shots of spirits (risk behaviour)	47%	62%	54%	57%	69%	65%	54%	67%	62%
Avoid mixing different types of alcohol	18%	18%	18%	15%	7%	11%	16%	10%	13%
Drink slowly, rather than gulp or scull	24%	29%	27%	19%	18%	18%	21%	21%	21%
Avoided trying to "keep up" or out-drink others	32%	47%	40%	25%	31%	28%	28%	35%	32%
Subscale 3: Serious Negative Consequences									
Use a designated driver	47%	65%	56%	53%	62%	58%	51%	62%	57%
Made sure that you go home with a friend	44%	74%	59%	63%	73%	69%	57%	73%	66%
Know where your drink has been at all times	62%	79%	71%	81%	76%	78%	75%	77%	76%
Total	34	34	68	68	96	166	102	130	234

Table note: Response options presented in the survey were: never, rarely, occasionally, sometimes, usually and always. These six options were dichotomised for summary purposes and this table represents individuals who selected usually or always.

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