Victoria:
Young Risky Drinkers’ Most Recent Risky Drinking Session

We asked what a drinking session looked like

One in five Australian 14-19 year olds drink at levels considered to be putting them at risk of injury at least once a month (1).

The heaviest teenage drinkers tend to disproportionately experience more alcohol related harms while being underrepresented in many health surveys which examine the Australian population as a whole.

This study, the Young Australians Alcohol Reporting System (YAARS), aimed to investigate the drinking occasions that were associated with a higher risk of harm.

We were interested in the most recent occasion when a teenager drank more than what the national guidelines describe as lower-risk. We asked questions such as how much they drank, where they drank, the types of beverages they had, and about some of the outcomes of this drinking.

We asked about these experiences to determine which factors contribute to, or protect young people from alcohol related harms.

The 14-19 year old participants were amongst the riskiest drinking 25% of their age-bracket

Risky drinking teenagers were surveyed all over Australia

In 2016 and 2017 we conducted over 3,400 face-to-face interviews and online surveys with young people aged 14-19. This bulletin presents the findings from our 680 Victoria based teenagers (73 face-to-face interviews and 607 online surveys).

The participants represented the riskiest drinking 20-25% of their age-bracket (most were consuming 5+ standard drinks in a single session, at least twice a month).

Participants were recruited through social media advertising, peer-referral, and posters at educational facilities and services frequented by young people.

This study is not representative of all 14-19 year old drinkers. Our sample represents a minority subset who engage in risky alcohol consumption. Please refer to our other publications for further information on the project’s methods, and comparisons with age-matched groups recruited using representative sampling techniques (2).
Where did they drink?

Participants were asked about the location of their last risky drinking session. The most commonly reported drinking locations were a friend’s house (66%), a bar, pub or hotel (19%) or their own home (18%). As shown in Figure 1, male and female participants reported similar preferences for drinking locations.

![Figure 1. Location of last risky drinking session (combined modalities), by gender](image)

When did they drink?

More than half (62%) described their most recent risky drinking session as occurring ≤ 7 days ago, and 82% reported it as occurring ≤ 14 days prior to survey. Two thirds of the sessions were held on Fridays or Saturdays. The average drinking session ran for 6.7 hours, with most consuming their first drink in the early evening (25% 5-6.30pm, 37% 7-8.30pm), and the last drink around midnight (28% 10-11.30pm, 30% midnight-1.30am, 22% 2-3.30am).

Popular beverage types

Participants were able to nominate different types of alcoholic beverages that they consumed during their last risky drinking session. The most popular drink types across both online and F2F modalities were spirits (70%), beer (43%), pre-mixed drinks (43%), and cider (34%; see Figure 2). Females were more likely to report drinking spirits, pre-mixed drinks, wine, cider and liqueurs or cocktails, while males were more likely to report drinking beer.

![Figure 2. Beverage types consumed at the last risky drinking session (combined modalities), by gender](image)
Pre-drinking

Participants referred to ‘pre-drinking’ as the consumption of alcohol before ‘going out’; also known as ‘pre’s’ or ‘pre-loading’. Engagement in pre-drinking was similar among male (52%) and female (55%) participants and pre-drinking was more commonly reported among 18-19 year olds (63%) compared to the 14-17 year-old participants (44%).

How much did they drink?

Figure 3 shows males consumed a greater number of drinks at their last risky drinking session compared with females. Among males, participants aged 18-19 consumed greater number of alcoholic drinks compared with those aged 14-17, while females consumed at similar levels by age group. Participants reported similar patterns of consumption across online and F2F survey modalities.

![Figure 3. Average alcohol use at the last risky drinking session, by gender, age group and survey administration modality](image)

Alcohol-related outcomes from this drinking session

Participants were asked a range of questions about outcomes that have occurred as a result of their last risky drinking session. The following were some of the most commonly reported outcomes among online and F2F participants:

- Hangover the morning after drinking (34%)
- Saying or doing embarrassing things (33%)
- Having less energy or feeling tired because of my drinking (27%)
- Needing larger amounts of alcohol to feel any effect, or finding I could no longer get high or drunk on the amount that used to get me high or drunk (23%)
- Feeling very sick to my stomach or thrown up after drinking (18%)
- Finding it difficult to limit how much I drink (18%)
- Been injured due to my drinking (including cuts & bruises; 18%)
- Not being able to remember large stretches of time while drinking heavily (17%)
- Done impulsive things I regretted later (15%)
How did they try to keep safe?

Participants were asked if they had engaged in a wide range of protective strategies while consuming alcohol in the past 12 months. Table 1 shows a list of commonly reported strategies. These behaviours can limit alcohol-related problems even after controlling for the quantity of alcohol consumed (3). The safety strategies most closely related to limiting experience of alcohol-related problems are those related to quantity reduction - when the individual is ‘determined not to exceed a set number of drinks’ (15% always or usually did this) and when they ‘avoid trying to keep-up or out-drink others’ (31% always or usually did this).

Table 1. Safety strategies ‘always’ or ‘usually’ engaged in while drinking in the past 12 months, by gender (modalities combined)

<table>
<thead>
<tr>
<th>Safety Strategy</th>
<th>Male</th>
<th>Female</th>
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<tbody>
<tr>
<td>Determine not to exceed a set number of drinks</td>
<td>11%</td>
<td>17%</td>
</tr>
<tr>
<td>Alternate alcoholic and non-alcoholic drinks</td>
<td>24%</td>
<td>24%</td>
</tr>
<tr>
<td>Have a friend let you know when you have had enough to drink</td>
<td>17%</td>
<td>26%</td>
</tr>
<tr>
<td>Leave the bar or party at a predetermined time</td>
<td>21%</td>
<td>29%</td>
</tr>
<tr>
<td>Stop drinking at a predetermined time</td>
<td>9%</td>
<td>12%</td>
</tr>
<tr>
<td>Drink water while drinking alcohol</td>
<td>51%</td>
<td>48%</td>
</tr>
<tr>
<td>Put extra ice in your drink</td>
<td>10%</td>
<td>13%</td>
</tr>
<tr>
<td>Avoid drinking games</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>Drink shots of spirits (risk behaviour)</td>
<td>46%</td>
<td>56%</td>
</tr>
<tr>
<td>Avoid mixing different types of alcohol</td>
<td>15%</td>
<td>18%</td>
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<tr>
<td>Drink slowly, rather than gulp or scull</td>
<td>16%</td>
<td>22%</td>
</tr>
<tr>
<td>Avoided trying to “keep up” or out-drink others</td>
<td>25%</td>
<td>35%</td>
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<tr>
<td>Use a designated driver</td>
<td>28%</td>
<td>40%</td>
</tr>
<tr>
<td>Made sure that you go home with a friend</td>
<td>63%</td>
<td>81%</td>
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<tr>
<td>Know where your drink has been at all times</td>
<td>68%</td>
<td>80%</td>
</tr>
</tbody>
</table>

| n            | 214 | 347 |

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.


The Young Australians Alcohol Reporting System is a project led by the National Drug Research Institute (NDRI; Curtin University, WA) in collaboration with their partners at the National Drug and Alcohol Research Centre (NDARC; University of New South Wales), Eastern Health Clinical School (Monash University and Turning Point; VIC), The University of Tasmania, Flinders University (SA), ACT Health, Charles Darwin University (NT), and the University of Queensland. This study was funded by the Australian Government’s Department of Health and Ageing (grant D16-451850) to promote good health in general, with an emphasis on young people. For further information contact Dr Tina Lam at the National Drug Research Institute on +61 8 9266 1600 or tina.lam@curtin.edu.au

References