

Young Australians Alcohol Reporting System (YAARS)

Report 2016/17

- Tasmanian 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.

The purpose of the research is twofold. Firstly, the project seeks to investigate event-specific alcohol consumption amongst young high-risk drinkers who are overrepresented in alcohol-related harms, but are underrepresented in general population health surveys. Secondly, YAARS aims to investigate trends in alcohol use among young people over time and thus, as successive years of data accrue, to enable emergent trends and 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 interviews and surveys targeting young people aged 14-19 who regularly engaged in risky drinking.

This report documents the Tasmanian component of YAARS.

2. Site background

Population

Hobart is the largest city in Tasmania, and the greater Hobart area has a population of 211,656 people. Of these residents, 6.5% are aged 15-19, and 3.3% identified as Aboriginal and/or Torres Strait Islander (2).

Schooling

Nineteen percent of the Greater Hobart area residents were attending a secondary school (11% government, 5.3% Catholic, 4.0% other non-Government), 8.7% a technical or further education institution, and 15.6% a university or tertiary institution (2).

As of 2016, the compulsory education period in Tasmania is set at the completion of at least 13 years of education or training. This may occur by means of either (a) continuing at school until issued with a Year 12 completion certificate, or (b) participating in an approved learning program or home education, until the child attains the age of 18 years or completes the approved learning program. (3).

General population youth alcohol and other drug use in 2016

The National Health and Medical Research Council (NHMRC) recommends that for people under the age of 18, not drinking alcohol is the safest option. Their guidelines for healthy adults describes the consumption of more than four standard drinks in a single sitting as increasing the risk of injury arising from that occasion of drinking (4).

The National Drug Strategy Household survey (NDSHS) reported that in 2016, the majority (55.8%) of 14-19 year old Australians did not use alcohol in the past 12 months. However, a fifth (18.0%) of 14-19 year olds drank more than four standard drinks at least once a month. This risky consumption increases with age – in 2016 it 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 (5). Drinking at even higher levels (11+ standard drinks) at least once a month was estimated at 5.9% for 14-19 year olds; ranging from 4.6% of 16-17 year olds to 12.7% of 18-19 year olds (5).

A sixth (15.9%) of 14-19 year old Australians were estimated to have used an illicit drug in the past 12 months in 2016. 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%). Data from the 2016 NDSHS was available on a national level at the time of writing this report and jurisdiction-specific data is presented below with the 2013 dataset.

Alcohol and other drug use in Tasmania

The National Drug Strategy Household survey (NDSHS) reports that 84% of Tasmanians aged 14 and over have used alcohol in the past year, relative to 78% nationally. Of those Tasmanians that drank in the past year, 38.9% were drinking on a weekly basis (37.3% nationally), and 15.2% were consuming their alcohol at levels which put them at risk of single occasion injury (14.2% nationally) (6).

Largely on par with the national average of 15.0%, the NDSHS (2013) reports that 15.1% of Tasmanians aged 14 and above have used an illicit drug in the past year. However, Tasmania was among states with the highest rates of recent cannabis, ecstasy and meth/amphetamine use, and had the third highest rate of any illicit drug use excluding pharmaceuticals, behind NT and WA. Estimates of illicit drug use among Tasmanians aged 14-19 suggest that almost one-quarter (24.7%) have used at least one form of illicit drug in the past year, relative to a national average of 17.6%.

The Australian School Student Alcohol and Drug (ASSAD) Survey surveyed 23,000 school students aged 12 to 17 years in 2014. Across Australia, 14.6% of the 12-17 year old students drank in the last week and 34.0% of these young people drank at risky quantities (5+ standard drinks in a single occasion) (7). Within Tasmania, data from the ASSAD suggested that 10% of 12-15 year olds and 34% of 16-17 year olds had consumed alcohol in the past 7 days. Of the young Tasmanians who drank in the past week, 24% of those aged 12-15 and 39% of those aged 16-17 reported drinking at quantities that put them at risk of short-term harm.

Youth alcohol 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 (5, 7-9).

As shown with Figure 1's blue line, half of Australian high school students aged 16-17 drank in the past seven days in 1984, whereas less than a third had done so in 2014 (7). The age at which Australians consume their first full standard drink has significantly risen from 14.8 years in 1995 to 16.1 years in 2016 (5).

In contrast, there has been a slight overall increase the proportion of current drinkers who report consuming risky quantities (5+ standard drinks; see red line in figure). This group may be drinking in

higher quantities and contributing to some of the recently elevated rates of alcohol related harm in certain Australian jurisdictions (10). 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 such as the NDSHS and ASSAD (1, 7).

Figure 1. Australian teenage drinking trends 1984 to 2014.

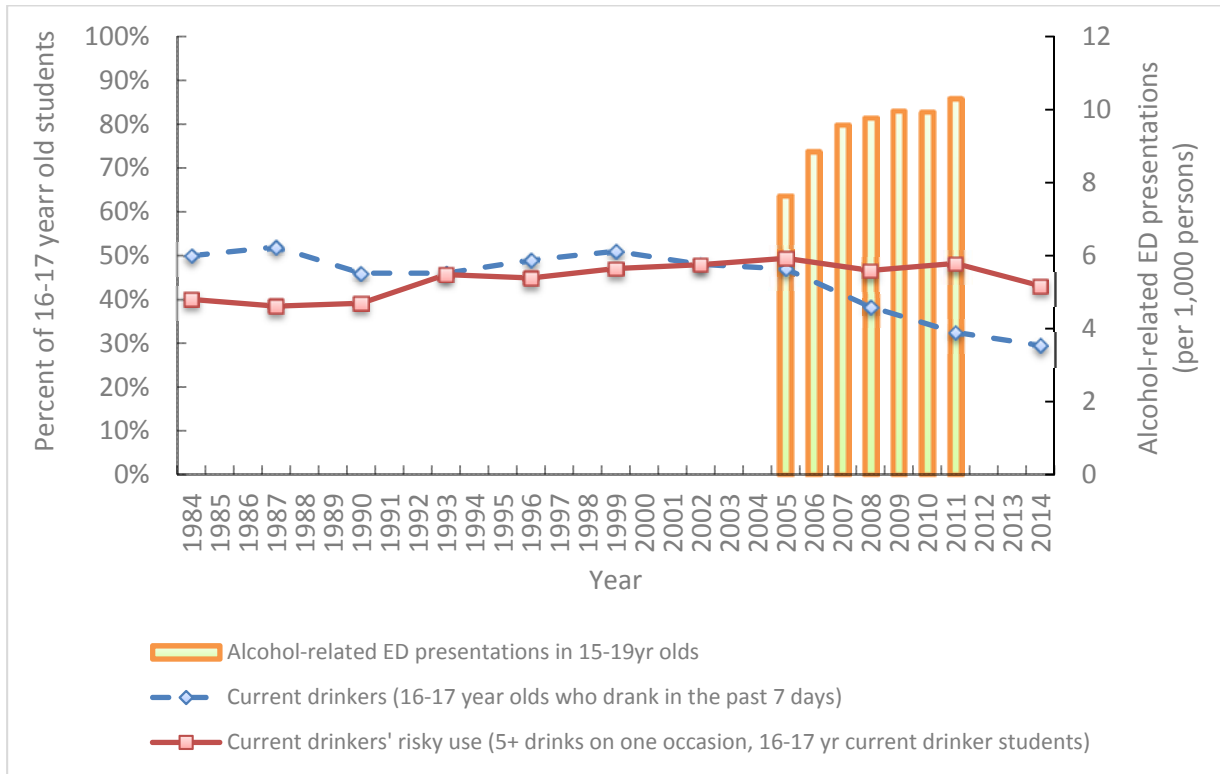


Figure note. Student consumption data from the Australian School Student Alcohol and Drug (ASSAD) Survey. (7). Emergency department data from 2005-06 to 2011-12 includes all Australian jurisdictions excluding Tasmania (10).

Legislative considerations

The legal purchase age for alcohol is 18 in all jurisdictions in Australia (11). All Australian jurisdictions except one (SA) 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 (12). Secondary supply legislation in Tasmania is enforced under the *Police Offences Act 1935*, and violation may incur fines of up to \$12,000, or a jail term of up to 12 months for serious offences (13).

3. Recruitment

Recruitment for the Hobart face-to-face interviews ran from November 2016 to March 2017.

Materials

To maximise the project's appeal and relevance to the target population, advertising materials were professionally designed. These materials included a poster, postcards, a street press advertisement, a picture to accompany the Facebook ad, an animated video providing an overview of the project and site-specific contact details, and a banner that was used on the project website, online survey and as the project's Facebook cover.

Recruitment sources

The most popular modes of recruitment for the face-to face interviews were social media, snowballing, and through posters (see table 1-2).

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

	Survey modality		
	F2F	Self-administered	Total
Facebook advertisement	85%	87%	87%
Instagram advertisement	0%	5%	4%
A poster at university	6%	2%	3%
A poster in a shop	0%	1%	1%
A postcard	0%	0%	0%
Through a friend	29%	12%	14%
An electronic newsletter	0%	0%	0%
A service I use (e.g. youth health service)	0%	1%	1%
Other recruitment method	3%	1%	1%
Total	66	427	493

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

	Survey modality		
	F2F	Self-administered	Total
Facebook advertisement	88%	85%	85%
Instagram advertisement	0%	6%	5%
A poster at university	2%	2%	2%
A poster in a shop	0%	1%	1%
A postcard	0%	0%	0%
Through a friend	30%	14%	17%
An electronic newsletter	0%	0%	0%
A service I use (e.g. youth health service)	0%	1%	1%
Other recruitment method	4%	1%	1%
Total	50	220	270

Paid Facebook and Instagram advertisements

A TAS-specific project page was established within the Facebook domain, including the same poster-style images and project information to that of the national YAARS Facebook page. Paid Facebook and Instagram ads were created and managed through this page, set to appear in Facebook and Instagram sidebars and newsfeeds.

Project webpage

A TAS-specific project webpage was created through the UTAS domain, including a brief description of the study, contact details for Hobart face-to-face surveys, and a link to the self-administered online survey (www.utas.edu.au/health/research/young-australians-alcohol-reporting-system). Links were also provided for the national NDRI-based webpage and FAQ.

Word of mouth

During both screening and interviewing, potential participants were encouraged to recruit their friends for the project. Postcards were included in reimbursement packs with the instruction that they could be provided to friends if they were interested in participating.

Posters

A3 and A4 project posters with tear away sections listing contact details were posted around TAFEs and universities in communal pin board areas, bars, libraries, student lunchrooms, bathrooms and on the backs of toilet stall doors.

Other sources

Postcards, posters and online newsletters were also disseminated through:

- Youth services (The LINK Youth Health Service, Youth ARC)
- Alcohol, Tobacco and Other Drugs Council of Tasmania's monthly eNews
- Cafés in Hobart city and surrounding suburbs
- Music and clothing stores

Screening of participants

There was a two-stage screening process for the face-to-face interviews: initially with the site coordinator through telephone or email prior to the booking of the interview, and a face-to-face verification with the interviewer. The self-administered online survey participants were screened via survey logic programming.

The majority of potential respondents made initial contact via SMS to the recruitment mobile or via email. Most respondents were screened via telephone, however for those unable to make telephone contact, screening questions were completed through email correspondence.

Overall, the demographic of 14-15 year old males and females were generally much more difficult to recruit compared to the other groups. For face-to-face interviews, 16-17 year old females were also difficult to recruit, particularly compared to males of the same age-bracket.

4. Interviewing

Interviews were conducted over two phases: the first from 15-30 November 2016 and the second from 15 January – 31 March 2017.

Interview locations were discussed and arranged with participants upon confirming eligibility. In the end, all (69) Hobart face-to-face interviews were conducted in public cafés within the city centre, usually within close proximity to the city's major bus station. This was consistently deemed the most convenient location by both participants and interviewers, due to the ease of accessibility from both inner and outer-Hobart suburbs.

5. YAARS TAS participant sample

A total of 541 14-19 year olds were interviewed or surveyed in Tasmania in late 2016 and early 2017. Sixty-nine face-to-face (F2F) interviews and 472 short online surveys were conducted, and these were categorised as either the ‘top 25% of risky drinkers’ or as ‘lower risk drinkers’ (see Table 3).

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

Young people screened as consuming less than these quantities (‘lower risk’ participants) provided demographic and past 12 month drinking responses, but will not be described further in this report. This report focuses on the 51 higher risk drinkers who completed a F2F interview, and the 256 that completed an online survey, who from this point on, are simply referred to as ‘the participants’. Most participants were students (61% school, 3% TAFE and 20% university) and from the Hobart area (78%; see Table 4).

Table 3. Face-to-face interviews and self-administered surveys conducted in Hobart by age, gender and screening status

Gender	Age	Face to face (F2F) interview			Self-administered online survey		
		Lower Risk	Top 25% of drinkers	Total interviews	Lower Risk	Top 25% of drinkers	Total surveys
Male	14-15	0	1	1	8	16	24
	16-17	1	17	18	30	44	74
	18-19	4	15	19	45	62	107
	Total	5	33	38	83	122	205
Female	14-15	0	3	3	8	21	29
	16-17	2	4	6	54	58	102
	18-19	10	10	20	67	61	128
	Total	12	17	29	129	130	259
Transgender	14-15	0	0	0	0	0	0
	16-17	0	0	0	1	0	1
	18-19	0	0	0	0	0	0
	Total	0	0	0	1	0	1
None of the above/ prefer not to say	14-15	0	0	0	0	1	1
	16-17	0	0	0	1	2	3
	18-19	0	1	1	2	1	3
	Total	0	1	1	3	4	7
Total	14-15	0	4	4	16	38	54
	16-17	3	21	24	86	94	180
	18-19	14	26	40	114	124	238
	Total	17	51	68	216	256	472

Note: 69 face-to-face interviews were conducted in Hobart. One interviewee provided a Victorian postcode and has therefore been included within the Victorian analyses.

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

		Survey modality					
		F2F		Self-administered		Total	
		n	%	n	%	n	%
Gender	Male	33	65%	122	48%	155	51%
	Female	17	33%	51	58%	147	48%
	Transgender	0	0%	0	0%	0	0%
	I do not identify as any of the above/ prefer not to say	1	2%	4	2%	5	2%
	Total	51	100%	256	100%	307	100%
Age	14-15	4	8%	38	15%	42	14%
	16-17	21	41%	94	37%	115	38%
	18-19	26	51%	124	48%	150	49%
	Total	51	100%	256	100%	307	100%
Occupation	School student (full time)	28	55%	159	62%	187	61%
	TAFE student (full time)	0	0%	5	2%	5	2%
	TAFE student (part time)	0	0%	3	1%	3	1%
	University student (full time)	12	24%	45	18%	57	19%
	University student (part time)	0	0%	3	1%	3	1%
	Trade apprentice (full time)	0	0%	9	4%	9	3%
	Trade apprentice (part time)	0	0%	1	0%	1	0%
	Employed (casual or part time)	22	43%	82	32%	104	34%
	Employed (full time)	1	2%	8	3%	9	3%
	Unemployed	6	12%	21	8%	27	9%
	Home duties (full time)	0	0%	3	1%	3	1%
	Other	1	2%	6	2%	7	2%
Total	51	100%	256	100%	307	100%	
Languages spoken in your home	English only	49	96%	213	96%	262	96%
	English and another language(s)	2	4%	9	4%	11	4%
	Total	51	100%	222	100%	273	100%
Aboriginal and or Torres Strait Islander	ATSI	3	6%	26	10%	29	9%
	Not ATSI	48	94%	230	90%	278	91%
	Total	51	100%	256	100%	307	100%
Location	Greater capital city area	49	98%	189	74%	238	78%
	Non-capital city area	1	2%	67	26%	68	22%
	Total	50	100%	256	100%	306	100%
Weekly budget available for recreational use	≤\$10	1	2%	7	3%	8	3%
	\$10-39	8	16%	77	31%	85	28%
	\$40-79	17	33%	69	27%	86	28%
	\$80-119	7	14%	42	17%	49	16%
	\$120-159	7	14%	18	7%	25	8%
	≥ \$160	11	22%	32	13%	43	14%
	Do not know	0	0%	7	3%	7	2%
	Total	51	100%	252	100%	303	100%

Explanatory notes for the main findings section

The data from this project was predominantly quantitative, and was supplemented with a small number of open-ended qualitative items. The methodology focuses on the most recent occasion when the young person drank more than recommended in the NHMRC low risk drinking guidelines for adults (or any drinking in the past month amongst 14-15 year olds). The use of event-level data allowed for a rich context to be described - the linking of specific quantities of alcohol consumed, at what kind of location, the presence of other drinking peers/adults, with risks such as pre-loading with alcohol before the event, and identification of protective factors, in relation to likelihood of experience of a single instance of harm such as physical assault. Beyond the last risky drinking session, other outcomes such as drink driving in the past 12 months, symptoms of dependence, and mental health issues are outlined in the national report.

In the following section, most tables present results separately by survey administration modality and/or by demographic. The interviewer administered surveys were conducted face to face and this modality has been abbreviated as 'F2F' in the tables. The self-administered online surveys are abbreviated as 'self-administered'. 'Both modalities' combines both the interviewer and self-administered responses.

The term 'demographic' summarises age and gender information into four main categories: Males aged 14 to 17 ('M 14-17'), Males aged 18 to 19 ('M 18-19'), Females aged 14 to 17 ('F 14-17'), and Females aged 18 to 19 ('F 18-19').

In this report, the 'total' or 'all' groups are often larger than the sum of the male and female groups. Eligible respondents who were transgender or preferred not to disclose their gender have been included within the 'total' scores.

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.

6. Main findings from the 'last risky drinking session'

These young risky drinkers reported on the last time they consumed a minimum quantity of alcohol. This minimum quantity was determined by the respondents' age and gender:

- 14-15 year olds reported on the most recent occasion that they drank 1+ standard drinks in a single sitting
- 16-17 year olds on last time they had 5+ standard drinks
- 18-19 year old females on the last time they had 7+ standard drinks
- 18-19 year old males on the last time they had 9+ standard drinks

Recall period

Across both the F2F and self-administered survey modalities, more than half (59%) reported this last drinking session occurred seven or fewer days prior to completing their survey. The recall period was 14 days or less for 75%, and 28 or fewer days for 91%.

More specifically, two-thirds (67%) of the F2F sample reported that this last risky drinking session occurred seven or fewer days ago. More than three-quarters (86%) reported it occurred 14 or fewer days ago and the clear majority (94%) reported it occurred 28 or fewer days ago (n=51). Similarly, 57% of the self-administered survey respondents had their last risky drinking session seven or fewer days ago. Almost three-quarters (72%) reported it occurred 14 or fewer days ago and almost all (90%) reported it occurred 28 or fewer days ago (n=217).

Note these percentages exclude 1% of outlier recall periods. Of 220 self-administered recall periods, n=2 had drinking session dates after the survey date and n=1 had recall periods ≥ 100 days. All F2F recall periods were between 0-100 days.

Drinking locations

The most popular drinking location was a friend or acquaintance's home (65%), followed by a nightclub (23%), a bar/pub/hotel (19%), or the respondents' own home (18%). Over three quarters (78%) of the young people drank in at least one private location (friend's home, own home or car), and almost a third (32%) drank in at least one licensed venue such as a pub or club at the last risky drinking session.

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

F2F	Males	Females	Total F2F
Own home	27%	24%	26%
Friend's home	70%	59%	67%
Bar or pub or hotel	27%	30%	28%
Nightclub	33%	35%	35%
Music festival or concert	12%	6%	10%
Sporting event or club	3%	6%	4%
Restaurant	3%	12%	6%
Car	3%	0%	2%
School, TAFE, university	3%	0%	2%
Reception centre or function room	3%	6%	4%
Public or other place	15%	6%	12%
Drank in a private location (a home or car)	85%	82%	84%
Drank in a non-licensed location (home, car, park, beach etc.)	94%	82%	90%
Drank in a licensed venue (bar, pub, club, casino etc.)	46%	47%	47%
Total	33	17	51

Self-administered online survey	Males	Females	Total online
Own home	19%	14%	17%
Friend's home	68%	64%	65%
Bar or pub or hotel	18%	17%	17%
Nightclub	17%	23%	20%
Music festival or concert	12%	11%	12%
Sporting event or club	3%	0%	1%
Restaurant	3%	2%	2%
Car	1%	2%	2%
School, TAFE, university	0%	2%	1%
Reception centre or function room	2%	1%	1%
Public or other place	8%	5%	6%
Drank in a private location (a home or car)	80%	76%	77%
Drank in a non-licensed location (home, car, park, beach etc.)	83%	79%	80%
Drank in a licensed venue (bar, pub, club, casino etc.)	25%	33%	29%
Total	93	125	222

	Males	Females	Total both modalities
Both modalities			
Own home	21%	16%	18%
Friend's home	68%	63%	65%
Bar or pub or hotel	21%	18%	19%
Nightclub	21%	25%	23%
Music festival or concert	12%	11%	11%
Sporting event or club	3%	1%	2%
Restaurant	3%	3%	3%
Car	2%	2%	2%
School, TAFE, university	1%	1%	1%
Reception centre or function room	2%	1%	2%
Public or other place	10%	5%	7%
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Drank in a private location (a home or car)	81%	77%	78%
Drank in a non-licensed location (home, car, park, beach etc.)	86%	80%	82%
Drank in a licensed venue (bar, pub, club, casino etc.)	30%	35%	32%
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Total	126	142	273

Drinking days and duration

Across the survey modalities, over three-quarters of the drinking sessions were held on either Fridays (31%) or Saturdays (48%). The first drink was most commonly consumed in the early evening (34% between 6-6.30pm, 27% between 7-8.30pm), and the last drink around midnight (23% 10-11.30pm, 30% midnight-1.30am, 22% 2-3.30am). The drinking session ran for an average of 7.1 hours (95% CI: 6.6, 7.6).

For F2F participants, Fridays (33%) and Saturdays (49%) were the most common days when the drinking session commenced. The first drink was usually consumed in the early evening (20% between 6-6.30pm, 33% between 7-8.30pm), and the last drink after midnight (18% 10-11.30pm, 26% midnight-1.30am, 33% 2-3.30am). The mean drinking session duration was 7.6 hours (95% CI for the mean: 6.6, 8.6, excluding 1 outlier beyond 0-24 hours; n=50). For self-administered survey participants, Fridays (30%) and Saturdays (48%) were again the most popular drinking session day. The first drink was most commonly consumed in the early evening (37% between 6-6.30pm, 26% between 7-8.30pm), and the last drink around midnight (24% 10-11.30pm, 31% midnight-1.30am, 19% 2-3.30am). The mean drinking session duration was 7.0 hours (95% CI for the mean: 6.5, 7.5, excluding 46 outliers beyond 0-24 hours; n=260).

Beverage types

The most popular drink types were spirits (64%), beer (46%) and cider (37%). Females reported higher rates of drinking pre-mixed drinks than males, $\chi^2(1, N=302)=10.4, p=.001$, whereas males were more likely to report drinking beer, $\chi^2(1, N=302)=43.0, p<.001$.

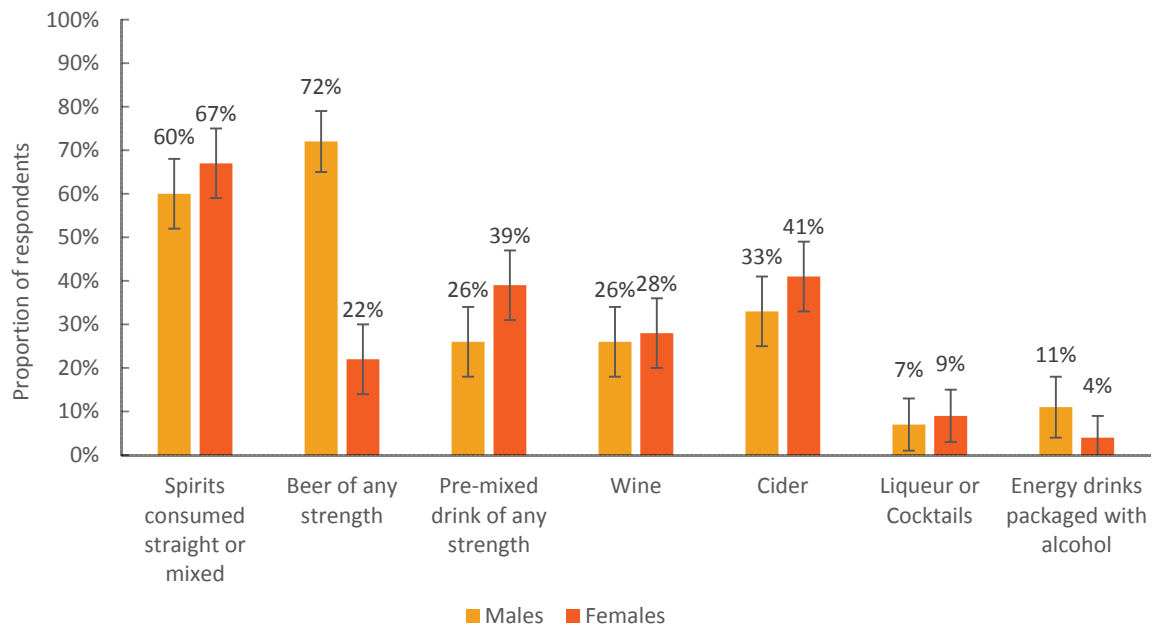
Table 6. Types of beverages consumed at the last risky drinking session

F2F	Male	Female	Total
Spirits consumed straight or mixed	67%	65%	67%
Beer of any strength	88%	47%	73%
Pre-mixed drink of any strength	12%	12%	12%
Wine	27%	59%	37%
Cider	46%	47%	47%
Liqueur or Cocktails	0%	6%	2%
Energy drinks packaged with alcohol	0%	0%	0%
Other	0%	18%	6%
Total	33	17	51

Self-administered	Male	Female	Total
Spirits consumed straight or mixed	58%	68%	64%
Beer of any strength	66%	19%	40%
Pre-mixed drink of any strength	30%	43%	38%
Wine	25%	23%	25%
Cider	28%	40%	35%
Liqueur or Cocktails	10%	10%	10%
Energy drinks packaged with alcohol	15%	5%	10%
Other	5%	4%	5%
Total	92	124	220

Both modalities combined	Male	Female	Total
Spirits consumed straight or mixed	60%	67%	64%
Beer of any strength	72%	22%	46%
Pre-mixed drink of any strength	26%	39%	33%
Wine	26%	28%	27%
Cider	33%	41%	37%
Liqueur or Cocktails	7%	9%	8%
Energy drinks packaged with alcohol	11%	4%	8%
Other	4%	6%	5%
Total	125	141	271

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



Pre-drinking

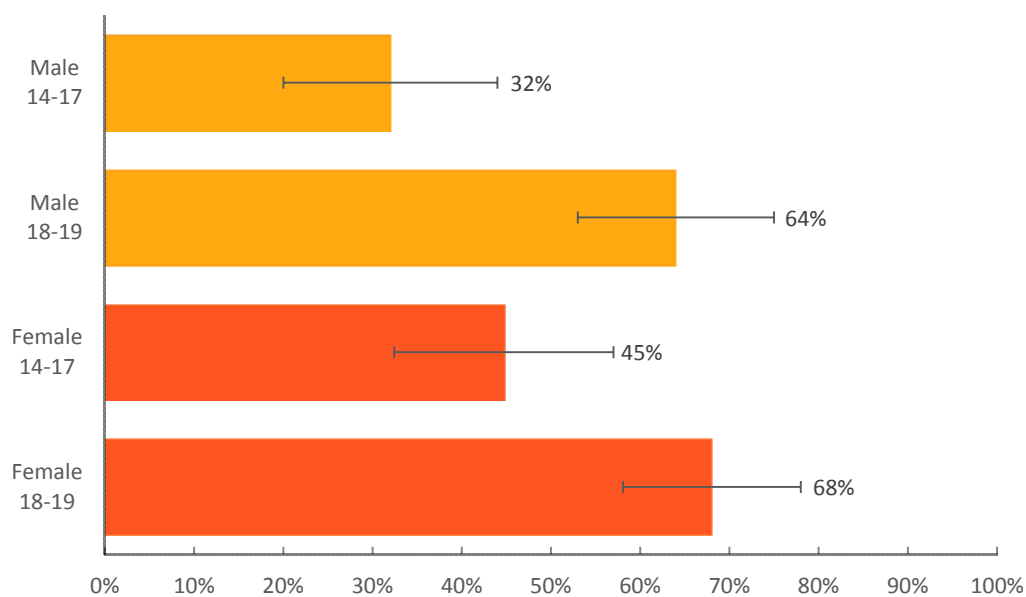
'Pre-drinking', also known as having 'pre's' or 'pre-loading', is consuming alcohol before you 'go out'. For example, you and your friends might drink alcohol at home before going out to a nightclub or a house party where there are more people.

Half (51%) pre-drank at the last risky drinking session. Though there were no significant differences in engagement by gender, participants aged 18-19 reported significantly higher rates of pre-drinking relative to those aged 14-17 (36% vs. 65%), $\chi^2(2, N=218)=19.9, p<.001$.

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

		Male	Female	Total
F2F	No	39%	35%	37%
	Yes	61%	65%	63%
	Unsure	0%	0%	0%
	Total	33	17	51
Self-administered	No	57%	42%	49%
	Yes	40%	55%	48%
	Unsure	3%	2%	3%
	Total	93	125	222
Total	No	52%	42%	47%
	Yes	45%	56%	51%
	Unsure	2%	2%	2%
	Total	126	142	273

Figure 2. Pre-drinking at the last drinking session



Quantity consumed

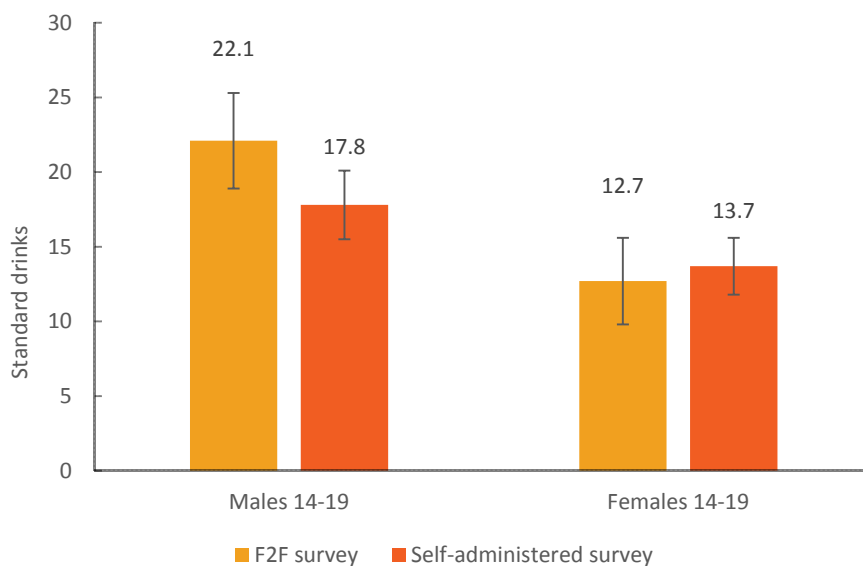
Respondents reported how much alcohol they drank at their last risky drinking session using the beverage specific response method.

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

	Survey modality											
	F2F				Self-administered				Both modalities			
	95% CI for mean				95% CI for mean				95% CI for mean			
	Mean	LB	UB	n	Mean	LB	UB	n	Mean	LB	UB	n
Males 14-19	22.1	18.9	25.3	31	17.8	15.4	20.1	73	19.0	17.1	21.0	104
Females 14-19	12.7	9.8	15.6	17	13.7	12.1	15.6	102	13.7	12.2	15.2	119
Total	18.6	16.0	21.2	49	15.6	14.2	17.1	178	16.3	15.0	17.5	227

Note: responses above 50 standard drinks were excluded from analyses. LB and UB refer to the lower-bounds and upper-bounds of the 95% confidence intervals.

Figure 3. Mean alcohol consumed at the last risky drinking session by F2F participants.



The clear majority (87%) 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, 8% said they usually drank a lot less, 20% usually drank a little less, 54% usually drank a similar amount, 14% usually drank a little more, and 4% usually drank a lot more alcohol (n=205).

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 (14). The 10 most frequently endorsed outcomes experienced in association with the last risky drinking session are presented in Table 9.

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	64%	59%	63%	64%	71%	69%	64%	69%	67%
While drinking, I have said or done embarrassing things	24%	35%	28%	28%	39%	35%	27%	38%	33%
I had a hangover (headache, sick stomach) the morning after I had been drinking	39%	47%	43%	26%	44%	37%	30%	44%	38%
I have felt very sick to my stomach or thrown up after drinking	15%	29%	20%	19%	23%	21%	18%	24%	21%
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	18%	6%	14%	13%	22%	19%	15%	20%	18%
When drinking, I have done impulsive things I regretted later	9%	18%	12%	13%	20%	18%	12%	20%	17%
I've not been able to remember large stretches of time while drinking heavily	27%	29%	28%	25%	24%	25%	26%	25%	25%
I have often found it difficult to limit how much I drink	33%	24%	29%	8%	20%	16%	15%	21%	18%
I have had less energy or felt tired because of my drinking	36%	24%	31%	21%	29%	26%	26%	29%	27%
I have been injured due to my drinking (inc. cuts & bruises)	21%	6%	16%	13%	22%	18%	16%	20%	18%
N	33	17	51	83	119	206	116	136	257

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 (15). These behavioural strategies can limit alcohol-related problems even after controlling for the quantity of alcohol consumed. Table 01 lists the safety strategies 'always' or 'usually' engaged in while drinking by gender and survey administration modality.

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

	F2F			Self-administered			Both modalities		
	Male	Female	All	Male	Female	All	Male	Female	All
Stopping/ Limiting Drinking									
Determine not to exceed a set number of drinks	3%	12%	6%	22%	18%	19%	16%	17%	16%
Alternate alcoholic and non-alcoholic drinks	23%	35%	29%	24%	23%	24%	24%	25%	25%
Have a friend let you know when you have had enough to drink	19%	35%	27%	13%	30%	23%	15%	30%	24%
Leave the bar or party at a predetermined time	10%	35%	20%	19%	20%	19%	16%	22%	20%
Stop drinking at a predetermined time	3%	18%	10%	10%	15%	13%	8%	15%	12%
Drink water while drinking alcohol	26%	53%	37%	47%	38%	42%	41%	40%	41%
Put extra ice in your drink	3%	12%	6%	15%	13%	14%	12%	13%	12%
Manner of Drinking									
Avoid drinking games	0%	12%	4%	17%	10%	13%	12%	10%	11%
Drink shots of spirits (risk behaviour)	48%	47%	49%	42%	60%	53%	44%	58%	52%
Avoid mixing different types of alcohol	10%	6%	8%	14%	12%	14%	13%	11%	13%
Drink slowly, rather than gulp or scull	7%	18%	10%	22%	14%	17%	17%	14%	15%
Avoided trying to "keep up" or out-drink others	23%	29%	25%	17%	29%	24%	18%	29%	24%
Serious Negative Consequences									
Use a designated driver	52%	59%	53%	54%	47%	51%	54%	49%	52%
Made sure that you go home with a friend	55%	82%	65%	53%	69%	63%	54%	71%	64%
Know where your drink has been at all times	58%	82%	67%	68%	78%	74%	66%	78%	73%
Total	31	17	49	79	108	191	110	125	240

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.

7. References

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