# Meet us where we are: non-Indigenous young peoples' ideas on how to reduce alcohol-related harm in Mparntwe (Alice Springs)

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## Abstract

**Objective:** This research sought to understand the strategies young people in a remote central Australian town believed would reduce alcohol-related harms amongst their peers.

**Methods:** A total of 38 non-Indigenous residents of Mparntwe (Alice Springs), aged between 14 and 18 years, participated in focus groups at their school. Participants discussed strategies they thought would reduce alcohol-related harms among people their age. Data were analysed using thematic analysis.

**Results:** Participants suggested that young peoples' drinking behaviour developed with peers. Through social learning in peer groups, drinking alcohol was perceived as fun and normal. Participants indicated a willingness to learn about strategies to stay safe around alcohol. Their ideas for doing so reflected their existing social methods of learning about alcohol: having comfortable conversations and storytelling with a small group of peers and a relatable role model.

**Conclusions:** Young residents of Mparntwe (Alice Springs) advised that alcohol-related harm reduction strategies would be most effective if focussed on safety, rather than abstinence, and applied social-learning strategies.

**Implications for Public Health:** Young people value their burgeoning self-determination. Youth health interventions must engage youth in intervention co-design and aim to assist young people to make safer decisions, rather than making decisions on their behalf.

**Key words:** youth, alcohol, rural, focus group, Northern Territory

## Introduction

Alcohol consumption amongst young people risks their health and psychosocial development, through increasing the likelihood of injury, risky sexual behaviour, violence and detrimental changes in brain development.[1] Due to these risks, Australian guidelines advise that people under 18 years of age do not consume alcohol and that people of 15 years of age or younger are at the greatest risk of harm from alcohol consumption.[1] Binge drinking (i.e. drinking 5 or more standard drinks on one occasion) is particularly risky.[1] Eleven percent of Australian youth aged between 16 and 18 years who binge drink reported that they attended an emergency department at least once over the past 12 months because of their drinking.[2]

Binge drinking and its associated risks are particularly prominent in non-urban locations. While most Australian jurisdictions reported a decrease in young people's binge drinking between 2016 and 2019, this was not the case for the Northern Territory (NT). In the NT, the proportion of young people who reported binge drinking in the past month rose from 51% in 2016 to 69% in 2019.[3] Statistics such as these, however, illustrate the importance of more fine-grained analyses and different methodologies to explore different facets of alcohol use. For example, between 2016 and 2019, there was no significant increase for the 14+ age group.[3] Young people in rural and remote areas (such as in the majority of the NT including Mparntwe[4]) are at a higher risk of harms from their drinking than are youth in urban locations (e.g. drink driving).[5] As such, there is a need for effective interventions to reduce risky alcohol consumption amongst

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young people in predominantly non-urban locations, including the NT.

The NT has a unique history of controversial and politicised alcohol restriction legislation, which has included price and taxation and regulation of physical availability of alcohol.[6] For example, the NT National Emergency Response Act 2007 (known as the 'NT Intervention') included several measures, including blanket bans on the possession and consumption of alcohol, acquisition of town camps, and compulsory income management.[7] These measures undermined self-determination of communities,[8,9] many of which had already developed local initiatives. At the time of the current research, legislation within the NT included a register of people who are banned from purchasing alcohol (known as the Banned Drinker Register), Police Auxiliary Liquor Inspectors who monitor take-away alcohol outlets and minimum unit pricing.[6] The participants in the research we conducted, however, were largely excluded from these policies since they were already subject to a supply reduction policy due to their age.

Evaluating the effects of the policies mentioned earlier on alcohol use has been challenging in the context of swift implementation and changeover of policies. For example, while there is evidence that pricing/taxation policies have been broadly effective,[6] there is other evidence to suggest that effects of supply-reduction strategies are mixed,[10] and the specific impact of these policies on youth is uncertain. Given the history of community-driven initiatives being effective at reducing alcohol and other drug-related harms[11,12,13,14] and youth in the NT reporting that existing alcohol-related harm reduction strategies are irrelevant to them,[15] the youth must be enabled to contribute their views on how to reduce alcohol-related harms in their community.

The current research aimed to contribute to the development of a locally tailored approach to reducing alcohol-related harms amongst youth in the Central Australian town of Alice Springs, originally known as Mparntwe by the Arrernte people, in the south of the NT. Within this paper, we will refer to the town as Mparntwe. Researchers who previously interviewed youth within this community found that participants described the current interventions as irrelevant to them, and a participant stated that drinking-related safety advertising had "zero effect on anyone".[15] Research in other locations, such as the United Kingdom, has found similar results: the perceived need for, and efficacy of, alcohol and other drug interventions amongst the youth is low.[16] The youth are unlikely to engage in an intervention to reduce alcohol-related harms if they perceive it as irrelevant or unnecessary. Informed by previous research which has shown youth engagement in program development improves engagement with the subsequent program,[17] the current study sought young Mparntwe residents' views on what a useful and effective strategy to reduce alcohol-related harms in their community may be. It was beyond the scope of this research to develop and evaluate an intervention; however, it is our intention that the views of young people obtained in this study will usefully guide the development of future interventions.

## Method

Leaders of local schools and youth groups in Mparntwe were sent a letter of introduction, inviting young people aged between 14 and 18 years to participate in the research. Two schools accepted the offer and were subsequently provided with advertising materials (the poster is included as Supplementary Material), information sheets and consent forms for potential participants and their guardians. The schools were asked to use their standard, routine, internal processes for distributing information to students in order to pass the information on to students. To encourage diverse viewpoints, our inclusion and exclusion criteria were broad. We were interested in recruiting students aged between 14 and 18 who were residents in Alice Springs and whose parents consented for them to participate. Interested youth were asked to return completed consent forms to a nominated teacher who then collaborated with the researcher to book focus groups during school hours. Students were not offered any incentives for participating. Prior to commencing focus groups, researchers reviewed the consent form with each participant to ensure their informed assent.

A total of five focus groups were facilitated by the first two authors. Each group had between four and fourteen participants. The total number of participants was 38, and they were aged between 14 and 18 years ($M$ = 17.38, $SD$ = .83), 42% identified as female, 55% identified as male, and 3% preferred not to share their gender identification. Participants' cultural identifications were varied. Twenty-seven participants identified as Caucasian. Other cultural identifications included African, Indian, and Asian. There was one participant identified as First Nations from a country other than Australia. There were no participants who identified as First Nations from Australia. The focus groups were semi-structured. The Interview Schedule is included as Supplementary Material and outlines the approach taken. Participants were asked to discuss a range of questions regarding what strategies or programs they thought would be effective or ineffective at reducing the harms from underage drinking in their town. Questions were framed to encourage participants to discuss their perspectives while avoiding discussions about participants' own potential alcohol use, given that it is illegal for people under 18 years of age to purchase alcohol in Australia. The following questions included:

- What strategies have you noticed that aim to reduce young people's alcohol consumption and/or keep them safe if they do drink alcohol?
- Do you think these strategies are necessary? Why or why not?
- Do you think these strategies are useful/effective? Why or why not?
- What ideas do you have for what a useful strategy might look like?

A teacher was present at each focus group to maintain the schools' duty of care requirements. The teacher sat away from the group and engaged in other tasks. However, there were times when a teacher was asked a question by a student or contributed to the discussion. These interactions added to the insight of where and how students receive information regarding alcohol use and were included in the analyses; however, the teachers were not considered participants.

In conducting the thematic analysis of the focus groups, we were guided by Braun and Clarke (2012) and Braun and Clarke (2022).[18,19] Thematic analysis was chosen because it allows an inductive approach to analysis. The ability to use inductive analysis was important to this project because we aimed to understand young people's experiences and beliefs primarily through their own explanations, as opposed to viewing their responses through a particular theoretical framework. Thematic analysis also allowed

flexibility for data to be analysed semantically (i.e. participants language to be analysed as intentional and explicit).

Ontologically, we applied critical realism because we believe that the beliefs and experiences of young people exist independently from our (the researchers) ideas and descriptions of them. The descriptions of these beliefs and experiences, however, are nevertheless mediated by the contexts within which they are discussed (i.e. in a focus group environment with a teacher present) and interpreted (i.e. by the researchers). Combined with our epistemological stance of post-positivism, we recognised that while we strived to understand the reality of young people's beliefs and experiences objectively, we can only do so imperfectly and from a situated position. The two authors who facilitated the focus groups identify as Australian women, both with a history of training in psychology. Both have a European cultural heritage and are not First Nations. While one facilitator[1] was new to living in Mparntwe, the other had lived there for approximately a decade and had worked extensively in schools. The authors' training in psychology likely influenced their post-positivist perspectives, which is a common approach in psychology. Furthermore, their age disparity with participants meant their position was likely perceived as that of an outsider.

As we conducted the focus groups and commenced data collection, the data familiarisation phase was initiated. We often discussed focus groups immediately after conducting them and shared reflections on commonalities and differences between the focus groups over the course of data collection. Once all focus groups were complete, orthographic transcriptions which captured what was said but not how it was said were created. Orthographic transcriptions were considered sufficient because both coders were facilitators at all the focus groups. We then moved to a more systematic analysis of data through coding. The coding process was iterative; the third author used hard copies of the transcripts, while the second author used NVivo.[20] The coders independently identified candidate themes, using visual maps to enhance the development of their understanding of how candidate themes related to one another. The coders' visual maps were shared and used to guide discussions, such as whether a theme should be considered a sub-theme or themes should be merged, before arriving at final themes.

## Results

Generally, participants seemed candid and open with the researchers. For example, at times, participants expressed the view that reducing underage drinking was *"not going to happen"*. In responses such as these, participants' tone seemed to reflect a considered reflection rather than as a provocative or defensiv remark.

The overarching theme of the results was the importance of bridging the gap between young people and the strategies offered to help them stay safe around alcohol. As one participant explained, *"This is where I'm at. This is where you're at. Let's work together rather than this is what you should be doing"* (FG2, P2[2]). Participants described drinking alcohol as a social phenomenon. Through interactions with role models and peers, they perceived that drinking was fun, normal, *"cool"* and mostly safe. They learnt at parties, through sharing experiences and by talking to one another. These ways of learning contrasted with the existing planned strategies or interventions to keep young people safe. Participants described either not being aware of any strategies, or, if they could think of a strategy, that it was quite cursory: *"A quick, 'don't drink alcohol, kids'"* (FG1, P1). Participants described that they felt lectured at, rather than engaged with, and overall, found efforts to advocate for abstinence ineffective. The solutions participants offered to reduce harms from alcohol use involved meeting them where they are. That is, focussing on harm minimisation rather than abstinence. Their descriptions of how they thought they should be taught about safety mimicked how they currently learn about alcohol: having comfortable conversations in small groups with their peers, led by a role model (e.g. peer-like, admired, "cool").

### *Drinking is social*

Participants explained that theirs and their peers' knowledge and behaviour regarding alcohol were created through their social experiences. That is, knowledge about alcohol, the reasons for trying alcohol and the reasons to continue drinking were all discussed in relation to the influence of peers. Specifically, observing older, *"cool"* peers drinking motivated the desire to drink, while the drinking behaviour of friends created an environment where drinking was accessible and easy and was perceived as normal. The drinking behaviour of peers also created a fear of missing out on the fun. Taken together, these insights suggested that the onset and maintenance of drinking behaviour were socially driven.

Initial interest in drinking was frequently discussed in relation to looking up to older or more aspirational peers, who were perceived to be having a good time.

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|---|---|---|
| *FG1* | *P2*<br>*P1* | *Role models that you see around, yeah, obviously.*<br>*Like, seeing the older years doing it, having fun at parties.* |
| *FG6* | *P1*<br>*P7* | *Look at those guys, they're drinking. I want to drink now.*<br>*Like older kids* |

In one case, it was made explicit that the influence of aspirational peers on drinking behaviour was more pronounced than the influence of friends.

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|---|---|---|
| *FG6* | *F1*<br>*P1*<br>*P2* | *So do you think a lot of, like the amount that people drink and what they drink is influenced by their friends?*<br>*Yeah.*<br>*Even not so much friends. Even people you kind of like, oh yeah, he seems like this kind of cool guy. Yeah, look at him drink.* |

However, the discussion was not void of the importance of closer friends. Being around peers who were drinking reduced barriers to drinking and shifted young peoples' decision-making to consider "why not [drink alcohol]?", as opposed to seeking out alcohol.

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|---|---|---|
| *FG1* | *P3* | *It could also be, like, a, not, not necessarily peer pressure but just because all your friends are doing it. Then you're like, oh, maybe I'll do that. And then you just end up in a situation and you're like, oh, what can one drink…? Like, what harm can one drink do?* |

[1]F = Facilitator

[2]FG = Focus group identification number; P = Participant identification number within focus group

Furthermore, knowledge about alcohol was derived from observing and/or learning from peers' experiences. These observations lead to the perception that drinking was safe.

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| FG1 | P5 | *Um, I think there's one thing that, when people pick up under-age drinking and they see their peers do it, they think it's safe because their peers get a bit drunk and they go home. And they wake up next morning and they're fine.* |

Not only did peers' drinking create an environment in which drinking was easy and normal but it also meant that young people developed a fear of missing out on the fun. Participants described wanting to feel like they belonged and not wanting to miss out on an experience that their peers were having.

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|---|---|---|
| FG2 | P4 | *Yeah, I think it's also the peer pressure of it. Not necessarily in the sense that when you're at a party people are like, oh, you should drink because people don't do that… But I think it's definitely… it's not peer pressure in the externalised way you get taught about it, but it's peer pressure in the sense that I want to fit in…* |
| FG3 | P4 | *And fear of missing out…* |
| | P3 | *On your phone and your friends are Snapchatting you, and they're all together drinking,* |
| | P7 | *it looks like…* |
| | P4 | *Yes, all of them.* |
| | | *They're having the best time.* |

Overall, participants described drinking as a social phenomenon. Peers created environments in which drinking was perceived as cool, normal and fun. The influence of peers on drinking was rarely discussed as dominating or overt peer pressure but rather that observing and talking to peers influenced perceptions and behaviours relating to drinking.

## A quick, 'don't drink alcohol, kids' does not work

Young peoples' perceptions about alcohol created by their social environment were at odds with how alcohol was spoken about within existing alcohol-related strategies and interventions. When asked what existing strategies they were aware of, participants often responded that they were not aware of any or that any they could recall were cursory: health assignments, talks at school and parental monitoring.

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|---|---|---|
| FG3 | P5 | *Not specifically.* |
| | P6 | *Just a cop, I think, that's it.* |
| FG1 | F1 | *Do any [strategies to reduce harms from alcohol] come to mind?* |
| | P1 | *To be honest, I don't remember any. A quick, 'don't drink alcohol, kids', at, like, assembly. And that's it.* |
| FG5 | P1 | *We did, like, one lesson on it.* |
| | P2 | *They didn't tell us like how to be safe about it. They told us just not to drink in general and no one listened to that.* |

Compared to the encompassing social influence of peers described earlier, these existing strategies—or lack thereof—are not engaging enough to change young peoples' safety around alcohol. There was a wide gap between how young people are currently learning about alcohol and how existing strategies try to teach them about alcohol. While they currently learn about alcohol in engaging and fun ways at parties, the messages they hear about safety are not engaging or fun but rather *"preaching"* or being told what to do. Overwhelmingly, participants felt that being told what to do was counterproductive because it encouraged rebellion.

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| FG2 | P2 | *It just doesn't work anymore. Teachers will be like you're supposed to do this and it's like, what are you gonna do? How are you going to stop me?* |
| FG4 | P1 | *Part of the allure of kind of drinking in the first place is that rebelliousness of it.* |
| | P2 | *They're like, no, you can't tell me what to do, you don't know me, you don't understand* |
| | P1 | *me and it's like…* |
| | | *I think the gut reaction to that is, screw you [laughter], so…* |

Furthermore, participants described that alcohol use being frowned upon and the advocating of abstinence reduced the likelihood of them asking for help, potentially reducing safety.

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| FG1 | P1 | *And I think the safety comes into that, as well. Like, if something does go wrong and you feel, like, you can't necessarily go to any adult who actually knows the correct thing to do because you're scared you would … Or get into trouble…* |
| FG6 | P2 | *There are parents who are for complete abstinence. So, um, so then people avoid that by drinking in more risky environments.* |

When competing with the powerful influences of peers and social environments, the existing strategies participants discussed which aimed to keep them safe (e.g. health assignments, talks at school, parental control) were not perceived as effective. Rather, they were too far removed from peers' current perceptions and knowledge about alcohol and created adversarial rather than helpful relationships with those trying to keep them safe.

### *Meet us where we are*

Throughout the focus groups, participants were willing to share ideas for effective ways to reduce harms from alcohol use. It was unanimous across focus groups that abstinence was perceived as an unrealistic aim and that acknowledging this was important to avoid *"the whole us and them mentality"* (FG2, P4). Overall, participants suggested that they wished to learn about alcohol in a way that mimics how they already learn about alcohol: with a role model, in small groups of peers, where they can have open conversations and share stories.

The first step towards meeting young people where they are is to abandon advocating for abstinence. Participants described that stopping their age group from drinking was unrealistic.

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|---|---|---|
| FG2 | P2 | *I cannot imagine any way that would stop the people in our grade from drinking.* |

However, participants were open to having conversations within the focus groups about ways to reduce harms from alcohol. They perceived reducing harms and promoting safety as a realistic aim.

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|---|---|---|
| FG2 | P1 | *So I think that the most important thing is figuring out ways to minimise the harm and possibly minimise the amount that they drink.* |
| FG1 | P2 | *So, I think it should just mainly be how to do it responsibly. If you do it, how to actually… Who to go to? Who to see? How to stay safe. As opposed to, it's bad, don't do it.* |

Participants' willingness to have safety-related conversations was demonstrated within the focus groups. On one occasion, participants

sought information from the teacher present about where they could go to for help or who they could talk to about alcohol. At other times, participants shared their safety strategies with the focus group, such as drinking "*lighter*" drinks and being careful about who to drink with.

Regarding the "how" of an effective strategy, participants' descriptions of what they thought would be helpful mimicked how they currently learn about alcohol. Firstly, they described the involvement of a role model who shares their experiences as beneficial. No particular people or positions of authority were named when discussing potential role models, but rather a general type of person was described: someone who was relatable, admired and close in age to the participants.

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|---|---|---|
| FG3 | P2 | *It might be a good idea to see, like, have someone up there that, like seems tough, like you know they can usually handle themselves because a lot of the time people make bad decisions because they think they can handle themselves. But if they can see, like, this big tough person can even get themself in bad situations regardless then maybe they might think about it a little more.* |

The need to create an environment where young people feel comfortable to talk was also discussed. This meant coming together in small groups of peers with explicit instructions that it was okay to talk about alcohol.

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| FG2 | P4 | *First, you've got to break down the barrier and say it's okay to talk about this.* |
| FG6 | P2 | *If you put in a smaller group too, that means a whole personal feel. Whereas if you're sitting in a, your whole cohort, with all your mates and stuff there, even with people that you don't know, you're not going to kind of like think about it, and um, like discuss it.* |
| FG4 | P2 | *And it's like, if it is, like, in smaller groups, instead of, like, one-on-one, then people can be more comfortable to ask questions.* |

This small group environment also has the benefit of allowing more interactions and authentic conversations between people, as opposed to gathering people in large groups to be "*told what to do*".

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|---|---|---|
| FG2 | P4 | *I think definitely doing something that fosters some kind of inclusiveness or community between everyone. And especially those kids because if they're doing this they're probably struggling. They probably need something or someone to listen to and to make them feel heard and loved.* |
| FG1 | P1 | *I think, and I think having discussions, as well, as opposed to just being told.* |
| FG3 | P5<br>P4 | *Discussions, ours is just don't … Don't preach.*<br>*Engage.* |

By meeting young people where they are, through engaging them in comfortable and candid conversations about their safety around alcohol, there is the potential to help them create safer drinking environments and behaviours. Furthermore, when safety is compromised, they may be more likely to seek timely and appropriate help if they need it.

## Discussion

Although alcohol-related harms are more pronounced among youth in rural and remote areas, young people in remote areas have described existing school-based interventions and programmes as irrelevant to them.[15] This research sought to understand what interventions young people in Mparntwe thought would be effective within their local community. Overall, participants described that they learnt about alcohol through social experiences which could not compete with brief, cursory interventions aimed at reducing harms from alcohol. Furthermore, advocation of abstinence was seen as counterproductive. Instead, participants advocated for strategies that reflect the existing social methods through which young people currently learn about alcohol. That is, they recommended engaging youth in social and interactive interventions that advocate for safety rather than abstinence. It is important to emphasise that what is being reported here are students' perceptions of the messages they receive. We are not suggesting that the education of students in school does promote an abstinence approach, but this appears to be the message that at least some students are hearing. Clarifying any discrepancy between the messages that are intended to be delivered and the actual messages that are received is an important step in improving the effectiveness of interventions.

This harm minimisation approach can be achieved through harm reduction, supply reduction, and/or demand reduction.[3] The preferred intervention which the participants described—open conversations in a small group with a role model—could be conceptualised as a harm reduction and/or demand reduction strategy.

When comparing participants' suggestions with research on existing strategies to reduce alcohol-related harm amongst youth in rural and remote areas, interventions which have been researched in rural and remote areas have included elements which youth within the current study advocated for. For example, One Life is a school-based mentoring program trialled within rural communities of the United States, which found significantly larger reductions in binge drinking in the intervention group than in the control group.[21] Similarly, CONNECT, a motivational interviewing intervention trialled in rural United states, also decreased binge drinking amongst the youth.[22] Motivational interviewing is a counselling technique that aims to work with—rather than against—resistance to change. This echoes participants' wish to have collaborative conversations, rather than being "*told*" what to do. However, the effectiveness of interventions which have been investigated in rural locations is variable, and the limited number of studies means the reliability of effects is unknown. Furthermore, the existing research on effective alcohol-harm-reduction strategies within rural and remote areas does not yet provide an analysis of the active ingredients within effective interventions.

These current results also provide support for the fear of missing out literature regarding alcohol use.[23,24] Students clearly indicated that at least part of the motivation to consume alcohol was not only a desire to belong but also a fear of missing out on what their friends were enjoying. Incorporating these motivations into the development of consumer-led interventions including explicitly discussing the fear of missing out could be beneficial.

A meta-analysis of the effectiveness of brief alcohol interventions for adolescents which was not specific to rural or remote locations found that effectiveness was similar regardless of whether the intervention was delivered in a group setting (as suggested by the participants in the current study) or other formats (i.e. computerised, non-computerised, one-on-one). This suggests that there is no disadvantage to incorporating participants' wishes to be within small groups. Within the focus groups, learning about alcohol was

described as a social process, and this was reflected in young people describing wanting to learn about alcohol in small groups of their peers. Not only is this form of intervention likely to be more enjoyable and engaging for young people, but it may also be more effective than individualised, didactic approaches. Social identity theory posits that to the extent that a person identifies with a group, they will adhere to the standards of behaviour of that group.[25] In turn, it is likely important to change the behaviour of groups of young people who identify with each other to change alcohol consumption.

Participants also described wanting to have engaging and interactive conversations about alcohol. A meta-analysis of school-based drug prevention programs showed that interactive programs are more effective than didactic approaches.[26] A long-term randomised controlled trial conducted in Australian schools found that the activity and cartoon-based universal Climate Schools programme was effective in reducing alcohol consumption and alcohol-related problems.[27] Furthermore, another meta-analysis of short-term brief alcohol interventions for adolescents found that while effects were similar for interventions with and without particular treatment components (e.g. general education/information, goal-setting, local/national drinking norm referencing), brief alcohol interventions were significantly more effective if they included goal-setting exercises.[28] Interactive interventions are likely to adopt autonomy-enhancing paternalism: a focus on supporting young people to make good decisions rather than making decisions for them. This may be a particularly important developmental consideration: adolescence is a time of increasing self-determination. Interventions to reduce alcohol-related harms amongst youth must recognise and respect young peoples' desire to make their own decisions or risk creating circumstances in which self-determination is realised through rebellion.

An important limitation of the current study is that participants self-selected to participate, based on advertising within their school. This selection procedure is likely to bias participation towards students who attend school regularly and whose home environment enables the completion and return of consent forms. It may exclude participants who are not connected to their school community or who do not have the mental (e.g. executive functioning) or external (e.g. parental support) resources to engage in extracurricular activities and may also be more likely to experience harms from alcohol. While it is possible that the students who participated were able to reflect on the experiences of their peers who did not choose, or were not able, to participate, it is nevertheless important for future research to ensure the diversity of participants reflects the diversity of the target population. In particular, the participant sample did not include Aboriginal or Torres Strait Islander Australians. This was likely influenced by the demographics of the schools which agreed to participate in the study. Given the history of alcohol policies which undermine the self-determination of Indigenous peoples,[8] it is important that future research enables the inclusion of perspectives of Aboriginal and Torres Strait Islander Australians.

Recent Australian research has also identified adolescents who recognise benefits in drinking lightly or abstaining from drinking in social situations[29] as well as the importance of considering the different experiences and responses of light drinkers compared to heavy drinkers.[30] Crucial to this work is the normalisation literature which provides strong international evidence for the denormalisation of drinking and the normalisation of non-drinking.[30] Future research, therefore, could incorporate different categories of adolescent drinkers to better understand their experiences of alcohol use and preferences for support. To develop a more nuanced appreciation of adolescent alcohol use, it may also be of benefit in future research to borrow from research in areas of other drug use to better understand the dynamic interplay between pleasure and harm.[31] Integrating the normalisation literature with a consumer-led approach to developing interventions could lead to a greater range of strengths-based treatment options.

## Conclusion

Young residents in Mparntwe view didactic approaches which advocate for abstinence from alcohol as ineffective and unrealistic. Instead, they recommend engaging youth in interactive safety-focussed conversations, within small groups of peers, in the presence of a relatable role model. These suggestions mimicked how they described the social nature in which youth currently learn about alcohol. Overall, their suggestions highlighted the importance of bridging the gap between young people and the strategies offered to help them stay safe around alcohol: *"This is where I'm at. This is where you're at. Let's work together rather than this is what you should be doing"*.

## Ethical approval

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## Conflicts of interest

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: Timothy Carey reports financial support was provided by Northern Territory Department of Health Harm Minimisation Unit.

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## Appendix A Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.anzjph.2023.100100.