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## Where and How Adolescents Obtain Alcoholic Beverages

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### Synopsis .....

*Patterns of acquisition of alcoholic beverages by underage youth were studied, using focus group*

*methods with a sample of midwestern youth. Results showed that the alcohol initially used by those in their early teens is obtained from parents' stocks or from older siblings and friends. By the mid-teens, parties at which alcohol (usually beer) is readily available become the major source. In the mid to late teens, young people purchase alcohol from commercial alcohol outlets, despite the fact that 21 is the legal age for purchasing alcohol. Factors reported to increase the rate of successful alcohol purchases include female buyer, male seller, young seller, and convenience store outlet.*

*Results of focus group interviews revealed the easy accessibility of alcoholic beverages to underage youth. Further investigation into patterns of underage access to alcohol is recommended, with results from the focus group study guiding the design of probability sample studies to assess their generalizability.*

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**M**OST YOUNG PEOPLE in the United States consume beverage alcohol, and the prevalence of use increases rapidly with age. Approximately 6 percent of 10- and 11-year-olds are current (within the last 30-days) users of alcohol; the rate increases to about 25 percent at ages 12-14, and to 55 percent at ages 15-17 (1). Among high school seniors, 92 percent report consuming alcohol at some point in their lives, and 64 percent report being current drinkers (2). Moreover, 35 percent report becoming intoxicated regularly (5 or more drinks per occasion).

Junior and senior high school-age youths drink an estimated 31.2 million gallons of wine coolers annually (35 percent of all wine coolers sold) and 1.1 billion cans of beer annually (2 percent of all beer sold) (3).

As a result of high rates of drinking, young people experience a great many health and social problems associated with alcohol. Motor vehicle crashes are the leading cause of death for teenagers (4), with one-third to one-half of the fatal accidents involving alcohol (5). Other leading causes of death

and long-term disability for youth, such as suicides, homicides, assaults, drownings, and recreational injuries, involve alcohol in substantial proportion (6). Although exact quantification of the health burden of underage alcohol consumption is difficult, underage alcohol use results in substantial premature deaths, disability, preventable hospitalizations, fiscal costs, and human suffering.

There are indications that those who drink at a younger age are at higher risk of (later) addiction to, or problems with, alcohol (7,8). Delaying the age of initiation into regular drinking may, therefore, have beneficial effects in reducing rates of addiction to alcohol.

It is not only age at first drink that may be important. Recent research has shown that age of first easy access to alcohol is related to later rates of drinking. O'Malley and Wagenaar (9) found that legal access to alcohol early (at age 18) was associated with higher rates of drinking later (at ages 21-25). Youths who did not have easy legal access to alcohol until age 21 (as a result of external policy changes raising the legal age) not

only reduced their drinking during the 18–20 period, but exhibited lower rates of drinking during the 21–25-year-old period, after they had attained legal age. In short, in addition to the “age of initiation effect,” there may be a further “age of legal initiation effect.” The implication for prevention efforts is that even if *first* use of alcohol remains at an early age, preventing the emergence of a pattern of regular drinking during the teenage years may have further beneficial effects during adulthood, in addition to the teenage injuries and other problems that may be averted.

The importance of the accessibility of alcohol is shown by results of a large number of studies on the effects of lowering and subsequently raising the legal age for purchasing and consuming alcohol. Followup studies show that youth access remains high, with little enforcement of the drinking age. Drinking rates and alcohol-involved problems (particularly traffic crashes) among 18–20-year-olds showed increases after the legal age was lowered in 29 States in the early 1970s (10). Policy changes in the late 1970s and early to mid-1980s returned the legal age to 21 in all States, resulting in significantly reduced alcohol use by youngsters and lower traffic crash rates (11–14). Recent long-term followup studies confirm the effect of raising the legal age in reducing youth alcohol consumption and reducing automobile crash rates (9).

While raising the legal age did not eliminate the availability of alcohol to teenagers (15), legal age laws have had significant beneficial effects, despite low levels of enforcement in most areas. Both Hingson (15) and Williams and Lillis (16) found that it was more difficult to acquire alcohol after the age limit was raised; nevertheless, most young people reported that alcohol remained accessible, sometimes through alternate channels. Harding and others (17), using focus group methods with young adolescents, found that even 11–15-year-olds report easy access to alcohol. Underage youth in most areas can easily locate an establishment that will sell or serve them alcohol. McKnight (18) found sales refused to underage youth in only one-third of 100 establishments tested at eight sites around the United States. The Insurance Institute for Highway Safety in a recent study (19) found that 97 of a sample of 100 alcohol outlets in Washington, DC, sold alcohol to 17- and 18-year-olds. Finally, in Minnesota successful alcohol purchases were made in 47 percent of 336 attempts by young women who were judged by panels to appear to be ages 17 or 18 (20).

Because of continued high rates of alcohol use

by those under the legal age of 21, we sought to understand better the ways in which young people acquire alcohol. Actual purchase attempts testing the propensity of commercial alcohol outlets to sell alcohol to young buyers make it clear that such outlets are one important source. We know little, however, about factors influencing the success rate of purchase attempts, the strategies and tactics used by youngsters to purchase alcohol, other sources of alcohol, perceptions of youth concerning alcohol acquisition, and individual and social group characteristics related to young people's access to alcohol.

## Methods

Given the paucity of information on the processes young people use to acquire alcoholic beverages, we selected a focus group approach to identify those processes. A focus group consists of representatives of potential audiences who undergo a structured qualitative interview process to elicit information and reaction from them that may be useful in the planning and design of programs, policies, campaigns, and interventions (21). Focus groups are also useful in guiding the development of instruments for experimental and quasi-experimental evaluations of new policies and programs.

As a formative and process evaluation technique, the tool was further developed in commercial marketing to improve product appeal. More recently, focus groups have been used extensively in social marketing settings, especially in public health (22–24). In these settings, the purpose is not only to improve the appeal of specific programs or interventions, but to elicit information about behavioral processes that may be useful in developing interventions in the first place. Focus group interviews are best conducted using trained questioners, with a schedule developed in advance. Group members are recruited from specific areas of interest, with no more than 7–10 people in each focus group who are paid for their participation (21).

We recruited university undergraduates ages 18 and 19 from 15 small communities (populations 457 to 21,193) in the Upper Midwest for participation in discussion sessions on youth drinking. Participants from rural communities were recruited because of high rates of youth drinking in such communities and because we are conducting multiple intervention trials to address youth alcohol use in such communities. Legal drinking age for all participants was 21. In all, 17 people participated, 7 males and 10 females. Average age was 18.7

years old. Group members were paid \$20 each for their participation. To encourage full discussion and give all members ample opportunity to contribute, they were divided into two groups of 9 and 8 that met separately. Each group included both 18- and 19-year-olds and both males and females.

Two university investigators led each focus group session; all discussion was taped and subsequently analyzed. Sessions lasted approximately 2 hours and were held after normal working hours in a comfortable private conference room. Confidentiality of the participants was preserved.

Questions asked of the participants fell into six areas related to alcohol access: (a) sources of alcohol, (b) buyer characteristics and behaviors, (c) sales clerk characteristics, (d) alcohol outlet characteristics, (e) timing of alcohol purchases, and (f) the process of alcohol purchase. Sample questions used to initiate discussions are shown in the box. Discussions focused on drinking and alcohol access practices from initiation into alcohol use, typically in the early teens, to the present, with most attention on the high school years.

## Results

Most participants reported initiating drinking in their junior high school years, that is, ages 12–15. The alcohol for initial drinking was occasionally acquired from parents' supply in the home (with or without permission) but more frequently from older siblings and friends, typically at parties. Some parents supplied alcohol to their underage children in exchange for agreements to consume the alcohol in their own home, rather than frequenting parties elsewhere or visiting bars and taverns. Parents were most likely to supply alcohol for "special occasions," such as graduation parties.

Parties emerged as the major source of alcohol during the high school years. The large majority of the attendees at such parties were underage, most ages 15–19. In rural areas, such parties were frequently held out of doors in locations like gravel pits, vacant fields, and woods. Frequently, alcohol was openly available to high school age youths at parties; older adolescents and young adults typically obtained the alcohol for the party.

Rarely was there perceived to be any age monitoring at such parties; as a result, younger attendees had easy access. Younger attendees (ages 14–16) were, in fact, welcomed at these parties by the older attendees (ages 17–19). Older adolescents would "break in" younger adolescents by encouraging them to become very intoxicated. Older

attendees reportedly deemed it "really cool" to get younger ones intoxicated. Some participants reported violence at such parties, including fist fights and similar altercations, as well as unintended sexual intercourse or date rape (although participants did not define it as rape at the time it occurred). Drinking on these occasions appears to be the result of its easy availability, not the end of a premeditated effort to find alcohol.

The low cost of alcohol was another important dimension of party drinking. Participants noted the very low per-drink cost of beer in kegs. In some communities, adolescent entrepreneurs would purchase kegs of beer, print and distribute (usually at school) flyers announcing the location and time of a party, and either charge a nominal fee by the glass, or a single price for admission to the party. Younger attendees were charged more than older attendees because they were willing to pay more. Resulting profits were reportedly divided among those assisting with acquiring the kegs and organizing the party. Despite significant profits to the organizers, "you could get drunk for very little money" (\$2–\$3, for example).

In addition to parties as occasions for drinking, group members reported frequent drinking on "road trips," described as "when you get a couple cases of beer, get a bunch of guys and girls in a car and drive around and drink. Usually the driver won't drink as fast as the others until they reach a party and then the driver catches up by 'slamming' beers."

Group members were asked about characteristics and behaviors that increased youngsters' success in purchasing alcohol from a commercial outlet. They reported that young women could purchase alcohol more easily than young men. In attempting to make a purchase, group members said they would carry automobile keys into the store with them ("lets them know you can drive") and no other accoutrements. In particular, they would not carry a wallet, driver's license, or other identification in with them. If they were asked for age identification, buyers said that they either had lost their wallet, left it at home, or left it in the car. Subjects reported that they could usually talk their way out of it when carded; the key was remaining calm and insisting on the purchase. Some suggested acting offended when asked for identification. On the issue of false identification, most subjects said they did not have one because they did not want to risk being caught with it. In addition, most had little difficulty purchasing alcohol without false identification.

## Sample Questions Used to Stimulate Focus Group Discussions

### *Sources of alcohol*

Did you attempt to purchase alcohol when you first started drinking?  
Where do you usually obtain alcohol?  
Did you start by getting alcohol at home?  
Did you ask strangers to buy for you?  
When you wanted to go and drink or purchase alcohol, did you stay in your community or go elsewhere?

### *Buyer characteristics and behaviors*

At what age did you first drink?  
At what age did you first try to obtain alcohol?  
How often do kids drink at this age?  
What sort of clothing did you wear when attempting to buy?  
Do you go in alone when buying?  
Do you make an effort to hide the vehicle and your friends?  
Do you buy particular things?  
Do you buy small or large quantities?  
Do you carry anything with you into the store?  
Do you have a fake ID?  
What happens if you are carded?  
Is it easier for men or women to attempt to buy alcohol?

### *Sales clerk characteristics*

Are there certain types of cashiers you go to to attempt a buy?  
Is it better to try from a male or female clerk?

Is there a certain age of cashier that you look for?  
Is it better or worse to have the cashier know you personally?

### *Alcohol outlet characteristics*

What types of places are easiest for purchase of alcohol?  
How do you know what outlets will sell to you?  
What are the right conditions?

### *Timing of alcohol purchases*

How often did you attempt to buy alcohol?  
Was there drinking at school activities (football games, dances)?  
Is it easier to buy on the weekend or on a week day?  
Is there a particular time of day when it is easier or more difficult to buy?

### *Process of alcohol purchase*

If you have success buying in one place do you return to that establishment?  
Where do you go to drink the alcohol purchased?  
How often did you ride with a drinking driver?  
Do you know people who got in trouble with the law because of alcohol?  
Why do you drink beer from kegs?  
Why do kids drink?  
What do you think should be the legal drinking age?  
Would you ever buy for somebody younger than you?

Behaviors that facilitated alcohol purchases included looking older by dressing up. Some focus group members disagreed, however, saying the key was to look casual and confident. Buyers entered a store alone, with friends waiting in the car. Some attempt was made to ensure that several young friends who might be in the car were not visible to the seller; nevertheless, driving to the establishment was key in a successful purchase (rather than walking up to the store without a vehicle). Group members reported that seeking a specific product by name made no difference in being able to purchase alcohol. They would "buy whatever you want, generally beer or wine coolers." They reported that the quantity purchased did not affect a successful purchase but noted that "large amounts are best—then you don't have to worry about running out or buying the next week."

Several questions focused on characteristics of clerks in alcohol outlets affecting successful pur-

chases. Group members reported seeking clerks who appeared busy or inexperienced. Male clerks were reported much more likely to sell alcohol, particularly to young women. Furthermore, focus group participants reported that younger clerks were more likely to sell alcohol to underage youth. Finally, they noted that it is generally easiest to purchase from a clerk who does not know the buyer personally, unless the clerk is close to the buyer's age, in which case personally knowing the clerk increased the ease of purchase. This pattern held for initial buys. After initial successful purchases, focus group members said they would then frequent the same establishment, becoming a "regular." The result of seeking an outlet where clerks are not known personally meant that these group members, from small midwestern towns, typically purchased alcohol in surrounding communities, not their community of residence.

Focus group participants reported greater ease in

purchasing alcohol at some types of outlets than others. There was consensus that convenience stores are the easiest places to purchase alcohol. Specific bars known to sell to minors were rated second. A successful purchase is more likely at outlets that are either very busy or very quiet. A short list of easy alcohol outlets is common knowledge among high school-aged youth. This information is rapidly disseminated by word of mouth. In addition to the known outlets, however, group members reported often assessing an outlet for the correct conditions and then "giving it a shot."

Group members reported purchasing alcohol "pretty much every weekend." There were differences of opinion on whether purchase success was easier on the weekends or during the week. Some members said weekends were easier because outlets were busier. Others suggested mid-week purchases were easier because it was quiet, and merchants were more anxiously seeking business. Differences of opinion also existed regarding the best time of day for purchases. Some group members reported better success at bars and taverns during the evening rush hour; others reported that age scrutiny is more intense during the evening rush hours, and that entering a bar just before the evening rush was more successful.

Finally, participants were asked if they would ever buy alcohol for someone younger. Most responded that they would. Their rationale was that it would be just returning a favor, since others had helped them acquire alcohol when they were younger.

## Discussion

Our focus group interviews provided considerable information about the process by which underage youth acquire alcohol. Although not statistically representative of a clearly defined population, group participants were selected to represent typical teenage drinkers living in small midwestern communities.

Information gained from the focus group interviews should form the basis for further explorations of youngsters' access to alcohol at a young age, focusing especially on the role of parents, parties, older friends, convenience stores, and bars. Surveys of alcohol use by young people should include detailed questions concerning the process of alcohol acquisition, characteristics of buyers and sellers, prices and their role in heavy drinking among youth, and ways to impede youngsters' access to alcohol. Surveys of attempts to purchase

alcohol are necessary to determine empirically the factors that contribute to the success rate. Finally, intervention studies are needed on ways to reduce young people's access to alcohol.

The detailed qualitative information obtained from the focus groups is guiding the design of more structured questionnaires and purchase attempt protocols. There is always the risk that small focus groups may not be statistically representative of broader populations of interest. As a result, we treat these focus group results as tentative until they are confirmed with larger samples and uniform specified data collection protocols.

We have initiated a series of alcohol purchase attempt studies in which young trained research staff members attempt to purchase alcohol following carefully specified protocols. Results from the first wave of attempts at all liquor stores in 15 rural communities in Minnesota confirmed the role of commercial outlets reported by the focus groups. On 47 percent of the occasions, beer was sold in liquor stores to buyers who clearly appeared to be under age (20).

Additional purchase surveys are in progress at a wider range of outlets (including convenience stores and bars and taverns) in 21 midwestern cities.

The role of noncommercial sources of alcohol (parents, siblings, friends, parties) has been confirmed thus far with samples of students used for pilot studies of new instruments and data collection procedures (25). For example, 88 percent of males and 83 percent of females in a sample of 560 eighth graders report that it is easy or moderately easy to sneak alcohol from their home. Ninety-two percent of males and 93 percent of females reported that it was easy or moderately easy to obtain alcohol at parties. Studies with much larger samples and refined instrumentation are in progress.

The focus group results also point to important issues for the development of prevention programs. For example, older youths providing alcohol to young adolescents is valued as an appropriate thing to do. Thus, relationships between older teenagers and younger adolescents not only provide a source for alcohol but also represent an important route of social learning, modeling, and transfer of cultural norms. The socially shared meaning of supplying alcohol to minors is that it is an appropriate act of courtesy. Changing that social definition might be one objective of alcohol health education efforts.

The focus group study in this report is one of several larger research programs on youth drinking. In progress are

- a randomized community trial using school-based programs, family involvement, and community support to delay initiation into alcohol use by sixth to eighth graders;
- a four-State study of administrative and criminal enforcement practices by State alcoholic beverage control administrators and local law enforcement personnel;
- school-based surveys of youth drinking;
- purchase attempt studies of sellers' propensity to provide alcohol to youth;
- surveys of alcohol outlet owners and managers regarding their views on youth drinking;
- analyses of data on a variety of alcohol-related problems among youth; and
- a randomized trial of community mobilization interventions designed to change community institutional structures and practices surrounding the accessibility of alcohol to youth.

The literature on youth drinking is extensive. Relatively little attention has been focused to date, however, on the role of alcohol's availability in early initiation into drinking and on the pattern of drinking throughout the teenage years. The role of community institutions, policies, and practices that facilitate the easy accessibility of alcoholic beverages to youth under the legal age for drinking appears a particularly fruitful avenue for continued attention by both researchers and those concerned about the personal and societal costs associated with alcohol use.

## References .....

1. Dryfoos, J. G.: *Adolescents at risk: prevalence and prevention*. Oxford University Press, New York, 1990.
2. Johnston, L. D., O'Malley, P. M., and Bachman, J. G.: *Drug use, drinking and smoking: national survey results from high school, college, and young adult populations*. National Institute on Drug Abuse, Rockville, MD, 1989.
3. Kusserow, R. P.: *Youth and alcohol: a national survey*. Office of the Inspector General, Department of Health and Human Services, Washington, DC, 1991.
4. Baker, S. P., O'Neill, B., Ginsburg, M. G., and Li, G.: *The injury fact book*. Ed. 2. Oxford University Press, New York, 1992.
5. *Alcohol and highway safety 1989: a review of the state of knowledge*. National Highway Traffic Safety Administration, Washington, DC, 1990.
6. *Seventh special report to the U.S. Congress on alcohol and health*. National Institute on Alcohol Abuse and Alcoholism, Rockville, MD, 1990.
7. Robins, L.: *Sturdy childhood predictors of adult anti-social behavior: replications from longitudinal studies*. *Psychol Med* 8: 611-622 (1978).
8. Gonzalez, G. M.: *Early onset of drinking as a predictor of alcohol consumption and alcohol-related problems in college*. *J Drug Educ* 19: 225-230 (1989).
9. O'Malley, and Wagenaar, A. C.: *The effects of minimum drinking age laws on alcohol use, related behaviors and traffic crash involvement among American youth 1976-1987*. *J Stud Alcohol* 52: 478-491 (1991).
10. Wagenaar, A. C.: *Alcohol, young drivers, and traffic accidents: effects of minimum age laws*. D.C. Heath, Lexington, MA, 1983.
11. Wagenaar, A. C.: *Preventing highway crashes by raising the legal minimum age for drinking*. *J Safe Res* 17: 101-109 (1986).
12. Wagenaar, A. C., and Maybee, R. G.: *The legal minimum drinking age in Texas: effects of increase from 18 to 19*. *J Safe Res* 17: 165-178 (1986).
13. DuMouchel, W., Williams, A. F., and Zador, P. L.: *Raising the alcohol purchase age*. *J Leg Stud* 16: 249-266 (1987).
14. George, W. H., Crowe, L. C., Abwender, D., and Skinner, J. B.: *Effects of raising the drinking age to 21 years in New York state on self-reported consumption by college students*. *J Appl Soc Psychol* 19: 623-635 (1989).
15. Hingson, R. W., et al.: *Impact of legislation raising the legal drinking age in Massachusetts from 18 to 20*. *Am J Public Health* 73: 163-170 (1983).
16. Williams, T. P., and Lillis, R. P.: *Changes in alcohol consumption by 18-year-olds following an increase in New York state's purchase age to 19*. *J Stud Alcohol* 47: 290-296 (1986).
17. Harding, W. M., Apsler, R., and Walsh, W. A.: *Determine feasible and acceptable age-21 support programs*. National Highway Traffic Safety Administration, Washington, DC. In press.
18. McKnight, J. A.: *Intervention with alcohol-impaired drivers by peers, parents and purveyors of alcohol*. *Health Educ Res* 5: 225-236 (1990).
19. Preusser, D. F., and Williams, A. F.: *Sales of alcohol to underage purchasers in three New York counties and Washington, DC*. Insurance Institute for Highway Safety, Washington, DC, 1991.
20. Forster, J. L., Wagenaar, A. C., Perry, C. L., and Anstine, P. S.: *Alcohol availability to underage youth: rates of off-sale liquor licensee sales to minors*. Paper presented at the 119th Annual Meeting of the American Public Health Association, Atlanta, GA, Nov. 10-14, 1991.
21. Krueger, R.: *Focus groups: a practical guide for applied research*. Sage Publications, Newbury Park, CA, 1988.
22. Brown, J., et al.: *Development of a pre-natal weight gain intervention program using social marketing methods*. *J Nutr Educ* 22: 6, November-December 1990.
23. Potter, J. D., et al.: *The cancer and diet intervention project: a community-based intervention to reduce nutrition-related risk of cancer*. *Health Educ Res* 5: 489-503 (1990).
24. Trenkner, L., and Achterberg, C.: *Use of focus groups in evaluating nutrition education materials*. *J Am Diet Assoc*. In press.
25. Wagenaar, A. C., et al.: *Effects of a saliva test pipeline procedure on adolescent self-reported alcohol use*. *Br J Addict* 88: 199-208 (1993).