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A Qualitative Study

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Abstract

In order to better understand where youth acquire alcohol, tobacco and marijuana, this paper reports on information obtained from focus groups of 8th or 10th through 12th grade students which were intended to provide basic information about youth patterns of acquisition and consumption, and to help identify types of community boundaries. Data was obtained from the transcripts of 12 focus groups. Questions were asked to determine if there are differences in how kids acquire and use various substances (specifically alcohol, tobacco and marijuana) based on their age, type of community (rural, suburban or urban), or in what region (North, South, East or West) of the country they live. This research strongly indicates that alcohol, tobacco, and marijuana are perceived as readily available to teens within their community. Moreover, it appears that it is easier for teens to obtain marijuana than to obtain legal substances, such as alcohol and tobacco. The results of this study imply that increasing penalties, enforcement, retail education of minimum-age laws, and strict store policies is one way to reduce adolescent substance use. However, the area of social sources as method for obtaining alcohol, tobacco and illicit drugs by adolescents is an important area of focus for future research.

Introduction

Through the 1980s and 1990s, there has been increased focus by policy makers — at the federal, state and local levels — to enact legislation to reduce adolescent access to alcohol, tobacco and illicit drugs (ATOD). Although the political trend has moved towards creating greater restrictions on youth access to substances as well as increasing public awareness of the problem, surveys show that adolescents still think it's relatively easy to get alcohol, tobacco and illicit drugs. The 1998 Monitoring the Future Survey conducted by the University of Michigan Institute for Social Research shows that 73.1, 73.6 and 50.6 percent of eighth graders report that it is fairly easy or very easy to get alcohol, tobacco or marijuana. Furthermore, 88, 88.1 and 77.9 percent of tenth graders surveyed report that it is fairly easy or very easy to get alcohol, tobacco or marijuana (University of Michigan, MTF web site). One explanation for this is that even though there are laws in place to restrict youth access to alcohol and tobacco, retailers still sell these age-restricted products to minors. Another reason is that ATOD products are readily available to youth through various social sources.

Numerous studies show that adolescent access to alcohol and tobacco remains high while enforcement of minimum-age laws remains low. There are virtually no studies focusing on adolescent attempts to purchase marijuana. One study on tobacco reports that minimum legal age purchase laws have had little success in reducing tobacco use in young people because they are infrequently or poorly enforced (Di Franza et al, 1987). Additionally, the 1994 Surgeon General's Report states that underage youth are able to purchase tobacco from over-the-counter businesses approximately 67 percent of the time and 88 percent of the time from vending machines (Surgeon General's Report, 1994). In a study conducted of youths in grades 8 through

ten surveyed in 14 Minnesota communities, results show over 28 percent of all smokers and 43 percent of weekly smokers bought their own cigarettes within a month of starting to use tobacco (Forster et al, 1997). Additionally, all smokers, especially young smokers, were very likely to say they obtained their cigarettes from social sources. Of the students surveyed, 92.4 percent of 8th, 91.6 percent of 9th and 91.3 percent of 10th graders listed a family member or friend as the source of their first cigarette (Forster et al, 1997).

Furthermore, alcohol also remains readily available to youth because of low levels of enforcement of the minimum drinking age and propensity of adults to supply alcohol to youths (Wagenaar et al, 1996). Compliance checks were conducted in three study areas: Westchester County, New York; Albany and Schenectady counties, New York; and Washington, DC. Results show high percentages of successful beer purchases by minors. Beer was sold to any underage youth in 80 percent of purchase attempts in Westchester County, 44 percent in Albany/Schenectady counties, and 97 percent in Washington DC (Preusser and Williams, 1992). In another study which surveyed 15 year olds, 22 percent of the sample had purchased alcohol themselves directly from licensed premises (Casswell and Zhang, 1997). Underage youth also report using fake ID's to obtain alcohol as well as social sources. Among current (i.e. last 30 day) underage drinkers, an adult aged 21 or over if reported as the most common source for alcohol (Wagenaar et al, 1993). Furthermore, results show 9th, 12th and 18-20 year olds uniformly perceive it to be easy to get alcohol from a sibling or other person aged 21 or over, or at a party. Adolescents also reported that another source of alcohol is their parents (Wagenaar et al, 1994).

In order to better understand where youth acquire alcohol, tobacco and marijuana, this paper reports on information obtained from focus groups of 8th or 10th through 12th grade students which were intended to provide basic information about youth patterns of acquisition and consumption, and to help identify types of community boundaries. The specific areas addressed are:

1. Adolescents perceive drugs to be readily available and can find alcohol, tobacco and illicit drugs near their schools or homes.
2. ATOD sources do not vary by different regions of the country (i.e., Northeast vs. Southwest) or types of communities (e.g., rural vs. urban).
3. Acquisition habits and consumption experiences differ slightly by age.

NOTE: Regarding illicit drugs, this paper focuses only on marijuana because, of the youths' interviewed, this was overwhelmingly the most commonly used and most popular drug.

Method

The study used a focus group methodology to determine where adolescents get alcohol, tobacco and illicit drugs.¹ For this study a total of 12 focus groups were conducted. Youths — located in

¹ Focus groups are guided discussions in which the interviewer serves essentially as a moderator for a group discussion. Participants are the experts on the topic, since the topic is what they think, feel or do. A discussion guide, rather than a questionnaire, serves as a checklist of topics to cover. The moderator “goes with the flow” of the conversation, guiding it gently toward each topic until it appears to have become unproductive, and returning to any topic later

the North, South, East, and West, as well as urban, suburban and rural areas — were recruited from around the country. Youths were also recruited based on age and ethnicity to allow for a more national representative sample. Six of the groups were with 8th grade students and the other six were with 10th through 12th grade students (see table one below for the exact composition of the focus groups). The focus groups included middle and high school youths from various parts of the U.S., both genders, and the three most populous racial/ethnic groups. The focus groups reflected a nationally representative sample of youth participants using the following criteria:

1. AGE (eighth graders met separately, and tenth and twelfth graders were mixed)
2. GENDER (a mixture of females and males)
3. DEMOGRAPHIC AREA (separate groups for youths living in urban, suburban and rural areas throughout the U.S. — northeastern, southern, midwestern, northwestern and southwestern states)
4. RACE (a mixture of Caucasian, African American and Hispanic youths)

The groups were stratified by criteria and contained approximately eight youths.

if it naturally emerges in a different context.

This flexibility allows the moderator to probe and clarify implied or unclear meanings. It also allows participants to explicate contingencies of their or their peers' behavior as well raise important issues and nuances which researchers do not foresee. It also allows the discussion guide to change with each successive group as participants raise new issues and as researchers generate new hypotheses. In addition, focus groups can serve as an effective and efficient way to learn more about potential targets for a particular study, as in this instance, to help develop more standardized, quantitative methods (i.e. survey instruments) for collecting data (Morgan, 1996).

All focus groups were asked the same set of questions (see table two below) and were conducted by computer-assisted teleconference². Participants called from their home or another place they chose, and gave only their first name. Parental/guardian consent was received for all youth participants. Parents/guardians and youths were informed that participants would only use their first names and all responses will remain confidential. Additionally, because of the sensitive topic, a certificate of confidentiality was received from the U.S. Department of Health and Human Services as an additional safeguard to protect the confidentiality of respondents and their answers. Eighth, tenth and twelfth grade female and male adolescents were recruited by phone from lists supplied by community organizations. They were asked to participate in telephone-conference peer-group discussions to advise researchers about the status of adolescent ATOD use in their surrounding physical and social environment. The telephone invitation asked potential participants to advise researchers about how teens in their area get and use substances like alcohol, tobacco and marijuana. For their time and cooperation, eighth grade youth participants were paid \$40 and tenth and twelfth grade participants were paid \$50.

² This method permitted adolescents throughout the U.S. to participate in the groups, and as a method, was particularly natural for adolescents, who are heavy and avid telephone users. Furthermore, because it was not face-to-face, it minimized peer pressure and personal insecurities.

TABLE ONE
Composition of Focus Groups

Group	Grade Level	Location	Racial/Ethnic Composition
A	8 th	urban	white/Hispanic
B	10 th -12 th	urban	white/black
C	8 th	suburban	white/black
D	10 th -12 th	suburban	white/black
E	8 th	rural	white/black
F	10 th -12 th	rural	white/black
G	8 th	urban	black/Hispanic
H	10 th -12 th	urban	black/Hispanic
I	8 th	suburban	white/Hispanic
J	10 th -12 th	suburban	white/Hispanic
K	8 th	rural	white/Hispanic
L	10 th -12 th	rural	white/Hispanic

TABLE TWO

KEY QUESTIONS EXCERPTED FROM THE DISCUSSION GUIDE
<p style="text-align: center;">Boundaries for Routine Activities</p> <ul style="list-style-type: none">· What are some of the places you all routinely go and what do you do or buy there?· Which of these is furthest for you? The longest trip? How do you get there? How hard or easy is it to get there?
<p style="text-align: center;">General Perceptions of ATOD use</p> <ul style="list-style-type: none">· What percent of kids in your school would you say use alcohol? cigarettes? marijuana?· What types of hassles/problems do these kids have using these drugs?
<p style="text-align: center;">Boundaries for getting ATOD</p> <ul style="list-style-type: none">· Where do teens go to <u>get</u> different substances? alcohol? tobacco? marijuana? Where do teens in your area usually go to get it?
<p style="text-align: center;">Where/with whom teens <u>use</u> ATOD</p> <ul style="list-style-type: none">· How about places where teens <u>use</u> these substances? How are they different from where teens get them? alcohol? tobacco? marijuana?· If you wanted to find out about where to get alcohol, tobacco or marijuana whom would you ask?

Results

Questions were asked to determine if there are differences in how kids acquire and use various substances (specifically alcohol, tobacco and marijuana) based on their age, type of community (rural, suburban or urban), or in what region (North, South, East or West) of the country they live. Groups began with a series of questions to lead the participants into a discussion of their ATOD use and perceptions about ease of accessibility and availability. The moderator initiated discussion by asking youth where they routinely go and how they get there. Among the 8th and the 10th through 12th graders answers were similar across all 12 groups and included malls, stores, parks, friends' homes, movies, and parties. Other locations mentioned were designated places in the youths' neighborhoods. For instance, one group's response consisted of the following:

Moderator: "Where do you go, and what do you do there."

Respondent 1: "We usually go to this like vacant like field and either like start a keg or something."

Respondent 2: "Yeah. That's what...we usually go up, either there's hills where we live so we either go up to the hills and bring kegs or just go up to another park where there aren't a lot of people around to drink."

Respondent 3: "There's a park in town, in the center of town, and you can go there to buy drugs or do whatever you want to do. And you can usually find people you know there. And it's just a place a lot of people hang out and it's just, I don't know, where people meet and stuff."

Respondent 4: "What we usually just go to BK and we'll pick up something there whether it's drugs or beer or whatever and then we'll go to somebody's house and sit there and party all day because there ain't much to do there. But that's usually where everybody comes to get their shit."

Moderator: "BK is?"

Respondent 3: "Burger King."

Moderator: "That's what I thought. I didn't know they were selling that stuff there."

Respondent 3: "It's not inside the thing, it's outside."

For both younger and older youth these neighborhood locations seem to be designated areas where kids gather to obtain and use ATOD products. One might think these areas would be more common in less populated or developed, i.e., rural communities, however, these meeting places were mentioned by youths living in rural, suburban and urban areas. They were also

mentioned by youths living in different regions of the country. Participants in eastern, western, southern and northern states mentioned these areas as places which they frequented often. Therefore, one can draw the conclusion that there was no variation or noticeable differences by age, community or region of the country in where adolescents go to hang out. From these questions youths' responses lead into discussions about participants' ATOD use.

Adolescents Perceive Drugs to be Readily Available and Can Find Alcohol, Tobacco and Marijuana Near Their Schools or Homes

An overall theme throughout the groups is that youth do not have to go far to get drugs or to use them regardless of age or where they live. However, there were some differences in acquisition patterns based on age.

Availability

In both sets of groups (8th grade and 10th through 12th grade) youths found it very easy to obtain alcohol, tobacco or marijuana. Nearly all focus group participants said they can get any substance they want without leaving their neighborhood. Youths mentioned stores near their homes where they could buy or get someone to buy them alcohol and/or tobacco. Access to drugs is usually a 10 to 15 minute drive away, usually less. Most participants said they can reach their sources for ATOD within a five minute walk or drive. One youth only had to walk outside his front door. "I just go outside in front of my building. Like right across the street. They sell drugs all the time. I mean, you can go right outside. You won't catch...you can catch little kids, not little kids but like teenagers selling drugs and stuff. And you can get it from anybody or

anything.” Additionally, youths in every group mentioned school being another common source for drugs. There are students — easily identified if you just “ask around” — who provide drugs.

Access

Transportation was not an issue for any respondents. Nearly all, including 8th graders, have access to a car via older friends, relatives, or self. There was some variation by community. For instance, one youth living in a suburb stated,

“where I live it's pretty suburban so you have to probably get in a car. It depends like where you go. Some places, they'll sell to you on a certain day and some days they won't. So sometimes you might have to go and take like another 10 minute drive or so. But usually it's not too far. You'll get it by probably the third place depending on who's buying alcohol. Like how old they look.”

For those youths living in suburban and urban areas, many utilized public transportation to get around. For alcohol and tobacco products, both 8th and 10th through 12th grade respondents said they could either directly purchase or find someone to purchase for them with little difficulty. A number of respondents knew of places that sell to minors. In rural and suburban areas, most could be reached in 10 to 15 minutes by car and in urban areas it may be the corner liquor store in the neighborhood. Most youth either have friends who are 21 or know someone who had a friend who's 21 who will buy them alcohol. Participants also talked about waiting near stores for an adult who would be willing to buy them alcohol. In some instances the youth would enter the store with the adult and point out what to buy. In other instances there is a fee if someone else is purchasing tobacco or alcohol for them. The adult might be a stranger or an older acquaintance. For example, one 8th grade respondent mentioned that hard liquor is more difficult

to acquire, but if you know someone older they are usually willing to buy it if you offer them some money for their services. They walk away with a few extra dollars for their trouble and the kids are happy because they have alcohol.

This was more prevalent among the 8th graders than the older youth. The older youth tended to have older friends who are willing to buy them alcohol. Furthermore, an interesting trend throughout the 8th grade groups is that in some instances the younger kids found it easier to obtain marijuana than alcohol. The reasoning behind this is that there is always someone “hanging around” their school selling “pot”, but, because of their age it is sometimes, not always, harder to find a source for alcohol. Another age difference is older youth had no trouble buying their own cigarettes, but 8th graders were not always able to purchase their own tobacco.

Youths mentioned that with a little persistence they had no problems getting alcohol or tobacco. However, one exception which impedes youths from getting drugs, stated in one of the 10th through 12th grade focus groups, in reference to buying marijuana, was that there are occasional “dry” periods. In other words, dealers’ supplies are too low to meet the demand for their products and there may be a waiting period as they restock, or the youth will look around for another source, possibly in another town or through a friend.

Social Activities

Although adolescents are not traveling far for ATOD, what they do travel farther for is events and activities such as going to concerts, the beach, teen clubs or clubs with an under 21 night³, or

³ The clubs youth referred to were either bars/night clubs with an under 21 night or teen

festivals. These also tend to be places where they have access to, and use ATOD products. Purchase and usage is typically in a group and also occurs in homes, in common public spaces (outside of school, in a park, on the street, in the woods), or at parties. Usage often occurs where illicit drugs are purchased or shared, but not in stores where alcohol or tobacco is purchased. Usage of different drugs in the same setting is not uncommon, particularly the top three (alcohol, tobacco, marijuana).

While a noticeable trend that emerged from the discussions is that none of the group participants have to leave town to purchase substances, some do so occasionally, more as a change of pace, or for a social event, such as going to clubs, particularly on weekends. A few participants also mentioned going to a nearby town for a specific substance not available in one's own town. This is usually a drug other than alcohol, tobacco, or marijuana, such as hallucinogenic mushrooms. There were also a few exceptions mentioned by youth which do not prevent them from accessing ATOD, but make it more challenging. For example, one youth stated:

Respondent: "Up until this last year, nobody ever carded for cigarettes at all. I'm 18 now so I can go anywhere. But before that you could be like 12 years old and be buying cigarettes and they wouldn't really care. But this past year they've just begun a really strict law. And, I guess if you don't look 27 or something, they'll card you. But if we got carded, a lot of times the people are just doing it for the cameras. And if you show them your ID, regardless of what age you are, they just want the cameras to see that they carded you."

clubs, set up like a night club/bar for teens — a meeting place with a disc jockey or live music, or some other type of entertainment.

Moderator: So correct me if I'm wrong, they may give you some static but within 5 minutes or so you can get it anyway?"

Respondent: "Yeah, they are just doing it for the legal."

In addition, a few youths in southwestern states also mentioned periodically crossing the border to Mexico for easier access and lower prices for a variety of substances.

ATOD Sources Do Not Vary By Different Regions of the Country or Types of Communities

Purchase and acquisition patterns were similar across all twelve groups. Again, there were few variations based on age, region or type of community. Following is a summary of youths' responses by substance.

Alcohol

Many youth, both younger and older kids, do not purchase alcohol themselves. However, some exceptions were mentioned by the older youth. These included using fake identification, knowing which stores would sell to youths who appear "old", and knowing which stores may sell to underage youth for a small fee. The primary sources of alcohol for youth of all ages are social. All youths knew someone — usually older friends or family members including parents, siblings or other relatives — who would buy alcohol for them. Additionally, as previously mentioned, alcohol is present at the parties youths attend either for free or for a nominal fee. In a few instances youths reported graduated fee schedules depending on age:

Moderator: "If you're not buying, or asking someone to buy alcohol, how else do you come across it?"

Respondent: "If someone's going to throw a keg, they're not throwing a keg because they

want everybody to get drunk. They're throwing a keg because they want to make some money. And then everybody's getting charged and they might give a few cups away to like two girls that they like, but that's basically, unless that happens the girls and everyone pays."

Moderator: "What are they paying?"

Respondent: "Like five bucks a cup."

Moderator: "Are the girls paying the same amount that they pay?"

Respondent: "Yeah, It's not a boy, girl thing. It's like what age and school, what class you are. Freshman will end up paying about 12 bucks for a cup and then sophomores pay ten, and seniors end up paying four or something. And it depends how many kegs there are too."

Regarding alcohol, the younger you are the more you pay. Youths are penalized for their age. The older youths view these parties as money-making enterprises and possibly see this as an opportunity to take advantage of the younger kids' eagerness to get alcohol any way they can. Another reason may be related to the perceived greater risk of punishment if younger youths get caught. The younger kids are willing to pay more because the alcohol is right there and easily accessible to them. Youths also reported taking alcohol from their or their friends' parents' home and, in a few cases, stealing it from a store. In some instances the youth reported waiting outside a store and asking a stranger to purchase alcohol for them. Regardless of whether the youths were attempting to purchase their own alcohol or asking someone else, they reported getting alcohol primarily from liquor stores or convenience stores.

Tobacco

Purchase patterns for tobacco are similar to those for alcohol. Differences mentioned by age

again included use of fake IDs or older youths having no trouble buying their own tobacco because they appeared legal. Different methods stated for obtaining tobacco include purchasing themselves, purchased by friends or family members, bumming off people, shoplifting from stores or stealing from family members. Unlike alcohol, youth basically listed all different types of stores (e.g., gas stations, convenience stores, grocery stores, liquor stores, etc.) as sources for cigarettes.

Marijuana

Participants report that marijuana is the most easily purchased substance of all. Purchase is usually direct from a personal contact. The contact may be someone they know at school or on the street, or even someone who knows someone they know. One youth stated,

“as far as drugs, there's a few neighborhoods that you know you can find it in. And you can just go up to one of the houses and get it or you have somebody, like a lot of people at my school sell it and you know their number so you just call them and they'll get it for you.”

Purchase is usually made very close to where they live or go to school, sometimes in school or on the block on which they live or in the nearby house of a friend or acquaintance. Some participants say that they grow it or buy it from others who do. Participants can also buy from other sources, but usually don't because they have no need to do so. Marijuana was also easily obtained at no cost. Participants said that it is offered to them by friends or acquaintances at parties for free. A number of participants said they are occasional or infrequent users. In other words, they may not purchase their own marijuana, but they will use it in a social situation if it is available.

Trends across all Three Substances

The primary sources of alcohol and illicit drugs for most participants are interpersonal. (This is also clearly true for tobacco among the 8th graders.) Someone at school – someone they know or someone who knows someone – can get most substances on request and even deliver to their home or other nearby location. Nearly all participants find various substances available for immediate use at parties, in the homes of friends or friends’ friends – often without the need to purchase. For example, one participant stated:

“I would say more than 50 percent of the people in town blow (smoke marijuana) and more than 50 percent of people’s parents blow. You don’t even need money to get weed. You’d just be walking down the street and you’d run into...someone you know who’s got three trash bags buried in his back yard full of blunts. And he’ll be like, hey oh what’s up, you want some weed, you know.”

Some participants in nearly every group mention offers of alcohol from parents as a source. A few also mention offers of marijuana from parents as a source.

As previously mentioned, several participants in nearly every group also go to clubs. These clubs are usually in a nearby central city or in a suburb. They may be teen clubs, where substances are sold outside by dealers, or they may be regular bars/night clubs that admit teens or that are accessible with a fake ID. The clubs represent another source of drugs for youths. Participants stated these are places where drug use and accessibility is prevalent. Illicit drugs are sold by club attendees, who are relatively easily identified, both discreetly inside and outside the clubs. Some participants also find illicit substances sold in stores in their community, neighborhood, or block — if the sellers know them or think they’re “cool.” Some stores mentioned — which were present in rural, suburban, and urban areas — were video stores,

grocery (similar to a mom and pop) or clothing stores, and drug paraphernalia stores. Some participants also mentioned a person, usually a drug dealer, who sells youth alcohol, tobacco and illicit drugs out of their home — similar to a one-stop shop.

Acquisition Habits and Consumption Experiences Differ Slightly by Age

Based on the information gleaned from these focus groups, there are few significant differences between the answers given by 8th graders and those given by the 10th through 12th graders on how they obtained ATOD, what they used, or where they used it. One variation of this is that some of the older youths had fake identification or, because they appeared older, had an easier time purchasing alcohol and tobacco directly from a retailer rather than asking someone else.

Both age groups stated they go to the same types of places to use ATOD, i.e., parties, friend's houses, parks, fields, clubs, etc. Both age groups also stated the same sources for obtaining ATOD, i.e., stores, friends or family members, clubs, etc. Additionally, both 8th and the 10th through 12th graders stated they use ATOD in social settings, large groups. One difference noted here is the younger kids tended to pool resources to buy alcohol, tobacco and marijuana, but older youth were more likely to purchase these products on their own, yet still consume them within a group setting. In addition, the younger youth mentioned, because of their age, they frequently must pay fees for getting substances and are charged higher prices at parties for alcohol.

Another difference consistent across groups is the 8th graders were less knowledgeable, sophisticated, and forthcoming about ATOD use and less eager to connect to others in the group.

They reported less consumption experience and a smaller likelihood of purchasing ATOD for themselves. Additionally, older youths were more likely to ask for specific brands of alcohol than the younger kids. The younger kids could not name specific brands and were more willing to take whatever they could get.

Discussion

Focus group participants were selected to allow for a nationally representative sample, and the methodology employed in this study provides qualitative data as a way to identify adolescent trends in availability, access, and use of ATOD products to help design more systematic quantitative methods for collecting this type of information. As noted throughout this paper, responses by participants were similar across all 12 groups and responses show very little variation in youths' acquisition of ATOD products by age, type of community or region of the country. Based on these results, it is possible to make a strong case that the information taken from these groups gives an accurate and valid picture of youth substance acquisition and use across the country. This research strongly indicates that alcohol, tobacco, and marijuana are perceived as readily available to teens within their community. Moreover, it appears that it is easier for teens to obtain marijuana than to obtain legal substances, such as alcohol and tobacco.⁴

⁴It is interesting to note here that the information found in the focus group data differs from quantitative studies which show that age in relation to ease of access plays a significant role. Studies report that younger kids (8th graders) found it harder to acquire ATOD while this study suggests that kids find it easier than previously thought, and that there is less difference by age.

All the youth participants contributed to the group discussions and were open with their answers. Study findings suggest that reducing minors' access to ATOD is not enough. For instance, increasing retailer compliance with tobacco minimum-age laws does not always bring about corresponding reductions in adolescents' self-reported access to tobacco or alter their smoking behavior (Rigotti et al., 1997). Experts agree that legislative control has an important role to play in the control of drug use, but that the strongest effects of this are likely to be among those who are not using drugs or currently experimenting (Carruthers and McDonald, 1995).

Participants stated that they use substances in social settings. In general population studies, peer use of substances has been consistently found to be a strong predictor of substance use among adolescents; parental tolerance of substance use is also associated with adolescent use of substances (Gillmore et al, 1990). These findings suggest that focus should not just be on changing policy, but also on eliminating social sources of alcohol, tobacco, and illicit drugs to youth. The use of social sources as a way to obtain substances may explain why increasing the level of compliance by retailers to minimum-age laws does not decrease reports of youth smoking and drinking at the same rate.

Although numerous policies at the federal, state, and local level have been enacted to curb alcohol and tobacco sales to minors, perceptions of ease of availability by youth remain virtually unchanged.

Policy makers should begin to focus their attention on developing legislation that would address the issue of social sources to ATOD as well as encourage implementation of intervention strategies which could help to eliminate the use of social sources.

Results of the focus groups suggest some areas to focus efforts to help reduce adolescent access to and use of ATOD:

1) Stricter enforcement of current laws and policies, including use of Fake IDs and illegal, underage sales and/or purchases. As previously stated, youths are being carded more, but can still get clerks to sell them alcohol and tobacco. One can assume that clerks are going through the motions, but are unconcerned with being punished probably because the law is unenforced.

2) Attempt to better understand what motivates retailers to sell to underage youth. Is the need to maximize profits greater than obeying the law or is it something else?

3) Evaluate retail education programs, and what effect they have on reducing illegal, underage sales to youth; and attempt to diffuse those programs which are identified as having some effect.

4) Harsher penalties for adults who supply ATOD to youth. Adults rarely face consequences for selling or giving alcohol to underage youth. Again, this is an area that, if properly enforced, would help reduce adolescent access to ATOD.

5) Look at the different types of social sources and attempt to develop strategies to better identify these sources and a policy framework which would impose penalties for supplying youth with ATOD products.

6) Develop educational approaches to change the way people view social sources. One

possibility would be to develop a counter-advertising campaign creating a negative image of social sources.

Increasing penalties, enforcement, retail education of minimum-age laws, and strict store policies is one way to reduce adolescent substance use. However, the issue of eliminating social sources is much more difficult. Many of the participants' sources for ATOD are relatives or friends. Youth participants in these focus groups were not asked what would prevent them from seeking out social sources for ATOD. They also did not volunteer any information that might lead to possible strategies that would address this issue. The results of this study imply that the area of social sources as method for obtaining ATOD by adolescents is an important area to focus on in the future and more research is required to determine how to develop a solution to this problem.

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