

ORIGINAL RESEARCH

Youth alcohol and drug use in rural Ireland - parents' views

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ABSTRACT

Introduction: Drug availability is increasing throughout Ireland due to a convergence of rural and urban cultures during the last decade of economic growth and prosperity. Rural Irish youth may now have a heightened risk for problematic alcohol and drug use due to increased exposure to drugs, urban contact with peer drug users, unstructured recreation time and poor parental monitoring. Rural parents may perceive their children to be less at risk, and often struggle more than their urban counterparts to identify and respond to their children's alcohol and drug use. The aim of this research was to provide an exploratory account of rural parents' perspectives on alcohol and illicit drug use among youth in Ireland.

Methods: A convenience sample of parents with adolescent children was selected at a parent-teacher evening at 3 rural schools, with the facilitation of school completion officers (34 mothers and 21 fathers, $n = 55$). Semi-structured interviews were conducted which included questions relating to the parents' perceptions of youth drug and alcohol use, both in terms of recreational and problematic use in their communities, levels of drug availability, risk perceptions, settings of adolescent substance use, service provision and drug information; and not necessarily with regard to their own children. Following transcription of the interviews, a content and thematic analysis was conducted in order to identify areas of similar and contrasting opinions, and various formulations were compared and contrasted in order to ground the information firmly in the data garnered.

Results: The results suggested parental concern with regard to increased rural drug exposure for youth in local rural communities. The majority of parents were aware of youth alcohol use but were concerned about all drugs, not aware of specific differences in drug-related risk, and had difficulty comprehending harm-reduction principles. Most parents recognised the need for greater parental monitoring, awareness of free time accountability, improved parent-child discourse, and visibility of services.



Conclusion: Life in contemporary rural Ireland is influenced by dominant social changes in terms of the normalisation of alcohol and drug use in youth subcultures, with increased fragmentation of traditional rural family norms and values, emerging acceptability of alcohol and drug use in recreation time and the widespread availability of alcohol and drugs. There is a need to target rural parents using a community development approach in order to provide drug education, service visibility and family support for those experiencing problematic substance use.

Key words: alcohol and drug, parents, youth drug and alcohol use.

Introduction

European prevalence surveys suggest a rising trend of illicit drug use among Irish youth compared with youth in other European countries¹. Irish youth present with high rates of 'binge drinking', in addition to increased lifetime use of any illicit drug². Treatment surveys also show that the general level of youth drug use is rising, with earlier ages of initiation, alcohol as primary substance of use and poly-substance use increasing³. Drug use appears in all areas of Ireland and is clearly no longer limited to urban or marginalised areas⁴. This has occurred in the last decade of the 'Celtic Tiger', a period of economic growth and prosperity, resulting in greater consumption levels of alcohol and drugs, and increased acceptance of so-called 'recreational' drug use in free time and social settings. Such shifts in contemporary social discourse have heightened the risk of youth drug use in rural areas, due to widespread drug availability, increased contact with peer drug users at school or in leisure time, and an overall normalisation of youth drug use in terms of the selection of 'safer' drugs and 'acceptability of controlled use' on a social level in adolescent sub-cultures⁵.

According to Galvin and Caetano⁶ rural communities were previously characterized by strong familial ties within an independent rural and family culture separated from the mainstream societal forces, and somewhat protected from urban problems such as crime and drug use. In recent times a reduced difference between urban and rural areas has meant that rural areas are reporting the development of unique rural youth drug-using cultures and heightened drug availability⁷.

Previous research by Quine et al⁸ indicated that rural youth may experience certain risk factors for problematic alcohol and drug use related to the level of their isolation in rural agrarian communities, compromised education and employment prospects, limited recreational opportunities, and low awareness of health and community services. Other research has found that youth in rural areas are also more likely to initiate alcohol and drug use at an early age due to external variables, such as leisure boredom, availability of substances and poor parental monitoring⁹.

Protective factors that offer rural adolescents resilience to drug initiation and experimentation include potent family networks, strong anti-drug values and reduced levels of contact with drug-using peers. However applicable such risk or protective factors are, these mechanisms are increasingly compromised as contemporary Ireland navigates the modern consumerist society characterised by a normalisation of drug and alcohol use in youth sub-cultures, and negotiation of individual strategic risk-taking behaviours in adolescence. Youth exposure to risk in the course of daily life and increased acceptability of drug and alcohol use in free time, coupled with poor parental awareness, may explain why rural youth are presenting with problematic alcohol and drug use¹⁰.

In terms of measuring parental awareness of their children's alcohol and drug use, Bierut and Fisher¹¹ reported that, in general, parents are unaware of their children's substance use; they found that for more serious forms of drug use (eg cocaine), parental awareness is even lower. Parents of children with problematic substance use often present with a somewhat normalised view of drug use, and overestimate



their own level of parental monitoring, when compared with parents of non-drug-using children¹². Williams¹³ identified an age correlated discrepancy and reported that greater levels of parental awareness of their children's substance use occurred with parents of older adolescents (16–18 years). In terms of rural youth substance use, research suggests that rural parents often struggle more than their urban counterparts to identify and respond to their children's alcohol and drug use, significantly underestimate the level of their child's drug and alcohol use and perceive their children to be less at risk¹¹. It may be the case that rural parents have little or no contact with the concept of drug use and limited exposure to media interpretations, or contact with urban social structures that experience drug activity and, therefore, are isolated from mainstream societal trends in youth drug use. Research suggests that rural parents commonly defer responsibility to health professionals and public health campaigns in deterring youth drug and alcohol use, focus on the potential role of professionals and the media in offering resilience for youth drug use and, therefore, reduce their own perception of their importance in providing drug education and prevention for their children¹⁴.

The aim of the present research was to provide an exploratory account of rural parents' perspectives of alcohol and illicit drug use among youth, in order to illustrate their thoughts, experiences, fears and opinions regarding recent increases in drug use and availability in rural Ireland.

Methods

Research design

Ethical approval was gained from the Research and Ethics Committee at Waterford Institute of Technology, Ireland.

Semi-structured individual interviews gathered information on rural parents' experiences of adolescents' alcohol and drug use in Ireland. A convenience sample of parents with children aged 12 to 18 years was selected at a parent–teacher evening at 3 rural schools (34 mothers and 21 fathers,

$n = 55$). A gatekeeper (school completion officer) for each school facilitated the initial introduction and contact with parents. To ensure voluntary participation, the participants were given an information sheet explaining the aims and objectives of the study, were assured of confidentiality and provided signed consent. Parents were also made aware of their right to refuse to participate, and also to withdraw from the interview if they wished.

The interview schedule had been piloted on an urban school in a previous study, and followed National Advisory Committee on Drugs guidelines for research¹⁵. Individual interviews were chosen in order to optimise the research information garnered, because levels of suspicion and stigma relating to drug usage were significant among these rural parents, possibly constraining the provision of information in a focus group setting. These semi-structured interviews included questions regarding parents' perceptions of youth alcohol and drug use in their communities, in terms of recreational and problematic use, levels of drug availability, risk perceptions, settings for adolescent substance use, service provision and drug information - and not necessarily concerning their own children. The qualitative nature of the research meant that although the researcher used several questions to guide the discussion, not all parents commented on particular issues, and they were encouraged to explore their own ideas, thoughts and opinions.

The interviews were of approximately 45 min duration, were coded and audiotaped. All data files were stored on a private computer with password protection and were destroyed after 3 months. The transcripts were read several times and categorised by the researcher in order to progressively bring out main themes. This consisted of generating:

...a list of key ideas, words, phrases, and verbatim quotes; using ideas to formulate categories and placing ideas and quotes in appropriate categories; and examining the contents of each category for subtopics and selecting the most frequent and most useful illustrations for the various categories¹⁶.



The thematic analysis using QNvivo (QSR International; Melbourne, Vic, Australia) was then conducted in order to identify areas of similar and contrasting opinions, whereby various formulations were compared and contrasted in order to ground the information firmly in the data garnered, and to identify categories for the presentation of the research findings.

Results

The thematic analysis resulted in identification of three main themes in relation to what rural parents are experiencing: (i) parental estimations of rural youth drug and alcohol use; (ii) patterns of rural youth drug and alcohol use; and (iii) drug education and treatment provision in the area.

Parental estimations of rural youth drug and alcohol use

The parents were aware of increased patterns of drug and alcohol experimentation among rural youth from their communities and felt this was due to increased access to a wider variety of substances at all ages (ie alcohol and cannabis), usually in the context of school and friends, and that rural youth have more disposable income than previously (due to pocket money or part-time employment). Some parents commented on the difficulty of continued monitoring necessary to curb such substance use, given the use was at school, after sports matches and in towns:

Its very hard...they are given an early introduction to drinking...as if it's macho to get drunk...the girls are the worst...much easier for them to get served...and what can you do...if they're all going out ..how can you say no?

Sure they are drinking after school, and at those teenage discos...its not hard for them to buy alcohol in the supermarket.. or take drugs in the fields.. its very hard to control.

These kids can go drinking in the fields and no-one would ever know...it's impossible to know where they are every minute of the day.

Most parents were aware of the increasing normalisation of drinking and also cannabis use among young people, due to local newspaper reports, teenage discos, after sports celebrations, twenty-first birthday parties and the ease of purchasing alcohol at local shops. The majority of parents agreed that: 'There is a drug problem in your area, which has recently occurred'. This suggested that the youth were faced with an increasing acceptability of substance use in their school, which was then brought home to the rural community.

Most parents were aware of drug activity in their rural community, and commented on 'the individuals dealing on the street' and also in proximity to urban suburbs; some mentioned the occurrence of several students 'smoking joints at school'. The parents generally blamed the urban setting and its increasing drug problems. Some believed a drug dealer encouraged first time drug use among their children, and were not aware of the influence of the peer group in initiating substance use: '...there's this one guy selling drugs to the young people in our locality'. Older rural parents were more cautious and commented that youth would be coerced by a 'criminal or drug dealer'. Other parents were aware that drug use was common at school and commented:

I am sure they all get their drugs together...there's a few lads at the school who have been suspended for dealing...there's no real control though and it worries me.

However, other parents were not aware of drugs being available or being used by individuals in the community, and commented on their own ignorance: 'I wouldn't know how to recognise any sort of drug related activity, to be honest', and 'Sure we never used drugs; I wouldn't even know what it looks like'.



Patterns of rural youth drug and alcohol use

In terms of drug- and alcohol-taking patterns, the majority of parents in this study were aware of varying levels of drug and alcohol use in terms of experimental, sporadic, regular and abusive, and commented that such degrees of substance use were dependent on the young individual's circumstances in terms of vulnerability, stress, opportunity and peer pressure. However all voiced concern as to how such behaviours could begin at a young age and rapidly escalate towards problematic use. The parents observed that the following substances were most prevalent among their adolescents: alcohol, tobacco, cannabis and amphetamines.

In general, the parents voiced concern about increasing levels of alcohol drinking among young people, the increasing normality of alcohol use in Irish society, and increased levels of hostile and aggressive behaviours among youth at night. They observed a pattern of frequent and heavy youth drinking in rural communities and felt this was due to the pervasiveness of alcohol use and excessive drinking in Irish culture. One parent said:

...this appears to be the case in many Irish families and is reflected in Irish history and culture...Irish people drink to socialise, celebrate and commiserate.

A concern highlighted by parents was that adolescents appeared to be drinking for no particular reason other than it being a Saturday night: 'Its shocking, you can see them drunk at 1 and 2 in the morning at the weekends'.

The parents commented that they often gave their children the first alcoholic drink, most commonly during a family celebration such as Christmas, or if they had gone out to lunch on a Sunday. Most parents were regular drinkers, as one commented:

...sure there's nowhere else to go on a Saturday night other than the pub around here, going into town is too far...there's not even a cinema or bowling alley.

Other parents purchased their alcohol in the supermarket and drank at home: '...it's very cheap to buy alcohol in [store], and now with the smoking ban it's more comfortable to drink at home'. This is interesting, given that some parents allowed alcohol use within the home: '...at least I can supervise and it's a safe environment...there's nothing wrong with having a drink'.

Most parents were not aware that their children could have access to their liquor cabinets when they were not present, and only some were aware that young people would often 'go ditch drinking'(outdoor youth drinking) in the summer holidays. The majority of rural parents with older children were not concerned about their teenagers drinking alcohol 'as long as it is in moderation'. This was perhaps due to their acceptance of drinking and histories of drinking during childhood. Other parents commented that 'it seems to be normal practice for youngsters nowadays to go drinking after the match or go to discos at an earlier age'. One parent commented, 'there's this groups of lads, and they go drinking after the matches on a Sunday...and even the coach gets drunk'. Some parents were also unclear as to whether 'drinking alcohol when you are a teenager can lead to an increased opportunity to use drugs and develop a problem'.

Most notably, the parents were aware that first-time drug use most commonly occurred in peer settings or was due to sibling influences. However, parents were unaware of the crucial time of vulnerability for drug use: 'I'd be hoping it wouldn't ever happen'. The majority of parents were aware that cannabis use is increasingly common among young people and most were concerned about the potential hazard: '...the kids nowadays think it's as safe as smoking a fag', and 'I'd be worried about the effect this [cannabis] has on his schoolwork'. The most common reasons for substance experimentation quoted were: 'friends are doing it', 'school peers', 'curiosity' and 'boredom at weekends and holidays'. The three most common settings for use from the parents' perspective were '...parties, in public places such as in the local cinema and on the street, and at friends houses'.



The majority of parents were aware of the potential of the peer group to determine the level of their teenagers' substance use:

I'd be hoping their parents would have talked to their kids about drugs and drinking, and I try to make sure my child doesn't mix with kids in trouble...but I don't always know, that's for sure.

The parents were concerned about the influence of the urban setting (ie school, friends etc) in terms of providing the opportunity to experiment, coupled with a lack of positive leisure time activities in their rural areas, often leading to increased levels of deviant behaviours. The majority of parents voiced their concern about a lack of suitable activities and facilities for young people in rural areas. It appeared that youth with urban contacts (ie sports, activities in towns) had a greater opportunity for substance use. This was due to increased availability and greater opportunity to congregate in groups. Some parents commented that they were happy to let their teenagers visit other friends at weekends, even if they were uncertain about the level of supervision 'at least he/she isn't on the streets', and 'I really couldn't tell you if her friends do drugs or drink...I suppose most of them would drink'. Other parents remarked that it was difficult to accommodate their children with the activities on offer in the town due to cost, work commitments and family commitments. 'Sure I can't be watching him all the time...it's hard to keep track of them and their mobile phones'.

Most parents agreed that teenage discos were often not suitable for young adolescents, due to insufficient supervision and the potential for alcohol and drug use. However, the parents often felt under duress to allow their child to go to a disco because all their friends were going. 'What can I do, if they are all going, the best I can do is bring them, collect them and hope for the best'.

The parents were conscious that drug and alcohol experimentation occurred most often during weekends and

summer holidays, when it was difficult to monitor and supervise their children. 'They grow up so fast nowadays...It's hard to keep a hold of them'. Some parents reported they were often busy with chores on the farm and away from the home when their teenagers returned from school. A mother remarked, 'It's very hard, especially if we are working to make sure they are supervised all the time'.

Most of the parents were worried about their children experimenting with drugs and, to a lesser extent, alcohol, and had not experienced the symptomatology of problematic substance use. Interestingly, these rural parents were not as concerned about alcohol use in older teenagers, and did not deem this to be harmful if not taken in excess. In terms of perceptions of drug-related risk, the majority of parents were aware of cannabis use but were concerned about all drugs in general and were not aware of specific differences in terms of drug-related risk. The parents were suspicious of harm-reduction advocacy in schools and commented: 'taking drugs is wrong, how can they tell our youngster its ok...or here's some information on how to do it safely'. All parents recorded the following concerns relating to their child using alcohol and/or drugs: 'overdose', 'accidents', 'crime', 'becoming addicted', 'letting the family down' and 'not being able to finish school'. However, most were aware of families who had experienced youth substance abuse.

Drug education and treatment provision in the area

The majority of parents identified the need for increased drug information for parents and also greater support for parents experiencing a child with problematic substance use. The parents also remarked on their difficulties in identifying possible substance use in their children and stressed the need for 'open communication' during late childhood and adolescence. The rural parents appeared to take some solace from their attempts at parental monitoring, even though many observed this role to be difficult. 'Its very hard to be their friend and encourage them to talk to you, and also at the same time trying to control their behaviours'; and '...it's a catch twenty-two situation'.



Some older rural parents were less aware of the services available to young people in the event of a drug crisis and reported that they would seek advice from the local priest, the school principal, local policeman or their GP. The parents were not as aware of local community based drugs services: 'There's nothing out here for us, if we need help, we don't really know which road to take'. In addition, for some parents there was concern as to who they would contact due to the stigma attached to drug use, particularly within their families and the rural community.

Discussion

In order to accurately estimate prevalence patterns of youth substance use, researchers must be aware of 'acute local variation and clustering of trends' within the national setting¹⁷. Youth drug users, and in particular those in the rural context, may not be represented in such prevalence surveys and, therefore, may present with specific variations in terms of 'their backgrounds, lifestyles and the social contexts in which they consume their drugs'¹⁸. Ethnographic research such as this may provide an illustration of the meanings and interpretations of rural youth alcohol and drug use from the rural parents' points of view, and yield useful information in terms of guiding national and regional drug strategies.

The rural-urban dichotomy - an emerging drug market?

There is a lack of research exploring variations between urban and rural drug and alcohol use in Ireland¹⁰. During the course of the present research it became apparent that the differences between urban and rural Irish youth are minimal, and similarities have been strengthened due to rural youth's increased contact with their urban peers in school and sporting settings, against a background of emerging normalisation of youth drug use and individualisation in modern Irish social discourse. Youth drug-using subcultures in rural areas are increasingly common, and rural areas provide new markets for the supply of drugs in Ireland. This

has occurred in recent years as a result of increased commercialisation and the growth of a materialistic society, which has repercussions in terms of greater drug activity in urban and rural areas, widespread drug availability and consumerist approaches to drug use in recreational time. In addition, the traditional protection offered by strong family values, bonds and open discourses in the rural context has been compromised as urban values are assumed. It appears, therefore, that one can no longer discuss urban versus rural differences in drug and alcohol use patterns because rural communities experience changing social capital in the course of individualised youth negotiation of alcohol- and drug-taking strategic decisions.

Rural drug exposure, peer normative settings and social accommodation of drug use

Research indicates that contemporary youth experience a high level of exposure to drug-taking peer culture when growing up, especially in the school or urban context⁵. This has important implications for these research findings, where parents were increasingly concerned about the influence of school, peer and urban settings regarding drug dealing among friends in recreational contexts and at school. Research shows that particularly vulnerable youth (eg those who 'don't fit in or who want to fit in') whose peer group present pro-drug-using attitudes and practices will mostly conform rather than jeopardise their affiliation with that group¹⁹. This may be the case for rural youth in their attempt to negotiate urban youth culture and integrate into social and peer groups. Peer groups present a potent influence on the development of certain attitudes toward drugs, the social contexts for drug use, and norms and values relating to the acceptance of risk-taking behaviour⁹.

The parents were aware of cannabis use among youth, and commented on the rising social accommodation of this drug. This indicates the influence of the dominant social discourse within modern Irish society, where recent research has indicated that cannabis is obtaining normalisation in terms of social accommodation of use, perceptions of safety and widespread availability⁵. Prevalence surveys also indicate no



difference in socio-demographic variables among cannabis users in Ireland²⁰. While parents noted the use of cannabis as most common among youth, they did not categorise other drugs in relation to potential harm or risk. This finding has important implications for the success of harm-reduction advocacy in schools, and the dissemination of such material to rural communities and families.

Perhaps most relevant to this discussion is the potency of unstructured leisure time in providing a context for alcohol and drug use for rural youth in the peer setting. Some research suggests that in more isolated communities or among rural youth with heightened leisure boredom and poor parental monitoring, there are increased opportunities to participate in deviant behaviours; within that setting substance use can become a socially accepted, normative behaviour⁹. It appears that rural youth may experience high levels of unstructured leisure time, increased contact with alcohol in the course of family and sporting activities, and increasing levels of contact with drug-using peers at school. However, it should be noted that such a development is not unique to rural communities. Parker et al⁵ reported that in future years the non-drug-taking group will most certainly be the minority, regardless of rural or urban context.

The rural parents were concerned about compromised efforts to supervise holidays and after-school activities, and efforts to maintain open discourse with their children. Research has shown that parents who are absent or show little involvement with their children are more likely to have children who experiment with alcohol and other drugs¹². Traditional rural values may appear increasingly fragmented as contemporary rural lifestyles, family networks and parent-child relationships shift in modern social capital in Ireland.

Alcohol and rural Irish culture - a cause for concern?

Perceptions of drug and alcohol use are strongly influenced and mediated by the individual's experience of use and their social demographic characteristics¹⁵. This research presents an interesting dichotomy in terms of the social acceptance of

alcohol use among rural youth, in contrast with parents' global fear of drug use and difficulties in comprehending harm-reduction advocacy. Alcohol drinking for older teenagers during adolescence may be accepted or tolerated by rural parents, due to the cultural normality of youth drinking in rural Ireland. Alcohol is by far the most commonly used substance in Ireland². Research has reported that, in general, youth indicate a far more positive perception of alcohol than other drugs and, while they seem to be aware of the harmful consequences of alcohol use, this does not appear to impact significantly on their drinking behaviour²¹. This is interesting in the context of Irish society being characterised by worrying trends of excessive drinking among youth. Only some parents were aware that the family provides a learned context for social appropriateness; a family that regularly uses alcohol and/or other drugs is sending a message of normality and acceptability of that behaviour to their children. This appeared to contradict rural family norms for drinking and socialising while using alcohol.

Evidence also suggests that parents who buy and supply adolescents with alcohol are contributing to an increased risk of adolescents binge drinking and consuming excessive alcohol on a given occasion²². These findings are of concern for rural youth, not only in the light of widespread alcohol use, but also in terms of possible progression toward drug experimentation when drinking and in contact with peer drug users.

Implications for rural outreach and service provision

In terms of future directions for policy, the research points to a need for increased visibility of health and addiction services in rural areas, the development of targeted rural drug prevention programs, family drug education, and support and outreach services. Because early experimentation with alcohol, and possibly cannabis, appears to be the foundation for future problematic drug issues in early adulthood, it is important to determine which factors are most likely to contribute to rural children's early



initiation of substance use. Identified factors should be targeted for drug education and rural family interventions. Rural parents need to be educated about the potential of alcohol in predicting pathways to possible drug experimentation, the importance of parental supervision and open discourse with their children, and the recognition of problematic substance use in their children.

Conclusion

Irish youth drug use is emerging as a socially constructed and normative phenomenon, whereby a range of drugs is increasingly available and widely used. There is a convergence between urban or rural contexts, and drug use is not limited to marginalized, deviant or vulnerable youth.

This research presents an ‘anecdotal snapshot’ of what rural parents currently experience in terms of youth alcohol and drug use, and is therefore not representative of the rural Irish population. It suggests heightened parental concern with regard to excessive youth drinking, cannabis use and increased rural drug availability in local communities and schools. In terms of drug- and alcohol-related knowledge, rural parents often experience difficulty understanding the prevalence of youth drinking and, in recent times, drug use. They fail to comprehend differences in potential hierarchies of risk relating to specific drugs. However, rural parents recognised a need for greater parental monitoring, improved parent-child relationships and discourse, and greater free time accountability.

Services in these areas need to be more visible to all members of the community, and particularly to rural families experiencing problematic substance use. In order to guide resource use, future research efforts must attempt to create a discourse between rural youth, parents and service providers. This will assist in the development of rural family- and youth-centred interventions in greater youth policy directions.

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