

Gender, alcohol, and interventions

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This report provides a description of a recent study of gender, alcohol, and interventions funded by Comic Relief and Alcohol Research UK. It outlines the rationale for the study, the methods of data collection and data analysis, and emerging findings. Although the results presented here are firmly grounded in the data, it is important to note that analysis is ongoing: statements made in this report should not necessarily be considered as final and definitive. Links to further analyses prepared for academic audiences will be added to the Alcohol Research UK website.

BACKGROUND

There is widespread concern about health and social consequences of excessive alcohol consumption among young people.^[1,2] Although young men are more likely than women to binge drink, sex differences appear to be decreasing because more young women are reporting binge drinking.^[1-3]

Historically, drinking has been viewed as a “masculine” behaviour.^[4-6] Sex differences in drinking are mediated by gender-stereotyped beliefs.^[2, 7-9] These gendered patterns of drinking are reinforced by mass media - women who binge drink are presented as unfeminine (“ladettes”), and emasculating because of their appropriation of “masculine” behaviour.^[10-12] Our previous research found important links between young men’s alcohol use, their beliefs about masculinity, and their experiences of their own masculinity.^[4,5] Most men thought it masculine to drink and to be able to hold one’s drink. They also paid attention to what men drink: beer and spirits were considered masculine; champagne and alcopops were not. Subsequent quantitative studies of men,^[13] and a larger sample of young men and women^[14] indicate that ratings of men’s masculinity and women’s femininity are influenced by their patterns of drinking, and that beliefs about the masculinity or femininity of drinking and binge drinking influence individuals’ intended and actual alcohol consumption.

Given recent changes in young women’s binge drinking, it is important to better understand how gender attributes and attitudes affect young men’s and women’s alcohol use. A focus on gender and alcohol use is important because health behaviours such as binge drinking can be important ways to reinforce or resist gender stereotypes.^[1,4,7,15]

Links between gender and alcohol consumption may be particularly salient during adolescence and early adulthood: risky behaviours may be part of young people’s identity explorations, and drinking may be part of socialisation into adult roles.^[16-18] The meaning

and importance of alcohol may vary as a function of age (e.g., whether individuals are above the legal age to purchase alcohol). It is therefore important to examine age-related variations in alcohol use and responses to alcohol-related public health interventions.

Our previous qualitative research revealed that young men express considerable ambivalence toward alcohol.^[19] Three aspects of alcohol use for which there was no ambivalence - monetary cost, concerns about violence, and concerns about addiction/dependence - may be important targets: other alcohol-related motives were characterised by ambivalence which may render them more difficult to target in interventions - for example, most young people are aware of the detrimental impacts of excessive alcohol consumption on health, but consider that this is the price one must pay for other perceived benefits of alcohol. However, there is a need to expand our focus to include young men and women. This is important because research suggests that whereas men are more persuaded by individualistic messages, women are more influenced by collectivist messages about alcohol use.^[20]

As well as examining individual beliefs and experiences, it is important to understand how peer interactions affect alcohol consumption. Perceived peer drinking norms and direct peer influences (e.g. offers of alcohol) affect young people's alcohol consumption.^[21-24] Young people are more likely to binge drink if they think that more of their peers binge drink. However, many mistakenly believe that more of their peers drink than actually do. There is some evidence that challenging misperceived social norms may be an effective way to reduce excessive alcohol consumption among young people.^[25]

The aim of the study reported here was to expand on our own and others' recent research into young people and alcohol by examining how age and sex differences in young people's beliefs about gender and alcohol affect alcohol consumption. This particular focus was nested within a broader examination of the extent to which age and sex influence young people's beliefs about appropriate interventions to combat alcohol misuse. Although the primary focus was on population-level public health campaigns, the findings also have relevance for one-to-one interventions.

This report integrates the findings of our study with insights from published literature and our knowledge of the efficacy of health promotion processes to make tentative suggestions for future campaigns to reduce alcohol-related harm among young people.^[26,27] It should be noted that these suggestions are based on a specific sample and may not therefore be representative of all young people. The efficacy of novel approaches based on our suggestions could be tested in future research.

METHODS

Two modes of data collection were used - individual interviews and group discussions.

The population group of interest was young women and men aged 13-25. To allow better control of recruitment and to facilitate comparisons between age groups, this age range was divided into three age ranges:

- 13-15 years = non-drinkers and under-age drinkers
- 18-20 years = young people just above the legal drinking age
- 23-25 years = people with several years of experience above the legal drinking age

An obvious sampling method for people of this age is educational establishments, given that all members of the youngest age stratum should be attending school, and that approximately half of 18-25 year olds are in some form of higher or further education.

However, we recognised the importance of sampling more broadly given that the demographic characteristics and experience of 18-25 year olds not in education or training may be different from those of university students. Non-student participants were recruited via opportunistic sampling in setting such as cafés and workplaces, via various online sources including Gumtree and Facebook, and via snowball sampling (i.e., participants recommended participation to their friends). Just under half of the two older age strata consisted of young people who were working rather than studying.

Selection of the sample was based on stratified quota sampling as illustrated in the table. Twelve group discussions were conducted with 3-12 participants per group. They examined participants' beliefs about: a) masculinity and femininity; b) men's and women's drinking; and c) links between masculinity/femininity and alcohol consumption. Following a procedure used in our past research,^[4,5] images of alcohol use were used to prompt discussion. We also presented examples of recent health promotion campaigns that use different kinds of messages. We deliberately chose campaigns that used a range of different message types - e.g. health effects, risk/danger, social consequences - and different media - e.g., billboards, television, internet. A key focus was participants' beliefs about how best to promote safer drinking, to help determine how to target messages according to the age and sex of the intended recipient. This involved examining beliefs about whether interventions should focus on education (and which elements of education), social influences such as misperceived norms for drinking, reputation concerns, concerns about physical safety, or alcohol pricing and promotion. Participants were asked to recall and think about different types of messages and media.

In-depth individual interviews were conducted with 30 young people. The interviews focused on how interviewees' beliefs about gender and experiences of their own gender identity are linked to their beliefs about alcohol and patterns of drinking. This focus was facilitated by examining "critical incidents" - times at which the links between gender identity and alcohol consumption were particularly salient. We also examined:

- perceptions of cultural expectations related to drinking
- recollections of and responses to public health campaigns related to youth drinking
- beliefs about how best to approach alcohol-related health promotion. Participants were asked to think about types of messages as well as presentation media.

The images used in the group discussions were also used in individual interviews when this seemed appropriate. However, the predominant focus was on personal experiences.

age group	female	male
13-15 y.o.	5 individual interviews 2 group discussions	5 individual interviews 2 group discussions
18-20 y.o.	5 individual interviews 2 group discussions	5 individual interviews 2 group discussions
23-25 y.o.	5 individual interviews 2 group discussions	5 individual interviews 2 group discussions

In the analysis we were able to examine the extent to which suggestions for interventions/ campaigns reflected participants' reports of what influenced their behaviour. An important aspect of the analysis has involved assessing ambivalence toward these different approaches, as ambivalence can impede the impact of interventions.^[19] We explored different ways to make campaigns accessible and acceptable, because "one size fits-all" approaches are unlikely to be effective, and multiple media and messages may be required to reach men and women within the broad 13-25 age range.^[20,26,28]

All interviews and group discussions were transcribed verbatim. To ensure anonymity, all names and other identifying characteristics (e.g., names of friends or schools) were replaced with pseudonyms. All data were treated confidentially and were only available to the researchers via password protected files. Analysis of transcripts proceeded according to the principles of Interpretative Phenomenological Analysis,^[29] with some modifications to make this approach applicable to a thematic analysis of group interview transcripts. Primary attention was given to individuals' reports of their

experiences and beliefs. These were interpreted in the context of what participants had to say about their peer groups and local cultures as well as broader British society.

RESULTS

Although the results presented here are firmly grounded in a systematic analysis of the data, it is important to note that analysis is ongoing. The statements made in this report should not necessarily be considered as our final definitive statements of results.

The results are presented in three sections. The first describes and examines participants' reasons for drinking. The second section describes their reasons for not drinking and their concerns about the consequence of drinking. The third section presents findings relating to participants' beliefs about interventions - their responses to past and current activities, and their ideas for how to improve the impact of future campaigns. These sections are followed by a discussion of feedback provided by people who attended a symposium at which preliminary findings were presented and discussed.

Section A Reasons for drinking

> Drinking and image / reputation

Drinking was clearly related to image and reputation. At younger ages, drinking tended to be seen as a marker of being mature or cool rather than boring. Male and female respondents reported that one motivation for girls' drinking is to look older so as to impress and appeal to older boys. Respondents also reported that one motivation for boys' drinking is to look mature and to impress other boys and girls.

If you're seen with a bottle of alcohol or a can of alcohol in your hand then you're seen as someone who doesn't care what people think about them and is more rebellious. Especially if you're young as well. If, if it's someone older then I don't think it's about image I think it's just about having alcohol and enjoying it. (13-15F)

to get people's attention, you know. Boys', boys' attention or girls' attention. Sort of portraying, sort of grown up, and if you come with us you'll have loads of fun. (13-15F)

It was clear, however, that not all young people shared these views. At one school, some interviewees suggested that "the plastics" - i.e., girls who were excessively concerned with their appearance and reputation - were the teenagers most likely to drink for these reasons:

All the slaggy girls are like “Yeah, get drunk, blah blah blah, house party!” with people nearly at sixteen and seventeen. But the girls who are sort of less, that don’t drink as much, they’re a lot nicer girls that don’t go sort of around”. (13-15M)

I find it quite sad, but everything is about being popular and cool and yeah, going along with the crowd really. (13-15 F)

In the older age groups, interviewees expressed less concern about image/reputation, but they did refer to expectations to drink in gender-appropriate ways (e.g., beer was considered to be a masculine drink, wine and cocktails were considered feminine). Some men reported that they had cultivated an image of being a connoisseur of ales, and all men described their awareness of the expectation that men should drink beer:

Lager is the drink of choice. Anything else is odd. So you’re just sort of committed to - as young men - to drinking lager. (23-25 M)

Women do drink pints, but I would say that it’s a predominantly male drink. And that doesn’t run with everyone ... I think women - and I know a lot of men drink wine - but if especially it’s out in a pub, I think it’s more of a female drink. (23-25 F)

Participants also described an expectation that as they enter adulthood, men and women should mature out of the need to drink alcopops and other sweet alcoholic drinks, and that a person’s image and reputation would be affected by choosing age-inappropriate drinks:

I would not have much respect for a grown woman who I saw drinking an alcopop. (23-25 F)

> **Early experiences**

Elsewhere in the interviews, participants expanded on why alcopops and other sweet drinks may be preferred by, and more acceptable among, younger people. Very few participants actually enjoyed their first tastes of alcohol. In the first quote the use of the word “obviously” may reflect a belief that spirits are inherently unpalatable to all people. Many participants reported that they still disliked the taste of alcohol, but through trial and error they had found drinks which were palatable:

Beer was too bitter. Obviously, spirits, taste too, like vodka is still disgusting. And tequila, still disgusting. So, uh, yeah absolutely didn’t like it. As my taste buds have matured, beer is a much more enjoyable drink. (23-25 M)

I’d worked out what I liked and I think ... and also developed a taste for things. So like I love red wine now, but I didn’t when I first started drinking it. So I

think maybe it's something that you kind of I don't know, have to keep trying and then you'll like it and it becomes a pleasant drink after a while. (23-25 F)

Interviewees' references to "developing a taste" and to taste buds "maturing" serve to reinforce the beliefs expressed above that alcohol is something for adults - those who can handle alcohol may therefore feel and be perceived as more mature than others who do not drink alcohol.

> **Expectations to drink**

Participants described their experiences of the expectation within British culture for people to drink alcohol. They noted that because alcohol consumption is important for image and reputation (see above), there were negative implications attached to not drinking:

There was a certain social stigma attached to not drinking especially in the pre-legal years, I think that's worse actually than the pressure at undergrad. (23-25F)

When discussing factors that affected underage drinking, peer influences were mentioned, and it was noted that peer groups determine what is expected or "normal". Participants occasionally referred to direct overt peer pressure such as offers of alcohol and mocking or teasing of non-drinkers. However, peer influences were more often described as covert or diffuse: they were experienced as stemming from the broader social influences that operate in a drinking culture:

Everyone around you does, so it feels a bit weird, and if you don't drink, you get, like people like "Oh why aren't you drinking?", "Oh you're so boring!". You do get a bit of stigma, so I kind of, I don't know, that's probably why I started drinking. (18-20 F)

It's something that you accept, and like it's just like fitting in, and you don't really feel sort of scared by it. You just sort of go with it. (13-15 M)

Unfortunately, "going with it" often entailed drinking in harmful ways. Most respondents with personal experience of alcohol use reported early experiences of excessive consumption and associated undesirable behaviour. Non-drinkers had observed similar experiences among their peers. Such episodes tended to be normalised: many respondents recounted experiences of themselves or their friends being hospitalised or passing out, but did not convey a clear sense that this was seen as unusual or excessive:

Well one of my friends like collapsed because she was like too drunk, and yeah, she had to go into hospital until she like sobered up and she was, like yeah, unconscious. So that was probably the worst one, but I think that's only happened once, but probably the only real bad experience. (18-20 F)

It was disturbing to hear numerous reports from the youngest interviewees of their peers being hospitalised because of excessive alcohol consumption. The use of the phrase “just how it goes” also suggest a worrying sense of resignation that alcohol poisoning is an unremarkable aspect of many young people’s early drinking experiences:

A lot of people in my year actually have been to hospital, and a lot of them have had like really quite bad experiences as well but they all continue and I, I think they all just kind of think that's just how it goes really. (13-15 F)

I've kind of experienced people bragging about having hangovers as well. Like, you'll be on Facebook and someone will be like: “Oh I've got such a bad hangover!”, and they'll post it everywhere, and then people will be like, ‘like it’. And people brag about it because alcohol is seen as being cool, and if you don't change how people like think about alcohol then that's not going to change. (13-15 F)

The accounts given by respondents in all age groups indicated that direct peer encouragement to drink and to drink in specific ways was more evident among young drinkers. Respondents of all ages suggested that people have more to prove to others when they are younger, and that this pressure reduces as alcohol consumption becomes more commonplace and the novelty of drinking wears off:

Less so now. It's much more relaxed. People are much more accepting if you want to just go out and just drink Coke or whatever, and you know, some people, quite a lot of people do that. But more in, teenage years between like 16, and maybe 20, people were very much encouraging you to get very very drunk. (23-25M)

Not at this age, cause I think I'm past, I personally feel like I'm past the need to know that and establish how and what I'm doing. (F23-25)

However, respondents noted that there were still strong expectations for drinking (and drinking in particular ways) at different life phases. Current and former university students in the older age groups reported that the first year of university is a time at which expectations to drink are very strong, and that alcohol is a key part of socialisation and developing friendship networks. In this context non-drinkers were seen as being unusual:

As soon as you say that you are not a drinker, everyone's a little bit "Woo! What's wrong with you? You're a bit weird aren't you? That's not very normal" (18-20 F)

In the first year of uni it was very much... especially at the beginning to, to make friends and to get to know people you had to participate in the going out and drinking and people who didn't drink, they were still friends with everyone but it wasn't, they were considered slightly strange I guess. (23-25 F)

> **Drinking and socialising / bonding with others**

In a range of contexts alcohol was seen to serve a positive function in helping people to overcome shyness. The quotes in the section above highlighted the importance of alcohol for forming friendships when starting university, but male and female participants noted that drinking alcohol aided friendship and bonding processes in a range of contexts:

I am quite shy so there's been times where I've felt a bit more sort of relaxed if I've had a drink you know, social situation like uh ... like a sort of meet, you know, a work thing where you've not really met people before or sort of a social event organized when you've started something like just starting at university. (23-25F)

It felt good because I was a shy teenager and so it was sort of, it knocked away all the inhibitions um, which was how alcohol was used by me. (23-25M)

The sense of camaraderie associated with social drinking was generally related to alcohol helping people to "loosen up". However, it was interesting to note a sense of camaraderie associated with buying rounds of drinks and drinking excessively as a group activity, especially among men:

If you're having drinks and things buying rounds and sharing that and stuff like that I think it helps integrate you into a new group or accommodate, more, make a group more accommodating and accepting and stuff like that. (23-25M)

Drinking is our modern way, or the urban way at least of bonding, of, of, you know with your comrades and your pals in the fox-holes and you've got stories to tell of what happened that night... they share those intimate moments with each other in their vulnerable states. (23-25M)

The second quote above highlights the way in which communality combined with openness and disinhibition can produce stronger connections with others. The war metaphors do evoke a sense of battle, but prompt the question: Who is the enemy? Are young people battling against sobriety, alcohol, other people, or themselves?

The positive evaluation of shared experiences of drinking and drunkenness extended

to the morning after, when suffering through a hangover with friends was seen as an expression of - and part of strengthening - friendship:

On whatever day we would all be hung over together it was actually quite good in some ways because it was sort of suffering with other people who were also suffering. (23-25M)

The quote above is a good example of young people's ambivalence toward alcohol - or, more specifically, ambivalence toward the negative aspects of alcohol consumption. Here the undeniably negative *physical* aspects of a hangover are countered by the positive *social* aspects of shared suffering.

The accounts of respondents in the oldest age group gave a clear sense of a learning curve. These respondents reported that they had managed to "grow out of" socially expected patterns of regular binge drinking, and that they now felt more comfortable with drinking at a personally-determined level. Part of this was about learning personal limits, so that they did not experience the negative consequences of over-indulgence (see below).

> **Drinking in gender-appropriate ways**

Respondents in all age groups were easily able to describe gender-related expectations related to alcohol consumption. These included drink choices and modes of consumption. Choice of drink was clearly linked to gender identity. However, the second quote below suggests that some people question the extent to which sex differences in drink choices are natural and/or preferred by individuals and the extent to which people uncritically reinforce stereotypes by modifying their own behaviour:

You could get like, sort of stereotypically girly drinks like sort of pinky drinks and stuff like that, stereotypically. And you can, like, say "Men drink beer and stuff like that, and girls drink cocktails", but I wouldn't say that was something that they actually do. But you stereotypically think that. (13-15 F)

Men just really seem to like beer more than women, just like the taste of it. I mean I'm quite sceptical. I think, I think a lot of men drink beer because it, you know, it's the manly thing to do, and it's just what men do. They do it to fit, they do it fit in. But you won't ever hear men admit that. (18-20 F)

Following on from the second quote, some men in the older age group explained that gender stereotypes do shape their drink choices. The second quote below shows how men who resist pressure to drink "gender-appropriate" drinks are considered strange:

Maybe beer, just having that beer in my hand and not having a lemonade or a lemonade and spirit [...] maybe that's probably why I drink the beer, because it's got that kind of "only men drink beer". (23-25 M)

If I say "Well 'I don't drink beer", then people kind of look at you a bit strange and they think "Oh well, you're a man. You're supposed to be drinking beer, because that's what men drink". (23-25M)

Uncritical endorsement of gender stereotypes of masculine and feminine drinks was most common among younger drinkers. Older drinkers tended to be more critical of such stereotypes. Men and women who resisted these stereotypes expressed their frustration at others judging their behaviour according to standards which they did not personally believe. The quote below indicates that if women do choose to drink beer, they are often expected to do so in more "feminine" ways (e.g., to drink half-pints rather than pints):

People always expect women to have a half, and men to have a pint. That really annoys me, like my uncle, he obviously hadn't seen me since I was a child, but I went to the pub with him the other day, and I said, he said "What do you want?" I said "I'll have a pint of ale" and everyone else was having - well, the men were all having a pint of ale. And they just gave me a half, and I get that quite a lot, and I just find it really annoying. (23-25F)

Although men and women perceived expectations to drink, and to drink gender-appropriate drinks, men tended to perceive that there was greater pressure on them to drink in masculine ways, which usually meant being able to keep pace with other men and being able to hold one's drink:

I don't know what it's like to be a woman, but I get the impression that it's much more acceptable not to keep up if you're a woman. (23-25 M)

It was notable that no men described experiencing encouragement or pressure to drink less *because of* being male. Several women felt that they were subject to less pressure than men to drink or to "keep pace":

How much you can handle is a male thing I would say, and not so much of a female thing. (23-25 F)

However, as indicated in an earlier quote, women were aware of expectations that they should not drink excessively. All participants were aware of gender double-standards. Some participants endorsed them, but others were less certain that they applied to current patterns of male and female drinking:

More than ever now, women are behaving more like men in their drinking respect as in they will drink, drink, drink until they're paralytic and being carted off by the police. The whole sort of gender stereotype of a classy lady in the bar is out the window and it's now which girls can do as many shots as the boys and keep up. And obviously they're not as big as boys so they can't. So they obviously end up paralytic and the boys end up fighting. (23-25M)

I have more negative reactions to really drunk women. You're going to ask me what reaction I have. I mean I don't have much, um, if I see a drunk person, like a really drunk person staggering down the street I don't really have a heap of respect for them. Either gender. But I suppose if it's a really drunk woman staggering down the street then I would have a worse reaction. (23-25 M)

Such findings reflect the results of our recent finding of the persistence of gender double-standards for alcohol use among young people despite there being few differences between men's and women's motivations for drinking or likelihood of drunkenness.^[14] Those who were more judgemental of excessive drinking and drunkenness among women tended to explain this by referring to physiological differences between men and women which lower women's capacity to handle alcohol and to remain safe when they are drunk:

I don't like to imagine women being taken advantage of when they're in that kind of state. Whereas with men, I'd like, they're not, there's not that much for you know, male rape [...] that's why I'd probably laugh at a man getting drunk like that, but not a [woman] 'cause I'd probably just want to help her get into a taxi or something like that. (23-25M)

Section B Concerns about consequence of drinking

> Health consequences

In all age groups there was a lack of concern about the long-term health consequences of excessive alcohol consumption. Those who were aware of health consequences often denied the personal relevance or the current personal relevance.

Health-related concerns tended to focus more on short-term effects not directly attributable to alcohol. Some participants noted disliking sleep loss - a consequence of staying out late rather than alcohol *per se*. Across all age groups, next day responsibilities were an important influence on alcohol consumption: if people had no responsibilities or obligations on the day after a night out, they would feel more able to drink more.

Conversely, obligations on the next day served to restrict alcohol consumption:

Week nights I try to avoid these days just because working it's too hard to get up for work in the morning if you've had a bit of a heavy night the night before. (23-25 F)

In this quote the interviewee expressed concerns about the impact of alcohol on his capacity to function normally the day after rather than being concerned about the health effects *per se*.

Some participants noted that concerns about weight gain affected their drink choices - although again it was not the alcohol *per se* that was seen to be the cause of such concerns. Although weight concerns were often mentioned by, and in relation to, women, some men also described concerns about the effects of alcohol on their weight:

Gin and slimline tonics, because I'm also watching my weight as well, so I don't want too many beers to fatten me up. (23-25M)

I think women are possibly more likely to abstain from drinking. Um, just because of the fact it's associated with, you know, weight gain and that sort of stuff and I think sometimes women are conscious of that, and will, will hold off drinking. (23-25F)

> **Dislike of being too drunk**

Most respondents who drank alcohol enjoyed the effects of mild intoxication - i.e., being “tipsy”. However, there was often a fine line between enjoyable intoxication and being “too drunk”. In spite of the importance given to learning from experience, it was apparent that many people still frequently exceed these limits. Vomiting as a result of excessive consumption was a familiar experience. Whether or not people reached this state, being too drunk when alone was not a pleasant experience:

I think I'd been sick on the dance floor probably or been thrown out. And I just found myself outside and the world was spinning and I was like: “God I've got to walk home now!” And it was just that realisation of: “I have to walk home. I'm too drunk to walk home”. And it's just horrible to know and like no one was there, and I'd just been throwing up on my own. (18-20 M)

Some participants recognised that if they drank too much, and required help or care from their friends, then this could spoil their friends' enjoyment:

When you take it that step too far and it becomes, um, it's not nice for the other people you're spending the evening with because they have to look after you or something and you become a burden because you're literally physically incapable of walking for instance, or, you know, maybe you're vomiting or something so yeah, that's horrible. (18-20 F)

In the quote above, the interviewee referred to her own past behaviour. However, interviewees also made judgements of the behaviour of friends who had drunk too much. It

seemed possible that such observations and responses could be a potential influence on their own drinking behaviour:

Where it goes from being a little bit too much or just having a social drink to being: “Actually they’ve drunk too much. They need to get home”, they’re basically ruining - it’s really selfish, but they’re basically ruining your, or my night out. (23-25 F)

It gets to just that point when it’s: “Do you want to wake up and be the person who had to be dragged home and all your mates were really pissed off with you ‘cause of the shorter night?”. (23-25 M)

For some participants, a sense of shame or embarrassment was often added to the unpleasant physical sensations of drunkenness. This experience was more common among women than men, and may reflect gender double-standards for alcohol use, which are characterised by greater scorn of women’s public drunkenness:^[8,14]

I felt like I’d like let them see part of me, I don’t know, they looked a bit mocking, like: “Look at her the bloody drunk! Look at her!”. (23-25 F)

I remember thinking: “If my parents knew about this, this would be appalling”. I am actually a bit ashamed of that. (23-25 F)

> **Exceeding limits**

Despite their concerns about drinking too much, few people described using government-defined “units of alcohol” to monitor their alcohol consumption. Instead, limits were conceptualised at a personal level in behavioural terms, rather than being related to units:

“Can I walk in a straight line?” Well I probably can if I really think about it. Or: “Can I stop the room from spinning?” That sort of thing. Like, when I think: “You’re past that”, that to me is limits. When you can’t actually - when something happened that you don’t want to happen, that you can’t stop. That’s my limits. (23-25 F)

Limits were therefore clearly linked to personal experience rather than external advice, and could only be determined when they had been exceeded. Interviewees highlighted the importance of learning from experience what one’s own limits are. Thus, an important part of learning to drink in moderation was experience of drinking too much:

You have to [...] learn your limits. Um, to learn that exceeding your limits does not feel good. It’s just kind of basic conditioning maybe. I’m not saying that everyone should be a binge drinker as rite of passage, but um. Yeah, so I kind of am. (23-25 M)

Even those in the younger age group who did not have experience of drinking expected to learn their own limits through personal experience. In the quote below, reference is made to wanting more information about limits, but also to the value of experience:

I think I could be more informed. And also I'd like to find out first hand what it was like when I'm old enough, so that I could fully understand what kind of things that they're teaching us. (13-15 F)

> **Safety and violence**

Personal safety was clearly a strong motivator of people's drinking behaviour. Although participants tended not to be concerned about short- or long-term health consequences of excessive alcohol consumption, they were more concerned about short-term effects on personal safety:

As long as people know where I've been and what I've been doing, I don't mind the fact that I can't remember. As long as I feel like I was in a safe situation, sort of thing. But if I felt like - Yeah, as long as I know that nothing bad has happened, I don't really mind it. (18-20 F)

This retrospective assessment of safety is somewhat disconcerting, because it depends on others doing "nothing bad" rather than the individual actively staying safe.

Interviewees tended to express more concern about women's safety than men's safety. They noted that society reinforced the perception that women are more vulnerable when drunk:

It's definitely more likely for boys to get hurt than for women to get raped but I think it's a much bigger thing for a woman. Um, so yeah I think, like, with my parents, if I was coming home one night they'd want to come and pick me up, and come and get me so I'd be safe, but if it was my brother - like he is older than me - but they'd feel more OK about him being out on his own. So it is a different thing, but they're still both at risk. (13-15 F)

Interviewees expressed more concern about other people's drunken behaviour than that of themselves or their friends. Although respondents were concerned about other people's undesirable drunken behaviour, there was a tendency for respondents to distance themselves and their friends from such antisocial behaviour. Instead, their own drunken behaviour was perceived to be fun and funny:

They don't see that. They're just having a good time, And to them they're defining being drunk and being carried home and then laughing about you know spilling drinks all over them and pissing themselves and spilling a kebab,

waking up with a kebab on their cheek, or something like that, that's funny stories. (23-25 M)

Those adverts when they say "Your mates think you're an idiot if you do this" ... People are going to watch it and think "No they don't. They actually find me quite funny when I do this!" (18-20M)

Aggressive or violent behaviour was unanimously seen as a negative consequence of excessive alcohol consumption. Fortunately, few people reported actual experiences of alcohol-related violence. However, it was important to note that direct contact with aggressive or violent people was not necessary for aggression/violence to affect an otherwise pleasant experience - the expectation that people could become violent was upsetting for many participants:

You have to, like, go around them in a really big loop just in case they attack you. I really don't like all the aggression that I think being drunk makes people into kind of like infantile aggressive people. It's quite scary actually. (23-25F)

Don't like that at all. Don't like feeling unsafe in that environment because you're not sure if the guy across the way who's, you know had too much drink is going to kick off and cause a fuss, and you can sometimes pre-empt it, see them getting to that state where they're going to cause some trouble and knock into people and stuff like that and it's uh, yeah it's like a social hand grenade really. (23-25M)

Perhaps it is not surprising that greater concern was expressed about men's aggressive behaviour than women's. This reflected a reasonable belief that men are more likely than women to be physically violent, and because their potential to inflict harm is greater than that of women:

With drunk guys, there's automatically that power dynamic of they are just a little bit ... it's more risky to be near a drunk guy if he's going to get aggressive than it is to be near a drunk girl if she's going to get aggressive. (23-25F)

I'd be more scared of the guy, and more scared for the girl. Because I don't know, men can behave quite, I don't know, they can be sometimes aggressive when they're drunk, and a bit, I don't know, and girls, I don't know I always think of a drunk girl as quite vulnerable, because people can take advantage of her. (18-20F)

Such aggression and violence were generally discussed in relation to other people. Some men did, however, refer to their own aggressive behaviour as a negative aspect of their past drinking behaviour:

There was a bit of aggression, like, from other people towards, towards me or other people and then also I would get more aggressive when I was drunk as well. That sort of faded a bit. (23-25M)

> **Cost and availability**

Older and younger participants perceived few real barriers to underage drinking. Although licensing laws, restrict young people's access to alcohol, respondents noted that they could deploy various strategies to circumvent these and to acquire alcohol. Younger respondents reported that if they or their peers wanted to drink, then they would be able to obtain alcohol by stealing it from within the home, purchasing it with the assistance of older siblings, peers, or strangers, and/or by targeting retail outlets known not to be responsive to legislation related to underage alcohol sales:

Not everywhere is strict on asking for ID, and people can make themselves look older and go and buy it. (13-15F)

You get a lot of shops that, like newsagents and things that will sell it to underage people and they know that they're underage. So I think it's kind of targeting those places because they're the reason that people can get at this alcohol. Unless your parents are buying it for you but that's kind of the parents' fault really. (13-15 F)

All respondents reported that they were price-sensitive. Younger respondents reported pooling limited financial resources and/or buying cheap alcohol to allow more economical access to alcohol.

If I'm gonna drink then I'll buy alcohol, I'll buy like the cheapest thing there, but I'm definitely gonna buy, like, whatever it costs. (18-20 F)

Respondents strategically managed their budgets to ensure that they had enough money to get drunk in important social situations. Strategies included pre-gaming or pre-loading - i.e., drinking cheaper store-bought alcohol at home before heading to clubs and thereby avoiding having to buy too many drinks at marked-up bar prices. In the quote below, blame is placed on the government for allowing alcohol to be sold at very low prices in supermarkets and off-licence premises:

Binge drinking, pre-gaming at home with lots of people, drinking before they go out, cheaply, and then just topping up when they're out there, and pushing them into the binge drinking paralytic state is actually a government idea, and a government consequence. So really, it's their own fault. (23-25 M)

Interviewees noted that they were also responsive to drink offers and 'up-selling',

strategies which were more cost-effective and/but which also encouraged excessive drinking. Many participants also noted that the cost of non-alcoholic drinks in pubs and clubs was too high for people with limited drinking budgets, alternating alcohol drinks with non-alcoholic drinks is not seen to be cost-effective.

> **Summary of Sections A and B**

Within British culture, alcohol consumption was seen to be commonplace and normative. Within this broader drinking culture excessive intake among young people was also considered normative and was normalised. However, previous research suggests that young people tend to overestimate the prevalence of drinking and excessive drinking among their peers.^[21-25] Within this drinking culture, young people learn gender-appropriate patterns of drinking. Young people are aware of many negative aspects of their own and others' excessive alcohol consumption, but they tend to be ambivalent, and often view these downsides as the price one must pay for the perceived benefits of alcohol use. Although most young drinkers had personal experience of the downsides of drinking too much, they tended to downplay the health implications and also tended to distance themselves and their peers from "problem" drinkers. In contrast, they expressed concern about how their safety and pleasure were often hampered by others' problematic drinking and/or antisocial behaviour. These findings of ambivalence toward, and distancing from, downsides of alcohol use present serious challenges to efforts to counter excessive alcohol consumption among young people.

Section C Interventions: current and future

It's just there basically, like your parents drink alcohol and then people go out to drink, so it's like a constant thing so you basically ignore these drinking campaigns. (13-15 M)

Despite the negative sentiments in the quote above, members of the younger age groups tended to be more positive and supportive of mass-media public health interventions. Members of the older groups tended to be more sceptical as to whether such approaches are effective, and for some this scepticism was expressed as cynicism:

The government doesn't ban drinking, doesn't limit drinking, because it makes so much money on it, it's worth them actually doing that. It's worth them spending billions on anti-drinking campaigns and promotions and things, whilst at the same time there they are extending drinking licenses for longer

and things like that because they make so much money on that. (23-25 M)

Although many of the older respondents cringed in response to some of the images used in various campaigns - especially vomiting and injury - they did not think that such campaigns influenced their intended or actual behaviour:

I know there have been television campaigns, but they haven't really had much effect on - I can only speak for myself, but they haven't had much effect on me. (18-20 F)

There was a perception among older participants that alcohol campaigns would be more effective at deterring young people who had never consumed alcohol than those who had some drinking experience. Indeed, some young people responded to the images we showed them with revulsion. Some respondents suggested that advertising may be a good reminder not to drink excessively for drinkers who can better identify with the situations depicted:

Uh oh, don't want to be the advert! (23-25)

However, it was emphasised that it is important that the target audience identifies with the people and situations portrayed in advertising. Often respondents reported that it was only because they had already drunk excessively that they could identify with situations that they advertisements were encouraging them to avoid in the first place.

If I come home I'm all jolly and happy – you wouldn't start a night like being happy so it's not really, they can't really show me an image of myself that would make me drink less, because I haven't gone to an extreme. (18-20 M)

> **Perceived efficacy of different media**

Very few young people had made use of alcohol education websites. These were perceived not to be a good use of resources. Younger participants said that they had not used websites as a result of personal interest, but only as a requirement of school work:

When I'm on the internet I'm just either on Facebook or Youtube so I wouldn't really have a reason to go on it unless it was an advert that popped up and we had the choice to and I just went ooh, interest and click on it. It would, I wouldn't type in alcohol unless it was for a school project or something. (13-15 M)

Older respondents tended to question why they - or any other young person - would want to visit an alcohol-related website:

Why would I visit a website? I mean what, what would I get out of visiting a drink safe website? (23-25 M)

Some participants suggested that rather than providing alcohol-focused websites for people to visit, more effective strategies may involve more opportunistic exposure of people to moderate alcohol consumption messages using social networking sites:

I think internet is effective, but maybe going to a specific website maybe isn't. So the actual, the targeted adverts on Facebook, that sort of thing might work. (18-20F)

Thus, rather than trying to encourage people to visit an alcohol education website, better use should be made of targeted pop-up advertisements on websites that people are already using. Another explanation given for the limited actual and potential impact of online materials - which could also be applied to television advertisements and billboards - was a perceived distinction between reasoning processes when sober and looking at online alcohol-related material and when affected by alcohol. This distinction between “cold” and “hot” cognition has been identified as being important in other contexts such as condom use^[30]. What people plan to do “in the cold light of day” may not be what they choose to do “in the heat of the moment”:

You almost want them to catch you in a social situation. (23-25F)

The suggestion made in this quote is interesting, as it suggests that information processing when one is sober and sitting at a computer or in front of a television is different than when one is in a pub or bar and affected by alcohol to some extent. The quote indicates that advertising to promote moderate alcohol consumption could be more effective in drinking settings such as pubs and bars than on people’s computer or television screens. However, it is questionable whether managers of licensed premises would be particularly positive about such advertising. Furthermore, some participants’ comments suggested that intoxicated people may not be able to rationally process the messages:

They put loads, like, on toilet doors in clubs and stuff, and when I'm drunk I don't notice them, and when I'm sober I think: “That's an interesting advert, I've never seen that before”, when I've been in 5 times before - I've just not seen it. (23-25F)

Billboards tended not to be referred to as having been effective. Nor were they suggested as potential media for effective future campaigns. Instead of single images and blunt

messages, interviewees suggested that there would be value in continuing to use television and online media to give explanations and description and to present narrative-based messages:

I'd have someone on there with a bad experience, like a really bad experience out drinking, that was the age that it was targeted at rather than like someone older. But I think you'd have to have something to like demonstrate the effects it can have on you perhaps like rather than just having a statement. (18-20F)

> **Agency/personal responsibility**

There was a range of reasons as to why mass-media campaigns and school-based education would have limited efficacy in changing the drinking behaviour of young people. Some respondents suggested that they did not engage with many messages because they did not give enough respect to their intended audience and were instead perceived to be patronising:

Less like you feel you are being lectured by the dad who is saying: "Don't do that!" (23-25 F)

However, when asked what tone messages should use, participants were unable to identify a style that would work, particularly when most young people are aware of the various potential negative consequences of excessive alcohol consumption:

I don't really know. Just you need to be told when you're too drunk but you shouldn't really need to be told. Like you can't really have people going around telling you you're too drunk. I don't, I don't know. (18-20 F)

Interviewees in all age groups suggested that rather than telling people not to drink (an instruction that they thought young people would rebel against), or to limit their consumption, public health interventions should provide advice and leave choices about alcohol consumption to individuals. In part, this reflects contemporary public health agendas, which emphasise that individuals should take responsibility for their health behaviour to minimise short- and long-term harm:^[31]

Kids might think "Oh well, that's sort of the rebellious thing to do", so do it, instead of being told, well, giving you the responsibility to make the choice but we've told you what we think, but it's your responsibility now. (13-15 F)

Focus on the bad things it does to your body and mind and just the, the negative impacts. Rather than saying "You shouldn't ... this is how much you should drink, you shouldn't drink". Like, let people decide for themselves.

Show them, show them the evidence and the facts and figures and let them make up their own minds. (18-20 F)

People know of the negative effects and I think erm, the best you can do is put the information out there. (23-25 M)

The suggestion that the government, teachers, parents and/or other concerned agencies “put the information out there” raises the question of what kind of information/message should be given to people. The links between alcohol consumption and various physical and psychological risks are not straightforward, and vary from condition to condition.^[32-34] In addition, data presented above suggested that personal limits may not be the same as government-recommended limits.

Furthermore, variations between individuals in terms of body size, metabolism, and speed of consumption mean that the same “dose” of alcohol could have variable effects on different people, and on the same person at a different times. It is, therefore, virtually impossible to issue simple statements about what a “harmful” intake of alcohol is.

The current government guidelines contain a certain amount of vagueness in advising people not to “regularly” drink more than the daily unit maxima of “2-3 units” for women and “3-4 units” for men.^[31] Recent research has shown that most people have poor knowledge of unit-based alcohol consumption guidelines, do not find them particularly useful, and do not have strong motivation to adhere to them.^[35,36] The finding from recent research that many people do not consider current government guidelines to be realistic was repeated here:

If they came up with like a “Don’t exceed this many units in one night” thing as a sort of guideline for how to not get too drunk I think people might listen to that. So if they said “Don’t drink any more than 30 units in one night”, yeah, or like more than 25, people would probably pay attention to that more. (18-20 M)

It is striking that the recommended maximum was roughly 10 times greater than the current recommendation. Although this statement was an extreme case, several other participants echoed the opinion that guidelines are not realistic, and are therefore perceived by many young people as irrelevant.

> **Responses to campaigns**

Respondents were presented with numerous images from recent public health campaigns. These images focused on the physical risks of excessive alcohol consumption (e.g.,

accidents and injuries or sexual assault), some focused on the experience of drinking too much (e.g., vomiting or losing consciousness), and others focused on interpersonal factors (e.g., harming friendships or relationships).

Although participants agreed that such images often catch people's attention, they were sceptical about whether shocking images would have a large or lasting effect on young people's alcohol consumption. Non-drinkers in the youngest age group tended to be the most positive about shock tactics:

When I saw that one about starting a night and finishing a night I sort of, I think I was a bit younger and I was a bit shocked. I sort of almost made the decision I would never drink but no, sort of, sort of thought I really didn't want to be in that situation. (13-15M)

However, older drinkers questioned whether extreme images would influence older, experienced drinkers:

They're really, um, unrealistic, and it seems a bit too shock - It seems like you're trying to, it's trying to shock you too clearly. It's like a bit too, I don't know, kind of appals me, and I just think it's shock tactics. I don't really believe that that happens, or maybe it does I don't know. (23-25 F)

Billboards - all you can really go for is the shock messages, or the impact, high impact things which I think are going to, generally speaking, make people sort of recoil and be a bit defensive about how much they drink personally. So I think it's going to make them distance themselves more from what's going on the advert. (23-25 F)

The quotes above reflect the findings of research which suggests that unless people feel motivated to change their behaviour and possess the skills to do so, shocking images can be counter-productive by prompting defensive responses which lead to people ignoring or avoiding the issue, rather than engaging with it.^[37]

The following quote suggests that although people are aware that excessive alcohol consumption is undesirable, the enjoyment people get from drinking, and the absence of extreme outcomes from most of people's usual drinking experiences means that extreme images tend to be disregarded:

Shock and awe doesn't really work with things that people enjoy doing. That's what it comes down to, because obviously, obviously smoking is bad, obviously drinking's you know, bad, generally. If we could make it a world where people didn't want to smoke or drink tomorrow that would be a great thing. But you've got to be realistic you know. (18-20 M)

Some participants suggested that shocking images of vomiting and ruined nights could be effective. However, as hinted at earlier, it was apparent that such images would be more effective for people who had *already* had similar extreme experiences - and who could therefore personally identify with the images - than as a way of discouraging young drinkers from *ever* reaching this stage:

A lot of people will have had something - maybe not that extreme - that's actually happened to them and you almost cringe inside, and I think that's probably what they're going for, and I think it is actually kind of effective. But then it is only effective once you've got to that stage. So, I don't know how much of a deterrent it was only cause I couldn't comment on whether it'd be a deterrent, but perhaps it is for a younger person. (23-25 F)

When you see it you're like: "Oh it - Actually, you could collapse" or whatever. And until that happens you don't really think about, like, you don't really connect the stories you hear with what's actually true. You just think "It wouldn't happen to me". Yeah, so I think you do need the experience to make sure people don't. (18-20 F)

> **Distancing of self and friends from "problem" drinkers**

In the sections above describing interviewees' concerns about alcohol consumption, it was noted how interviewees tended to distance themselves and their friends from "problem" drinkers. Such distancing was also seen in people's responses to public health campaigns that use extreme images to deter excessive alcohol consumption:

A lot of teenagers - Like, what I've seen is they'd look at that and go: "Oh that would never happen to me", or "What an idiot for doing that!". They don't really think about things that are really personal. (13-15 F)

Maybe they're not aiming the advert at all at me? Maybe they're quite happy for me to carry on with my life and the way I am ...Maybe it's other people that they're targeting. (18-20 M)

The findings highlight the paradox that although most young people do not consider their experiences of the negative aspects of excessive alcohol use to be strong enough motives to encourage behaviour change, depictions of more severe negative consequences are not seen as being personally relevant:

I don't know who the campaigners are targeting necessarily, because I suppose I don't think I have any issues with the way I behave when I drink now. So I guess it's difficult to know for them as well. I think the people that they're wanting to target are probably the people that won't necessarily listen, so I think it's a kind of catch-22. (23-25 F)

Showing these [advertisements] to me, what I'm thinking is: "Well that's not me. I don't drink like that." And I'm not judging them, but I'm saying: "I'm different". Um, even though I know that's fallacious. It's still kind of, I'm not identifying with them. (23-25 M)

Some interviewees acknowledged that although extreme negative consequences of excessive alcohol consumption do sometimes happen, they are not as common as the media and health campaigns appear to suggest:

I'm a teenager, you know I'm out like with these supposed people the whole time. I don't see what they're talking about, ever [...] That one person gets amplified in the newspapers to be the entire teenage population. (18-20 M)

One example of this was one young man's response to being shown an image from the "Who's in control" website, which depicts six accounts of personal experiences of the negative aspects of drinking too much:

Those six stories are probably counter-balanced by 999,999 stories of: "Went out. Had a great night. Going to sleep now", that you get on Facebook every night, you know. (18-20 M)

The Health Belief Model ^[38] suggests that people are more likely to enact change toward more healthy behaviour if they believe that the negative consequences of current behaviour are severe and if they perceive themselves to be susceptible. Although interviewees reported that are aware of the possible very negative consequences of drinking too much, their own experiences and those of their peers appear to suggest to them that such outcomes do not occur sufficiently frequently to warrant behaviour change.

Some of the older interviewees expressed their awareness that public health campaigns face a difficult task in challenging the belief among young people that being drunk and behaving in irresponsible or embarrassing ways is fun and funny:

The media always likes to have a negative viewpoint on drinking and I'm sure there are lots of negative, there are lots of negative points towards it, but I think everyone is aware of it, it's kind of trying to make - I think, I think it tries to make people feel worse, in a situation where I don't think anything they say is going to change people's lifestyle. (23-25 M)

I think with those adverts, and it's really difficult, and I don't know how they would do it - but they have to appeal to the fact that there are parts of drinking which are not socially desirable, but the fact is that that is a really fine line. So those adverts when they say "Your mates think you are an idiot if you do this" ... People are going to watch it and think: "No they don't. They actually find me quite funny when I do this". But it's when it gets to just that point when it's

“Do you want to wake up and be the person who had to be dragged home and all your mates were really pissed off with you 'cause of the shorter night?”
(23-25 M)

The latter quote makes a clear distinction between the perceptions of concerned adults (“them” and “they”) and drinkers and their friends. The reference to friends being annoyed when one of their peers’ excessive drinking spoils their night is interesting. Perhaps a focus on these social aspects rather than physical aspects such as accidents, injuries, etc. may be an alternative approach to encouraging moderate drinking.

> Image

In the section on motives for drinking, it was noted that image and reputation concerns were a strong influence on why young people start to drink, and the ways in which they drink. Drinking was seen to be fun and something that cool people do. Non-drinkers were seen as boring or dull. Some participants suggested that challenging these associations could be one way to tackle excessive alcohol consumption among young people, while admitting at the same time that they did not know how this could be done.

I think I’m really quite different I think to other girls my age. Generally, I think if they made it look really uncool, sort of, a lot of people would go “Oh it’s uncool. I don’t want to do it any more”. So I think that would be a way, but I wouldn’t know how to. (13-15 F)

Rather than attempting to change people’s views of the desirability of drinking *per se*, a more effective approach may be to work with image-related concerns that were already considered to be personally relevant to them. Earlier sections illustrated the importance of alcohol to socialising and the importance of not embarrassing oneself. An effective approach may be to focus on embarrassing drunken behaviour. Although the interviewee quoted below suggests that some such images that have been used in a form that is considered too extreme, it is clear that she thinks that such images could work.

You might feel like it’s scaremongering rather than genuinely being proactive, it’s showing you the real side of drinking, even though for many people this is the real side, but I think for a lot of others it’s not. Whereas being sick and embarrassing yourself is a real side for most people cause we’re sensitive and quite self conscious, that’s enough, to just have that memory of “Oh God! That person saw me do that. That’s really gross!”, or “That’s horrible” or, or that’s - Yeah, so I don’t think it needs to be that extreme. (23-25 F)

This quote has clear links to the section on motives above, in which interviewees indicated that their drinking behaviour could be influenced by actual or anticipated shame of being criticized for public drunkenness, and a desire not to ruin their friends' night out by having to be looked after (e.g., taken home or put into a taxi). It is important to note that in this regard, women tended to focus more on their own embarrassment or shame, whereas men tended to focus on concern about themselves or other drunk people being a burden on more sober peers.

As well as focusing on image in the sense of reputation, the issue of image was also used in relation to bodily appearance. A number of respondents noted that messages targeting women's concerns about body weight may be an effected focus for interventions. This was most obvious among older interviewees and with reference to among women, but was not restricted to these groups:

If they know that drinking less alcohol makes them lose weight as well then that's probably a more effective way than saying, "You may one night throw up in your hair" kind of thing. (23-25 M)

I think women are possibly more likely to abstain from drinking. Um, just because of the fact it's associated with, you know, weight gain and that sort of stuff. And I think sometimes women are conscious of that, and will, will hold off drinking and maybe be more prone to just drinking in sort of isolated times. (23-25 F)

Some men did note that concerns about weight gain also affected their drink choices or drinking patterns. The second quote is interesting because the switch to diet tonic water probably saves fewer calories than would the elimination of gin - it appears that this man's desire not to put on weight does not completely override his desire to drink alcohol:

Gin and slimline tonics, because I'm also watching my weight as well so I don't want too many beers to fatten me up. (23-25 M)

One response to these comments from men and women might be to focus on concerns about body image when encouraging people to limit their alcohol consumption. However, caution would be needed in taking such approaches so as not to reinforce gender stereotypes and not to exaggerate a focus on physical appearance and risk contributing to unhealthy behaviours reflective of body dissatisfaction.^[39]

In spite of the observation that there was a lack of concern about the long-term health consequences of excessive alcohol consumption in all age groups, some participants - but more obviously those in the youngest age group suggested that health concerns could be a

target for interventions in the same way that shocking images of lung and throat cancer are used to deter smoking:

I'd put up advertisements on big billboards or something to get people's attention. Um, and then yeah have some kind of website. Um, maybe adverts on T.V. as well. Um, and just yeah I really would at like the medical damage, I don't know 'cause it - I think it has, it has worked with smoking as well, like when people realized that it's damaging to their health then it becomes less cool. It's because drinking's got that kind of image of... I don't know, like drinking gives you status and - but if people really like understood the health damages then it wouldn't, then it would become stigmatized like smoking has. (18-20 F)

> **Cost**

Across age groups, interviewees acknowledged that price increases would limit drinking behaviour, but only if the cost of alcohol were prohibitively high:

If it was ridiculously expensive then I would really think about, you know, you'd have to rethink it, but it wouldn't change my drinking habits. Umm, if I was younger I think it'd just make you drink really crap alcohol, and that you drink a lot of it and you'd still drink crap. I don't think it'd change too much. (23-25 F)

Many respondents reported that in response to increases in cost due to initiatives such as minimum unit pricing, they would “protect” their drinking budget and prefer to eat cheap food than give up alcohol. Furthermore, it was noted above that individuals with limited money could pool their financial resources to allow more cost-effective alcohol purchases.

If I'm gonna drink then I'll buy alcohol, I'll buy like the cheapest thing there, but I'm definitely gonna buy, like, whatever it costs. (18-20F)
If you've got a big group of friends, and you all really want to - If you're determined to go out this weekend, and you're going to have a really good night, and you're gonna get really, really drunk, and then the price goes up, all it will do is like: “Right, I've got a fiver. You've got a fiver. You've got a fiver. You've got a fiver”. And then you can all put your money in together and then get it. (13-15 F)

> **Gender-specific approaches**

There was agreement across age groups that it was appropriate that some messages be sex-specific so as to focus on the different concerns of men and women. The clear importance of gender stereotypes identified earlier in this report suggests that a focus on gender identity and gender reputation could be an effective strategy for health promotion interventions. Many respondents suggested that gender stereotypes linked to respectability,

sexual/physical vulnerability, and body concerns could be used to promote moderate drinking among women. The suggestions made in the quote below highlight the importance of taking a gender-sensitive approach to one of the key concerns identified above - that of personal safety:

I suppose there's more of a safety thing, uh, a sexual safety for women um, and a physical safety for men because men get into physical fights more often but I suppose the big thing for women that they would respond to is rape and things like that. I don't know if that's actually the case but, um, I mean there are large overlaps but, but I suppose the ads need to target the differences. (18-20M)

Because identifying with the person portrayed in advertisements was seen as crucial, participants tended to agree that sex-specific messages were warranted.

I would think it would probably be stronger if it sort of targeted them individually because then you really see, if you watch the guy one you can think "That could be me!", and if you watch the girl you can say the same thing. (13-15M)

Although support for sex-specific messages was widespread, some female participants were more cautious in their endorsement of such approaches because of concerns that such messages would entrench - rather than challenge - gender stereotypes:

That sex specific thing is really difficult to get right because you are potentially ... you are going to come up against the accusation of sexism and you may actually also end up being sexist. (23-25 F)

That's always a difficult issue because obviously you don't want people to think that one gender is being treated different to another... You know the whole chauvinistic thing like treating women like you should drink even less than men... in a sort of less obvious way... I think it would be important to do it a not so obvious way. (18-20 F)

At a bare minimum, respondents suggested that for campaigns and interventions to be effective, they should be tailored to address the concerns of men and women of different ages. For example, the youngest age group emphasised the need to target a peer group mentality that encourages excessive consumption rather than emphasising gender-specific approaches.

It is peer groups, I mean if you get people like, TV shows and things they go back at the end of work and have drink, but at our age it's being with friends. You can easily do it without alcohol, and most of the time I do but it's just like, it's there so you may as well. (13-15M)

The quote presented above suggests a need for multifaceted approaches designed to have maximum impact across men and women from adolescence to young adulthood. It also identifies a need to encourage young people to question the unquestioned links between alcohol and socialisation. This could be an important part of broader programs in schools.

> **Addressing a need for broader cultural change**

Across all age groups, study participants expressed a belief that any efforts to discourage excessive alcohol consumption will have limited success due to the widespread and enduring appeal of drunkenness:

I think these days teenagers just enjoy getting really drunk. That's just what you do, and that's not really going to change. (13-15 F)

What needs to happen is like just a change in culture. Where it's not seen as something bonding and exciting and I don't know. Just people looking at drinking in a different way, but then that's really easy to say, but it's not very easy to change. (18-20 F)

Although they recognized that such change would not be easy, some participants suggested a need for cultural shifts in *why* and *how* people drink. This would entail a change from drinking for the sake of drinking or to get drunk to drinking as a part of other activities such as meals. This distinction between British drinking styles and “continental” drinking styles is often noted in popular media, and was hinted at by some interviewees:

There's a drinking culture in England, but there's not a culture of drinking. It's not very refined, or, you know, just not very well integrated. It's drinking or not drinking. It's not drinking with other things: it's just drinking. (18-20 M)

It's a really hard thing to work out how to target it because it is such a part of social existence, that it's really hard to work out how to reduce it without seeming preachy. (23-25 F)

It was noted in an earlier section that young people often preferred giving people information and letting them choose rather than telling them how to drink. In this light, it is difficult to see how broader cultural change would be encouraged, unless “integrated” or “continental” style drinking could be made more appealing than binge drinking.

Developing better “integration” of alcohol use in British culture may also help to address concerns raised by some interviewees that a lack of openness about alcohol among parents and their children may contribute to problematic drinking in young people.^[40]

I think the problem with England is it's not very, it's not very well explained or very open in society. (18-20 M)

Oh this thing called alcohol that's hidden in a drawer, and then you drink it on your own, and you get really drunk and ill and that's just what we you kind of continue to do, um cause, it's hidden so I think that culture is a bit not that good really. Yeah probably should be introduced more, more young. (23-25 F)

> **No “one size fits all” message or medium**

From the information presented in the sections above, it is clear that there was not consensus among the age groups or between men and women in relation to their beliefs about the messages and/or media best suited to reducing alcohol-related harm among young people. There was some overlap, but also important divergence, in men's and women's motives for drinking and their concerns about the downsides of alcohol consumption. Similarly, across age groups, there was concordance and divergence in motives for drinking and for restricting alcohol consumption. Furthermore, within age- and sex-groups, there was not always agreement about the most promising approaches to encouraging moderate alcohol consumption.

The group discussions provided clear examples of this lack of agreement. The following extract comes from a group interview with 13-15 year old women and shows that although a lot of suggestions were presented quite enthusiastically, each was questioned in relation to its efficacy:

Alice: Facebook adverts.

Beth: Yeah, like these things [“Who's in Control?” website], I think a lot of people would read them if they were on, like, Facebook or something.

Cath: I think if you shove it in people's face, though, they're gonna get annoyed and not take note of it.

Alice: But if you have it on TV, you can just change channel and ignore it. You know, how many people do you know who actually sit down and watch an advert?

Dora: That's why I think billboards are good, because you can go past it, but you can't really get rid of it. You just notice it when you pass, and it keeps going in a little bit.

Ella: You could have a poster on the outside of a club to tell people about what could happen just before they enter.

Fran: That would be good for business! [laughter]

The excerpt below is taken from a group discussion involving 23-25 year old men. It provides an example of variation in opinions about different kinds of messages and the

various ways in which young people could distance themselves from different messages and media:

- Ian: That [Focusing on neurological impact of excessive alcohol consumption] would be a really good spin on an anti-drinking campaign. Because alcohol is quickly destroying your brain. It's stopping it growing.*
- Bob: People don't care about that science-y stuff.*
- Ian: I don't know.*
- John: But they have smoking campaigns based on those sorts of things, don't they?*
- Ian: But it's much more addictive.*
- Tom: What, smoking?*
- Ian: I think people generally - I mean, I think there's some form of care. Obviously not everyone's going to care.*
- Tom: You just switch people off to the message though. I think people see something and go "I don't like that. That's not making me feel good, therefore I'm going to ignore that medium altogether".*
- Ian: Possibly, yeah.*
- John: I don't think everyone's as simple as that though.*
- Tom: No but ...*
- John: I think you can get some people - I certainly don't know what happens to me if I drink loads of alcohol. I know that if I wanted to play a sport, my performance would be impaired, and so if I know that I'm playing sport or going for a long run or something, I don't drink the night before -*
- Tom: - Yeah -*
- John: - 'cause I know that it makes you feel bad, and it's probably quite bad for you. But I don't know anything specific about it. If I did, then it might change my drinking habits.*

The quotes below come from the same group, but this time highlight discrepant opinions about which media would be best suited to an effective alcohol risk reduction campaign. It is also evident that some participants contradicted themselves (i.e., Tom's comments about television advertisements). Despite this disagreement, however, it is clear that participants felt that interventions would be most effective if they targeted subgroups of men and women rather than being generic:

What kind of a medium do you think is most effective for any of these campaigns? TV, radio, internet?

- Matt: I don't know, maybe they should try targeting social network sites or something like that.*
- Tom: It's all about Facebook.*

Matt: 'cause there's so many adverts on TV no one pays attention to them ever, and if there's one in the paper you just won't read it.

Tom: And you can do a lot of really cool targeting on if you're doing social media stuff, so ...

Ian: Can just do certain ages.

Tom: Yeah, and you can say "OK, people who are interested in this, this and this".

[...]

Matt: I actually do think, I actually do think TV ads can make a difference ... because you can target demographics, and I think as effectively through that. I think it's a lot easier to ignore ads on the internet than it is to ignore to ads on TV. Even though people think they don't pay attention, they do. And so, you know, the shows that people our age like to watch, like "Inbetweeners" and that kind of thing, I think it would be pretty easy to -

Ian: - If you look at the amount of ads for cars, hair gel, shampoos and beer in between the Champions League tonight, you can see what they're doing with that.

> **One-to-one discussion of alcohol use**

All people who completed an individual interview were asked to comment on the experience and how they think it may have affected their thoughts about drinking and future drinking behaviour. Although the interviewees were not selected because they were problematic drinkers, such one-to-one discussions could be an important part of interventions with high-risk drinkers. Such a risky-individual approach stands in contrast to the broader population-level interventions that were the focus of the individual and group interviews. It has been argued that both approaches are needed to properly address common and complex health behaviour such as excessive alcohol consumption.^[41]

Interviewees tended to reflect on their interviews as a positive experience. Some suggested that because they encourage reflection on one's behaviour, individual interviews may be an effective way to personalise alcohol moderation messages, and make it harder for people to distance themselves from depictions of problematic alcohol use:

The problem with some people is they wouldn't want to admit it. They wouldn't want to go to an interview to talk about it. So if they actually did go to the interview it would probably be quite effective I think. (13-15 M)

I'm going to think about how much I drink a lot more. And the campaigns. I might check up how many units in a glass of wine. (18-20 F)

An interview makes you introspect about your own drinking habits I think that if you, because a lot of people just sort of drink and don't ever think about what it is that their drinking habits are. (18-20 M)

It's the first time I've really thought about my age group as being the age group with a problem. (23-25 M)

However, other participants suggested that although the interview was productive for them, it may not be an effective approach for all young people:

I think for me this would probably be quite effective but other people they'd just laugh at it and just kind of like come out and be like "Oh, that had no effect on me", but for other people it would. (13-15 F)

As a younger me, you might, there'd be things you wouldn't, you might be influenced because you'd be aware that there's questions that you might ask or that you wouldn't necessarily want to answer or you'd hold back because you're a bit embarrassed, and I think that feeling of being embarrassed might make me think "Well that's something I shouldn't be doing, if I'm not prepared to talk about it I'm not - I shouldn't be doing it". So I think a younger person it would probably influence. At this point I don't think it influences you, for me anyway. If somebody drank more and it was a problem, and they weren't aware of, this probably perhaps make them more aware. (23-25 F)

The findings above are interesting and informative in their own right, but they may also be useful for planning and delivering one-to-one interventions - especially for problematic or risky drinkers. Furthermore, the data presented in earlier sections highlight the way in which individual-focused interventions need to be sensitive to the different clusters of concerns that are most salient among young men and women of different ages. .

> **Summary of Section C**

As noted in the previous sections, although young people can identify a range of motives for drinking, and a broad array of downsides of alcohol use, they tend to distance themselves from portrayals of drinking problems and problematic drinkers in many public health campaigns. The age- and sex-differences in motives for and against drinking noted in earlier sections were reflected in respondents' agreement that rather than attempting to address all young people with monolithic "one size fits all" campaigns, more focused, fragmented, or targeted approaches may be needed. This may entail using different messages for different age- and sex-groups and varying the media used.

The findings of ambivalence toward downsides of alcohol use, and distancing from serious alcohol-related problems presents challenges to interventions designed to counter excessive alcohol consumption among young people. However, some topics or messages appear to offer more promise as foci of interventions. Emphasising the social and interpersonal consequences of excessive alcohol consumption - safety, reputation, and

image - may be more effective than focusing on long- or short-term health risks. It may also be helpful to use this to address the common belief that many health promotion messages are patronising: young people could be encouraged to look after each other.

Interviewees in all age groups noted that it was important for the appropriate tone to be used in any messages. Many expressed disappointment at current and recent campaigns, and suggested that it is important to get the right balance between providing information and encouraging agency and healthy choices, but not being perceived as patronising or preaching to young people.

SYMPOSIUM

A symposium to present the key findings of this study and other relevant recent studies was held in December 2011. The attendance list included 43 people representing a range of interests in young people and alcohol use: academics, service providers, police, and policy and advocacy groups. The program for this symposium included two presentations of data from this study: the first focused on drinking motives (Sections A and B above); the second focused on responses to recent public health campaigns and suggested improvements (Sections C above). Other presentations focused on: Young people's knowledge and use of unit-based alcohol guidelines; a model of influences on university students' alcohol consumption; and young men's recovery from alcohol addiction.

People who attended to symposium were asked to give feedback by completing an online questionnaire. Responses are summarised in the Table below. The 18 responses do not provide a strong basis for generalisations, but they are useful and informative. Respondents were asked to use 7-point scales to give responses to various questions about issues covered in the symposium. The Table below indicates that people who attended the symposium had positive responses, giving high ratings of interest, relevance, and utility.

The second section of the Table indicates that respondents felt that future campaigns to reduce alcohol-related harm among young people should focus more on short-term risks of sexual assault, violence and injury than health effects. They also gave importance to emphasising interpersonal impacts of drunken behaviour.

The third section emphasises the importance of school-based education. Although respondents tended not to speak positively about the utility of the alcohol education they had received at school, research suggests that some school-based interventions can produce positive results.^[27] Like interviewees, people who attended the symposium also identified

online advertising and marketing as key media for promoting safe and sensible alcohol consumption among young people.

When asked to make a choice between interventions focusing only on high-risk drinkers or all drinkers, people who attended the symposium were more likely to support broad population-level approaches. This reflects the interviewees' comments about the need for broader cultural change related to alcohol use. It must be noted, however, that some respondents added comments that both approaches should be combined.^[40]

Feedback from Symposium audience (n = 18)	rating / 7
How interesting were the research presentations?	5.89
How relevant to your work were the research presentations?	5.83
How useful to your work were the research presentations?	5.78
How much attention should campaigns give to each of the following factors?	
Risk of sexual assault	6.33
Risk of violence	6.28
Risk of harming friendships	6.28
Risk of injury	6.06
Short-term health effects (e.g., alcohol poisoning)	5.67
Antisocial behaviour	5.59
Risk of doing something embarrassing	5.44
Risk of alcoholism / alcohol dependence	4.94
Financial costs	4.94
Long-term health effects (e.g., liver damage)	4.71
How useful would each of the following approaches be?	
Education in schools	6.50
Advertising on popular websites / social networking sites	6.18
Viral marketing	6.11
Education at home (e.g., from parents)	5.89
As part of storylines within TV soaps, movies, etc.	5.72
Advertisements on television	5.56
Specialised websites	4.28
Billboards	4.17
Do you think it is most important to target general levels of drinking amongst young people or to specifically target young problem drinkers?	
problem drinkers	n = 7
all young people	n = 11

SUMMARY

The conclusions presented below are based on the analysis presented above and are grounded in our data, but it should be noted that further analysis of the material is ongoing. As noted earlier, the statements made in this report should not necessarily be considered as our final definitive statements of results.

A key finding of the analyses presented above was the general lack of agreement that any single approach would be effective in reducing problematic alcohol consumption among young people. Participants did not agree on what the key messages should be or how they should be presented. An additional challenge is provided by that fact different messages and media may be more effective among different age- and sex-groups. There is an apparent need for multi-faceted, multi-modal approaches that utilise new means for attracting the attention of young people.

Across different age groups, there was a clear concern for own and friends' personal safety when drunk. These concerns were gender-specific, with greater concern about threats to women's physical and sexual safety from men, and greater concern about threats to men's physical safety arising from their own risky behaviour, but more importantly threats arising from the aggressive behaviour of other drunk men. It was also apparent that participants were less concerned about their own and their peers' drunken behaviour than they were about the drunken behaviour of people they did not know.

Interviewees gave multiple motivations for drinking, with a particular focus on socialisation and fun. Furthermore, some of the downsides of drinking were also seen to provide opportunities for social bonding - the example of suffering through a hangover highlighted the inherently social nature of most young people's alcohol use. The centrality of alcohol for socialisation in novel settings such as beginning university may suggest a need for educational institutions to encourage and organise more socialising and networking activities that do not involve alcohol use.

Although interviewees often discussed common relatively minor downsides of excessive alcohol consumption such as hangovers and ruined nights, the more severe risks that are usually the focus of public health campaigns were considered by participants to be unlikely to happen, or at least unlikely to happen to them. This distancing of people from risks and from problematic drinkers meant that young people often reported that they failed to see the personal relevance of many of the messages given in health promotion interventions. It may therefore be more productive to work with the negative aspects of

alcohol use which people could not distance themselves from, and for which there was little or no ambivalence.^[19] A particular focus could be the impact of hangovers and drinking on work or educational responsibilities on the day following excessive use.

More effective school-based education may be needed to better emphasise the physical and interpersonal risks associated with excessive alcohol use, and to focus on these factors rather than short- or long-term health effects. These could be delivered as part of broader risk-reduction programs in schools.^[27] They may benefit from incorporating the greater openness for discussion that interviewees identified as necessary for cultural change in relation to alcohol use.

Rather than developing generic “one size fits all” messages, better use could be made of targeted advertising and viral marketing via popular internet sites, with a particular focus on social networking sites. Social networking sites could also be key methods for norm-based marketing to change perceptions of acceptable behaviour when drinking and the social and interpersonal consequences of excessive alcohol consumption.^[42, 43]

There is still much work to be done with the substantial body of data. Detailed analysis will continue, with planned publications on drinking motives and public health interventions to be submitted for publications in academic journals and non-academic publications. Links to any such papers will be added to the Alcohol Research UK website.

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