This is an excellent report on alcohol and young adults. Its main strength lies in the author's ability to draw together various different strands of research and scholarship to produce an integrated and balanced analysis of the role of alcohol in the life of the young adult. Historical and cultural accounts sit easily with detailed analyses of the medical and scientific literature on alcohol and alcohol abuse. There is a similar balance in the accounts of the benefits of social drinking and the risks and social dangers posed by abuse and over-consumption. The literature cited is extensive and up to date.
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This report will examine the factors that influence young people, particularly in developed western countries, to use and abuse alcohol. It will examine briefly the cultural, historical and sociological factors that shape a nation’s drinking patterns.
Alcohol abuse, particularly among the young, is an increasingly serious issue and of concern to many, including parents and politicians, advertisers and ‘educators’, as well as health experts and the police. It is all the more so when young people get involved in ‘binge drinking’, which is especially unhealthy and dangerous. It is particularly problematic when it is associated with criminal, licentious or risky activities like drink-driving or unprotected sex, and may also be associated with other illegal drug-taking activities. Over time, it can and does lead to serious physical and mental illness.

There are also societal costs to excessive and ‘binge’ drinking, ranging from driving accidents and absenteeism from school or work, to impulsive behaviour, violent crime and delinquency. Parents, educators and governments throughout the world are rightly concerned about the reported rise in binge drinking, and are extremely concerned about the best way to try to deal with the problem.

Reliable, up-to-date statistics on binge drinking, however, are hard to come by. Many seek first an explanation for its rise and then effective ways of reducing it. Others, who are driven by different agendas, are pressurised to act even though their recommended cures are quite ineffective or, more seriously, actually backfire and make the problem worse. This will be developed in Section 14, ‘Taking Sides: Educators and Legislators’.

This report will examine the factors that influence young people, particularly in developed western countries, to use and abuse alcohol. It will examine briefly the cultural, historical and sociological factors that shape a nation’s drinking patterns. Also, it will adopt a psychological approach in its attempt to uncover what turns a young person into a non-drinker or into a modest, moderate, heavy, secretive or abusive drinker. It will look at the debate about the role played by alcohol advertising.

Finally, it will review alternative methods for encouraging respectful use of alcohol.

The causes of binge drinking are both manifold and complex (Courtney and Polich, 2009). No simple single factor or phenomenon can explain why an individual, group, community or nation increases or decreases its binge drinking, because there is rarely, if ever, a simple single cause. It is a multifactorial issue and, as a result, research in this area is difficult. Legislators get frustrated by the equivocal and secretive or abusive drinker. It will look at the debate about the role played by alcohol advertising.

The psychological effects of alcohol are well known. Alcohol makes the drinker more self-assured and self-accepting and more at ease. It has been called a paradoxical stimulant because, although it is pharmacologically a depressant, it seems to act as a social stimulant, making drinkers less inhibited and more sociable. There is also evidence that doctors, politicians and diplomats themselves do (or did) drink heavily. Alcohol has symbolic and ritualistic uses. It is often used to give an enhanced sense of group cohesiveness, especially among the young.

There are many theories about the causes of alcoholism and alcohol abuse, covering all the major areas of biology, family, culture and psychology. And there is also much work on the demographic correlates of excessive drinking. We know, for example, that younger people (18-34-yr olds) drink more heavily than older people (over-55-yr olds); males drink more heavily than females; younger groups are more likely than older groups to drink in bars and pubs, with the number reducing steadily with age; the middle class drinks less but on more occasions than the working class; and that certain trades more than others are particularly associated with heavy drinking and alcohol abuse, such as the producers and retailers of alcohol, business executives, travelling salesmen, journalists, entertainers, seamen and construction workers.

If one defines binge drinking as drinking twice the recommended daily allowance (more than 8 units per day for men, more than 6 units for women), then it is estimated that 29% of 16-24-yr-old men and 26% of women in the same age range are binge drinkers (ScHARR, 2008). It is a trend that has not changed over the last decade. Binge drinking is also thought to have an episodic nature – some people only binge at weekends and on holiday.

It has been pointed out that there is a contemporary British moral panic about young people’s binge drinking and drinking in public spaces. It is believed that young people are drinking more, more regularly, and often to the point of drunkenness. They are starting to drink earlier in the day than before, and without parental knowledge or approval. For some this is a ‘problematising’ of normality.

Valentine et al. (2008) attempt to contextualise the issue historically and geographically. Their central question is whether binge drinking is predominantly an urban or rural problem. They note how church, education, health and police bodies have come together and advocated different strategies, including the introduction of CCTV, alcohol-exclusion zones, and stricter community policing. Others focus on parents or on providing more amusements or entertainment places. For some it is about surveillance and control, while for others it is about education. These are very different perspectives that are particularly pervasive in the area of binge drinking, as we shall see.

People often think of binge drinking as occurring in a deprived inner city or an urban place dedicated almost entirely to a ‘night-time’ economy and hence brimming with concerns about drink-fuelled public disorder, including vandalism, brawling and public sex acts. In these contexts, it is known as ‘liquid leisure’.

Valentine et al. (2008) were surprised by their findings in their survey of children and parents in rural Cumbria:

“Parents’ liberal attitude towards young people’s drinking can be read both as a response to the limitations of rural living and a product of the changing nature of intergenerational relations.”

- Psychological: relaxation, happiness, pleasure
- Cognitive: intellectual acuity, creativity
- Social: sociability, social networks and boundaries, celebrations, social exchange, leisure time
- Medical: disease prevention and lowering of specific disease risks, stress reduction
- Health: physical condition, subjective well-being
- Gustatory: taste and texture, complement to food
- Spiritual and Existential: religious feeling, transcendent experience” (p. 405)
Just as alcohol – consumed in the pub or at home – plays an important part in the social lives of rural adults because of the lack of other night-time economy venues in the countryside, so too many parents recognise that the opportunities for young people’s social lives are equally constrained. It is well established in the rural geography literature that there are few places for older teenagers to go for youth entertainment. Whereas urban young people have the option of cinemas, bowling alleys, late-night shopping venues and so on (though we recognise that there, young people can be priced out or driven out by over-zealous private security guards), such opportunities do not exist in rural environments. Young people growing up in the countryside are restricted in the extent to which they can socialise in the nearest market towns or cities by the limitations of rural public transport services. The dependence on the car in most rural communities means that until young people have a driving licence/access to a car, or sufficient income to pay for rural taxi services (which are both expensive and few and far between), they are largely dependent on their parents to chauffeur them around. As such, rural young people have even fewer (ed.) opportunities to ‘hang out’ in public spaces and to develop their own identities away from the gaze of their parents than their urban counterparts. In this context, and given their own experiences of the limitations of the rural night-time economy, many parents are sympathetic to young people’s plight.” (p. 34)

Parental practices seem to oscillate between advocating, modelling and attempting to enforce complete abstinence, and teaching their children ‘sensible drinking’. This may mean small amounts on special occasions or with meals. Some parents allow their children to consume relatively large amounts with their peers, but in a home environment where they can keep an eye on them.

Young people themselves seem to develop relatively complex social rules about their episodic binge drinking. Where, what and how much to drink becomes prescribed. Girls worry about appearing sexually promiscuous and being unsafe; boys worry about seeming weak, childish and unable to ‘hold’ their drink.

The Irish too have been very concerned with binge drinking, and noted a 40% increase in consumption per capita of alcohol from 1989 to 1999, partly as a function of economic growth (Department of Health and Children, 2002). The Strategic Task Force on Alcohol’s Interim Report found that 50% of 15-16-yr-old girls and 66% of boys of the same age were current, regular drinkers, and a third reported to drink.

Health and Children, 2002). The Strategic Task Force on Alcohol’s Interim Report found that 50% of per capita of alcohol from 1989 to 1999, partly as a function of economic growth (Department of

Drinking culture amongst the youth, as for all age groups, is influenced by opportunities and constraints. Treno et al. (2008) looked at young Americans’ access to alcohol and drinking. They could obtain alcohol by formal (commercial) or social (family and friends) means. Those young people who perceived access to be easier appeared to drink more and to be more deviant. They found various predictable correlates of access: those who had drinking parents used formal means less, while those in high-density alcohol units used social means less. Most interestingly and predictably, as one method became constrained, so the young people circumvented the obstacle by trying other ways. Interventions targeting formal access simply shifted their reliance and focus onto social, informal access:

“What are the implications of this research for prevention practitioners such as youth workers, school administrators and public policy makers relative to the development of effective prevention programmes? The research presented here indicates the complexity of the alcohol environment and its impact upon young people. From a practical standpoint, the fact that young people face different alcohol environments (e.g. some have parents who drink, some live in high density neighbourhoods, etc.), and that these environments are differentially associated with various modes of access, suggests practitioners must consider this complexity. In fact, the argument could be made that young people can circumvent prevention efforts by shifting or substituting models of access given changing availability structures. Moreover, an exclusive shift to considering social access at the expense of formal access would appear ill-advised. Although simple counts of access indicate the predominance of the former, it is important to bear in mind that social access relies on specific acquisitions, at least some of which were standard purchases. Finally the current analysis, due to its cross-sectional design, ignores the development of modes of access over time. For example, reliance on social access at an early stage in a young person’s life might shape patterns of formal access at a later stage. We have tended to assume, as it seems sensible in the context of a static point in time, that these models of access are substitutions for each other. Over the course of a young person’s drinking career, these access venues may be mutually reinforcing. In light of these complexities, single solution approaches are unlikely to prove successful.” (p. 1378)

This report will look at how social norms, national customs and legal regulation attempt to specify who can or cannot, or should or should not drink alcohol, and where, when and how much they should drink. A particular focus will be placed on attempts to control unhealthy drinking and specifically how to prevent it. Research on binge drinking will be reviewed in the context of its perceived causes and consequences. From the myriad of studies on the topic, there will emerge two very clear findings. First, unhealthy drinking is caused by a multitude of different factors (personal, social, cultural and economic) that interact to produce individuals’ and a nation’s drinking habits – an understanding of the
problem can only arise from a multi-causal interpretation. Second, attempts by governments to reduce, regulate and control alcohol intake often ignore the complexities of the issues; simple-minded attempts at addressing the issue by increasing the tax on alcohol, limiting licensing or banning advertising, can have unanticipated and paradoxical effects, in some cases actually doing the opposite of what was intended.

Alcohol use (and abuse) is as old as mankind. It clearly provides pleasure and is socially sanctioned. This will now be explored.

Alcohol abuse, particularly among the young, is an increasingly serious issue and of concern to many, including parents and politicians, advertisers and ‘educators’, as well as health experts and the police. It is all the more so when young people get involved in ‘binge drinking’, which is especially unhealthy and dangerous.
Academic literature on alcohol is overwhelmingly dominated by medical and social writings that focus on the negative aspects of alcohol abuse. There is a literature on the ‘medicalisation’ of alcohol and, together with a tendency by some writers to gain a kind of spurious academic credibility by using a medical style of reporting (systematic reviews, evaluation of scientific methodologies), and often using publication outlets which are health-oriented with an audience that is sympathetic to that approach – well, the cultural approach rarely gets a hearing.

This is surprising given the way the vast majority of people enjoy moderate drinking for pleasure. However, to counteract this imbalance, Peele and Grant (1999) got together scientists and scholars, public health advocates and government officials, medical specialists and alcohol manufacturers to examine a health perspective on alcohol and pleasure:

Many people drink for short- and medium-term pleasure, to reduce stress, improve mood and encourage sociability. Alcohol relaxes; it signifies celebration and hospitality. It is associated with euphoria, companionship and leisure. In the (Protestant) West, pleasure (associated with any activity) that brings delight, fulfilment, joy and satisfaction is also sometimes associated with sin and, therefore, with justification and legislation. Health promotion is nearly always associated with the negative aspects and dangers of alcohol use; something causes ill-health; people must be warned; the activity must be controlled economically and legally. Hence the difficulty people have in accepting the newly-established fact that alcohol in small amounts is almost certainly good for you. The debate over the association of red wine and health remains hot. Popular accounts were that those who drank one to two units of red wine per day were overall and over time healthier than those who did not drink at all or who drank three to four units per day more. However, health promotion experts are usually aware of their image and try to balance the benefits and costs of the potentially risky consumption of any substance or product.

For many people, those who talk about limiting, reducing or eliminating alcohol intake are puritanical killjoys whose previous efforts resulted in Prohibition, which backfired spectacularly to increase crime of all sorts. Indeed, those in the diet industry have come to realise that by denying the pleasure of food, people are ‘socialised into’ drinking. Paradoxically, the religion (Judaism) and cultures (Mediterranean) that introduced the drinking of alcohol the earliest (and ritually) are the ones with the fewest problems.

People are ‘socialised into’ drinking. Paradoxically, the religion (Judaism) and cultures (Mediterranean) that introduced the drinking of alcohol the earliest (and ritually) are the ones with the fewest problems with binge drinking. This can lead to a clash of cultures where a northern European binge-drinking culture adopts a more Mediterranean ‘open-all-hours’ style of consumption. However, the issue of binge drinking...
drinking may be a lot like smoking, in the sense that whilst it may be social factors and forces that determine why they start, it is psychological factors that determine why they continue.

Nearly every society has discovered alcohol. Most have expressed concern about alcohol abuse. Each has developed over time strong cultural traditions associated with drinking. There have been dramatic attempts like prohibition to control drinking and most have been recognised not as only failures but as the cause of further problems. Clearly, it is time to rethink the role of alcohol in society, particularly as the world grows ‘smaller’ and cultures become more homogenous.

However, there are individual differences in drinking habits, and thus one needs to ask about the motives people have to drink.

Many people drink for short- and medium-term pleasure, to reduce stress, improve mood and encourage sociability. Alcohol relaxes; it signifies celebration and hospitality. It is associated with euphoria, companionship and leisure.
This seemingly simple question with a seemingly obvious answer is far from straightforward. Indeed, the answer to this question illustrates dramatically the nature of the problem for those looking for easy solutions to highly complex questions. It is a very different and long-term project to change culture, and specifically the culture of drinking. From an anthropological perspective, Heath (2000) did a masterful review on when, where, how, why and who drinks alcohol. His seventeen point conclusion is worth repeating in full: 

• Variation is as important a characteristic of drinking as it is of most other forms of behaviour. It should never be assumed that norms, meanings, or functions associated with it in one population will be similar in another.

• Variation within a given population can be as important as that between populations. It is important to be sensitive to rules and norms for different demographic groups and other social categories, rather than assuming homogeneity with respect to drinking.

• Drinking is a normal social act, and the quality of social relations tends often to be significantly enhanced by the act of drinking.

• Most people expect drinking to be enjoyable, and usually they find it so. Meanings and expectations are shaped in large part by the consensus that has grown out of widespread experience within a given society.

• For that reason, new drinks can be problematic because lack of societal experience leaves expectations more in the hands of minds of experimenting individuals. If new drinks were treated as were old ones, such problems may be minimized.

• The predominant association with drinking for many populations is celebratory, and drinking itself is often treated as a joyous occasion.

• Some risk or danger is often recognized as a possible outcome of drinking, but it can usually be avoided by careful avoidance of excess, however that may be defined by the local community.

• Drunkenness, or gross physical impairment, is usually viewed as risky for the individual, and sometimes as dangerous for the group. Ways of avoiding it, or of reducing the risks of associated harm, differ in various cultures, but few condone unfettered excessive drinking (except in a few specific and limited contexts, usually by specific persons and for specific limited purposes).

• Temporary suspension of a few of the normal rules of everyday behavior (‘time-out’) is often allowed as an accompaniment to drinking, but it is always subject to strict limitations. The exculatory quality of such rules implies culturally shared expectations and permissiveness, not a generalized pharmacokinetic disinhibition.

• Alcohol, alcohol abuse, and alcohol dependence, even in the general sense of acute or chronic problem drinking, are rare in most societies throughout the world and have been throughout history. The nature of problems that are associated with alcohol is a matter of social construction, negotiated differently by various constituencies, at various times.

• Societies in which drinking is disallowed for many years and alcohol has a mystique of holding the implicit promise of imparting power, sexiness, social skills, or other special qualities, tend often to have young people who drink too much, too fast, or for inappropriate and unrealistic reasons.

• Where drunkenness is viewed as stupid, disgusting, or inappropriate behavior, it tends to be avoided. By contrast, where it is deemed ‘heroic’, masculine, or desirable, it tends to be embraced. The positive evaluations that may be held by a subcultural reference group provide little defense against the risks and dangers that inhere in either acute or chronic excessive drinking.

• The quantity and frequency of drinking, as routinely measured in social surveys, fails accurately to represent the meanings or effects of drinking. By numerically equating moderate but regular drinkers with infrequent heavy drinkers, they tend to make unproblematic drinking appear risky, and trivialize our need to learn more about heavy drinking.

• Greater attention to drinking patterns should provide a better understanding of the many roles that ethanol plays in the normal routine or of the many people for whom it is a pleasant adjunct to, but not a necessary part of, their way of life.

• A wide variety of social and psychological benefits of moderate drinking have long been widely recognized cross-culturally. In recent years, evidence of various physiological benefits of moderate drinking is being recognized as well. Such benefits, of course, cannot accurately be predicted for any given individual, so the choice about whether to drink or not remains an important one, no matter on what basis an individual may make it.

• Those who want nothing to do with alcohol should be free to leave it alone, with no pressures to drink.

• But those who want to drink moderately, for whatever among the many benefits of ethanol may suit them at a given time, should be confident that their behavior is neither deviant nor drug-addicted but fits well in the vivid panorama of human history.” (pp. 196-8)

People who move from country to country and job to job become acutely aware of cultural differences in the use of, and belief about alcohol. And, of course, drinking habits and patterns change as a function of many factors, including cost, availability, role models and the availability of alternatives. Some drinking habits are clearly unhealthy like the rapid ‘down-in-one’ ritual, or drunken ‘heroics’, in which ‘losing one’s mind’ and not remembering the night before are common effects. Certainly the role of cultural factors in drinking habits is important.
People who move from country to country and job to job become acutely aware of cultural differences in the use of, and belief about alcohol. And, of course, drinking habits and patterns change as a function of many factors, including cost, availability, role models and the availability of alternatives.
Alcohol use and abuse are as old as man. Alcohol was drunk in Mesopotamia 5,000 years ago. The Bible, in both Old and New Testaments contains parables and warnings about the benefits and dangers of strong drink. The message it seems to convey is that alcohol consumed in moderation is highly beneficial socially. Indeed, wine is at the heart of both Jewish and Christian rituals.

Nearly all societies (but not all) have discovered alcohol and developed social conventions, norms and laws for regulating and consuming it. Climate, geography, economics, local customs and laws all influence national patterns of drinking. Immigrant groups take their patterns of drinking with them when they move, but tend, over time to pick up local drinking habits.

Table 1: Booze and The Bible

<table>
<thead>
<tr>
<th>Reference</th>
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<tbody>
<tr>
<td>Drink no longer water, but use a little wine for thy stomach’s sake and thine often infirmities</td>
<td>(I Timothy 5:23)</td>
</tr>
<tr>
<td>Wine is as good as life to a man, if it be drunk moderately; what life is then to a man that is without wine? For it was made to make men glad</td>
<td>(Ecclesiasticus 31:27-29)</td>
</tr>
<tr>
<td>Every man at the beginning doth set forth good wine; and when men have well drunk, then that which is worse: but thou hast kept the good wine until now</td>
<td>(John 2:10)</td>
</tr>
<tr>
<td>Give strong drink unto him that is ready to perish, and wine unto those that be of heavy hearts</td>
<td>(Proverbs 31:6)</td>
</tr>
<tr>
<td>Let him drink, and forget his poverty, and remember his misery no more</td>
<td>(Proverbs 31:7)</td>
</tr>
<tr>
<td>Woe unto them that rise up early in the morning, that they may follow strong drink; that continue until night, till wine inflame them!</td>
<td>(Isaiah 5:11)</td>
</tr>
<tr>
<td>Wine is a mocker, strong drink is raging</td>
<td>(Proverbs 20:1)</td>
</tr>
<tr>
<td>There is a crying for wine in the streets; all joy is darkened, the mirth of the land is gone</td>
<td>(Isaiah 24:11)</td>
</tr>
<tr>
<td>Thou shalt be filled with drunkenness and sorrow, with the cup of astonishment and desolation</td>
<td>(Ezekiel 23:33)</td>
</tr>
<tr>
<td>Awake, ye drunkards, and weep; and howl, all ye drinkers of wine, because of the new wine; for it is cut off from your mouth</td>
<td>(Joel 1:5)</td>
</tr>
<tr>
<td>It (wine) maketh every heart rich</td>
<td>(I Esdras 3:21)</td>
</tr>
<tr>
<td>Eat thy bread with joy, and drink thy wine with a merry heart</td>
<td>(Ecclesiastes 9:7)</td>
</tr>
<tr>
<td>A feast is made for laughter, and wine maketh merry</td>
<td>(Ecclesiastes 10:19)</td>
</tr>
<tr>
<td>Stay me with flagons, comfort me with apples: for I am sick of love</td>
<td>(Song of Solomon 2:5)</td>
</tr>
<tr>
<td>Corn shall make the young men cheerful, and new wine the maids</td>
<td>(Zechariah 9:17)</td>
</tr>
</tbody>
</table>

“There are clearly well-documented religious differences in patterns of alcohol use and abuse. For instance, in America it has been shown that compared to all other ethnic and religious groups Jews have the lowest rate of alcohol abuse and dependence” (Luczak et al., 2002)

This has been variously attributed to:

- Being taught to drink in a controlled manner through early integration of alcohol in religious practices and proscriptions against drunkenness
- Sobriety being considered by Jews to be a virtue while drunkenness is behaviour engaged in only by non-Jews
- Jewish norms of family permissiveness and sanctions against drunkenness

The culture of certain socio-economic and national groups (i.e. the American Irish; the working-class Scots; the rural French) is often a powerful influence on how and how much they drink. Having been able to contrast restricted versus liberal attitudes to, as well as legislation associated with alcohol consumption, the data from Australia, America and Europe suggest paradoxically, for sure, that liberal attitudes lead to more sensible and restrained drinking than in countries and cultures that prefer rigid controls and restrictions. The question of course is cause and effect. Does liberalism lead to moderation, or the other way around?

There are many socio-cultural associations with alcohol. For some, alcohol is seen as a taboo, as a coping device in times of trouble, as a disinhibitor at social gatherings and as a mood changer. Alcohol consumption has been portrayed as brave, indulgent, grown-up and manly. Drink can symbolise adulthood and independence. You drink to others’ health. But it can stand for depravity, self-indulgence and dependence. Most adults know well the ‘rules’ of responsible and sensible drinking:

- Drink in moderation
- Drink for pleasure rather than to get drunk
- Do not drink when tired or feeling ill
- Eat when drinking
- Drink water and soft drinks while drinking alcohol
- Do not drink before driving, sporting activities or work

Further they usually attempt to instil these behavioural rules in their children by a variety of means. In Britain, the vast majority of the population drink alcohol primarily to socialise, celebrate and relax. Many quote studies that show the health benefits of moderate drinking. The alcohol industry is big in Britain: it employs around one million people and generates £7bn in taxes per year.

Studies from around the world (from China to Russia; India to Mexico) show the effect of culture, economics, law and policy on alcohol consumption (Grant, 1998). There are dramatic differences in: temporal variation in drinking; the number and characteristics of heavy drinking sessions; the social settings where drinking occurs; the activities associated with drinking; the demography of drinking...
groups; the types of beverage consumed; the accepted and prohibited behaviours associated with drinking; the difference between healthy happy drinking and that which is inappropriate, reckless and unhealthy.

For instance, the Japanese, it is said, were and are clear about the benefits of their national drink. Shinfuku (1999) lists its supposed 10 virtues: “

1. Provides a friend when alone
2. Produces harmony for all people
3. Allows ordinary people to greet nobles with ease
4. Justifies meeting with friends
5. Provides companionship while travelling
6. Promotes long life
7. Is the king of 100 medicines
8. Helps sorrow to disappear
9. Aids recovery from fatigue
10. Warms the body in the cold”

Many countries have considerable religious and ethnic diversity and hence very different patterns of alcohol drinking. Others have an economic and legal infrastructure to try any meaningful legislation to control drinking considered unhealthy. Overall, consumption appears to be increasing around the world and an increase in various problems is associated with it (accidents, sexual activity). Curiously, even scientific societies differ in their recommendations. In Sweden, the state monopoly recommends an upper limit of alcohol, whereas in France, the French Academy of Science, recommends an upper limit nearly 10 times that amount. There is a debate about the evidence for recommended guidelines (maximum recommended units). This, however, appears to change over time.

There is considerable interest in European differences in drinking as well as government ‘experiments’ to control it. This is often portrayed as a Northern/Protestant vs. Southern/Catholic difference with guilt, restraint and taxation associated with the former. Many reports exist on the attempts of Scandinavian and Nordic countries to control binge drinking by legislative means, though it remains unclear as to whether this strategy was considered a success or a failure. Engs (2001) has done a masterful review of cultural norms and differences. He concludes thus: “Is the drinking cup half empty or half full? Differences in learning about drinking, and even research, depend upon how a society perceives this cup. Western European cultures and their former colonies in North America, Australasia, and South Africa span the range. The most restrictive attitudes are found in the ‘Barbarian’, ‘Northern’ or ‘Nordic’ cultures such as Denmark, Finland, Sweden, Norway, and Iceland in the northern region of Europe. These cultures tend to be preoccupied with ‘alcohol problems’ and are ambivalent about drinking. The cup is half empty, and they often struggle to pour the rest out. These drinking cultures primarily drink grain-based beverages (ale, beer, spirits), often without food. They have a low per capita consumption, are predominantly Protestant, do not have viticulture, and were not under the influence of the Roman expansion and urbanisation process in antiquity. Episodic ‘feast drinking’ to intoxication is common among males and drunkenness in specific situations is acceptable. Many of these Northern cultures tend to have periodic temperance movements where strict legislation to regulate alcohol consumption is implemented in an effort to eliminate perceived drinking problems.

In contrast, ‘Romanized’, ‘Southern Europe’, or ‘Mediterranean’ cultures and their descendants in South America and other areas of the world do not have as great concerns about alcohol consumption. They merrily fill the drinking cup to enhance the quality of their meal and the pleasure of good company. Wine is considered part of the diet, and has been since antiquity. They frown upon drunkenness, and see few problems related to drinking even though their per capita consumption of alcohol, and liver cirrhosis rates, are among the highest in the world. They have few alcohol control policies, tend to be Roman Catholic cultures, have a climate that supports viticulture, and for generations had all been Roman provinces. These cultures include southern France, Spain, Portugal, Italy and Greece.

‘Blended cultures’ found in midcentral Western Europe, and their former colonies in North America, Australasia and South Africa, consume both wine and grain-based beverages, both with and without meals, and tend to frown on drunkenness. Northern-blended drinking cultures are found in the United Kingdom and its former colonies. Like Nordic cultures, they have concerns about drinking. Continental-blended cultures have more Mediterranean attitudes. In Western Europe, most blended cultures were Roman provinces in antiquity. During the disruption of the early Middle Ages, they retained the Roman urban customs of daily wine drinking and viticulture but also incorporated the grain-based drinking preferences of the Germanic invaders and settlers into their cultures. Dominant religious beliefs include both Protestantism and Roman Catholicism. Continental-blended cultures include much of Austria and Germany, the Netherlands, Belgium, central and northern France and Switzerland.” (pp. 148-9)

British Government reports recognise the role of culture. The Parliamentary Office of Science and Technology’s POSTnote entitled ‘Binge Drinking (BD) and Public Health’ (2005), noted: “Overall it appears that the prevailing drinking culture is a key factor in determining consumption patterns. In those countries with a well established BD culture, increasing access to alcohol has led to increased consumption. It remains to be seen whether the changes to the licensing laws in this country will encourage a more responsible attitude towards drinking (as the government hopes) or simply fuel a rise in BD (as the medical profession and some other parties fear).”

Peel and Grant (1999) however observe the complexity of the cultural issue: “

1. Psychoactive substance use is universal; in many non-Western societies this involves psychedelics (e.g., peyote, marijuana), opium, coca, and other traditional drugs (Botswana, India, Latin America)
2. Nearly all societies have some traditional exposure to alcohol. In these societies, the supply of alcohol typically has been limited and its use highly regulated socially (Ghana, Japan, Latin America).

3. In some societies, traditional alcohol use, although planned and controlled, involves high levels of consumption and intoxication (Japan, Latin America).

4. Modern societies in which alcohol is a widely-available commercial product challenge, but do not eliminate, traditional drinking patterns (Ghana, India, Japan, Latin America).

5. The worst alcohol outcomes involve such disruption of traditional cultural patterns combined with overall cultural degradation and oppression (Botswana).

6. Alcohol regulation in developing nations may be sporadic and nonrationalized (Botswana, Latin America, Ghana).

7. Western styles of drinking among the economically integrated and better off in developing nations often involve more frequent but more moderate imbibing than traditional styles of drinking (Ghana, India, Japan, Latin America).

8. In this sense, the pleasure associated with drinking may need to be redefined from traditional meanings of alcohol if alcohol becomes readily available in a society.

9. Efforts to create regulated drinking in developing societies must call on both traditional and modern patterns and meanings of pleasure.” (pp. 59-60)

So how much do people in different cultures drink?

There are interesting and important national figures on drinking and changes over time. A 2006 report entitled National Statistics on Alcohol (Lader and Goddard, 2006) summarised its extensive 91-page study thus: "

- In England in 2004, 74% of men and 59% of women reported drinking an alcoholic drink on at least one day in the week prior to interview. 15% of men and 8% of women reported drinking on every day in the previous week.

- 39% of men and 22% of women had drunk more than the recommended number of units on at least one day in the week prior to interview. 23% of men and 9% of women had drunk more than twice the recommended daily intake.

- Older people were more likely to drink regularly – 30% of men and 19% of women aged 45-64 drank on five or more days in the week prior to interview compared to 8% of men and 5% of women aged 16-24. Younger people were more likely to drink heavily, with 48% of men and 39% of women aged 16-24 drinking above the daily recommendations compared to 19% of men and 5% of women aged 65 and over.

- In the UK in 2004, 61% of people reported that they had heard of the government guidelines on alcohol intake. Of these people, more than a third (36%) said that they did not know what the recommendations were.

- In 2005, 22% of pupils in England aged 11-15 reported drinking alcohol in the week prior to interview; the proportion doing so has fluctuated around this level since the mid 1990’s.

Average weekly consumption almost doubled between 1990 (5.3 units) and 2000 (10.4 units), fluctuating around this level since then.

- In 2004, 39% of pupils agreed with the statement that ‘it is ok to drink alcohol once a week’. A smaller proportion (14%) thought that it was ‘ok to get drunk once a week’.

- In the UK in 2000, 30% of mothers who drank before pregnancy reported giving up drinking during pregnancy. Those mothers who continued to drink during pregnancy reported drinking very little, with 71% consuming less than 1 unit of alcohol a week, on average.

- In 2004/5, there were around 35,600 NHS hospital admissions with a primary diagnosis of mental and behavioural disorders due to alcohol. Around two thirds (68%) of those admitted with this primary diagnosis were men.

The data on binge drinkers, defined as people who drank more than twice the recommended daily benchmark (i.e. 8 units) on at least one day a week, showed that 23% of men and 8% of women admitted to doing this the week before the research interview. There was a sharp age difference with 33% men and 24% of women aged 16-24 binge drinking while only 6% of men and 18% of women over 65 years old did so. Drinking was related to marital and employment status, to ethnicity and religion as well as gender. The data suggest that Great Britain drank less (10.39 litres) than the EU average, with Luxembourg the most (17.43 litres) and Slovenia the least (6.55 litres).

The report goes on to document where children buy alcohol. The trend has moved from off-licences to buying from friends. Most young people (31%) drink at parties to find out what it was like, but think it is not OK to get drunk. Data from 1992 to 2005 suggested little change in frequency of drinking, but a trend to consume more. The report found that those who drank at least once a month accounted for a disproportionate amount of crime in 10-12-yr olds compared to those who did not drink (37% vs. 14%). This suggests that drinking is a manifestation of delinquency, not that alcohol consumption leads to criminal activity.

There is obviously a correlation between crime levels recorded for this group and self-reported alcohol consumption, but causality cannot be inferred one way or the other. There are many good reasons why a hypothesis that alcohol consumption is one factor that could lead to criminal activity is a reasonable conjecture, just like the alternative hypothesis that delinquency generates different behaviours, including alcohol consumption. There is, however, very limited good longitudinal evidence to unambiguously support either argument.

Units and Recommended Intake

The strength of an alcoholic drink is indicated by the percentage of alcohol by volume (ABV). One unit corresponds to approximately 8g (or 10ml) of pure alcohol, regardless of the amount of liquid in which it is diluted. For instance, half a pint of beer with an ABV of 3.5% or a small glass of wine with an ABV of 13% are both the equivalent of 1 unit.

Guidelines issued by the Department of Health in 1995 recommend a maximum daily alcohol intake of 3-4 and 2-3 units for men and women, respectively. Any occasion on which a person drinks more than the daily recommended limit should be followed by 48 alcohol-free hours.

Let us assume that a sensible, moderate drinker (a man) consumes 20 units per week with two days
alcohol-free. Expressed in beer, this would be 10 pints or, in wine, around 3 bottles. Now, assume that the pattern continues throughout the year. This would mean that a sensible drinker consumes over 500 pints (284 litres) per annum or 150 bottles (112 litres) of wine. The data show that average consumption is nothing like this, being in fact around one tenth of this amount. Many factors explain this, like the number of non- or very infrequent drinkers. However, expressed like this, the moral panic over alcohol consumption seems rather odd.

The National Statistics report on Adults’ Behaviour and Knowledge of Drinking in 2004 (Lader and Goddard, 2004) also makes interesting reading. It focuses on the knowledge of units, which are defined as the volume of drink in millilitres x its strength (ABV), divided by 1000. Most people know this as half a pint of beer, a small glass of wine or a single measure of spirits. The idea of the unit is to help people monitor their drinking. Those in the business of behavioural change always encourage behaviour monitoring, and the best mechanism is through units.

The report found that younger, higher-income professional drinkers were best informed about units. They summarised their findings thus:

- 83% of all respondents said that they had heard of measuring alcohol consumption in units. This was similar to the 81% who were aware of units in 2002, and higher than the 1998 figure of 75%
- Fifty-six per cent of those who had drunk beer in the last year knew that a unit of beer is half a pint but nearly one in five gave an amount that was wrong
- Knowledge of units among both men and women had increased between 1998 and 2004: for example the proportion of men who drank beer who knew that a unit of beer is half a pint increased from 49% in 1997 to 59% in 2004. Similarly, the proportion of women who drank wine who knew that a unit of wine is a small glass increased from 51% in 1998 to 66% in 2004
- Drinkers who had heard of units were asked whether they kept a check on the number of units they drank: 13% said that they had (similar to the 2002 figure of 11%)
- There had been an increase from 54% in 1997 to 61% in 2004 in the proportion of the sample who had heard of daily benchmarks. There was no significant difference between men and women
- Having heard of daily recommended levels did not necessarily mean that people knew what they were – 14% thought that the recommended daily maximum for men was 5 units or more, and 10% thought that for women, it was 4 units or more. There was no significant change in the knowledge of benchmark levels over the survey years
- About one male drinker in ten (11%) had discussed drinking in the last year with his GP or someone else at the surgery, or a doctor or other medical person elsewhere. Women were less likely to have had discussions (only 8% had done so). There was no change since 2000” (p. vii)

In 2004, British men were consuming on average 15.2 units a week and women 7 units. Around half of this was ‘normal strength’ beer for men while for women it was mainly wine (37%) or spirits (21%). Those who drank most frequently tended to be older, professional men in higher income brackets. The SchHARR Review (2008) suggests the consumption is 18.6 units for men and 9.9 for women, but this rises to 23.5 for men and 14.4 for women when abstainers are removed. Around 40% of British men and 33% of women exceed government guidelines. The question remains, do people who drink drink too much?

In Britain, an estimated 6.4 million people can be classified as moderate to heavy drinkers, and a further 1.8 million people as very heavy drinkers. We drink less that our grandparents (nearly 25% less than 1901) but more than our parents (121% up on 1951). In Britain, we are pretty well in the European average for consumption (Luxembourg, Ireland and Portugal being highest; Finland and Sweden the lowest). Young people are drinking more than they used to. Interestingly, a third of British 15-year olds report having been drunk at aged 13 years or younger, but this was true of less than a tenth of French or Italian children. The greatest consumption is by 16-24 year olds who do not drink daily, but often at the weekend. Aggregated over a 12-month period, the British (and the Swedes) are twice as likely to have binge-drinking occasions as the Italians or the French.

It has been suggested that young British women are the worst binge drinkers in the world. One recent Scottish study looked at hazardous drinking, dividing it into 3 types: heavy (10-14 units per week for women, 21 for men); binge (more than 7 units in a day for women, 10 for men) and problem drinking (based on a questionnaire, Emslie et al., 2008). The study compared the 1990 and 2000 cohorts. Of those born in the 1930’s, 17% of men and 2% of women were categorised as binge drinkers; of those born in the 1950’s, the number rose to 35% for men and 9% for women; while for those born in the 1970’s, it had increased again to 47% for men and 22% for women in the 1990 cohort. Figures were similar for the 2000 cohort. Alcohol consumption had gone up. Men, particularly younger men, were more likely to be classified as heavy or binge drinkers. In the 1990 cohort, 47.2% of people in the youngest group were classified as binge drinkers. They found a great change in young women’s drinking, which they attribute to sociological factors. Whilst it may be easy to be alarmist with regard to the rate of alcohol consumption, it is worth noting that average consumption is well below the danger levels set by doctors.

Table 2: European Alcohol Consumption per capita in the Nineties (in litres of pure alcohol)

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<td>Spain</td>
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Table 3: Worldwide Alcohol Consumption per capita in 2003 (in litres of pure alcohol)

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<td>Poland</td>
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<tr>
<td>7</td>
<td>Denmark</td>
<td>11.5</td>
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<td>23</td>
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<td>Turkey</td>
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</tbody>
</table>

Weighted average of all countries: 9.6

It is worth noting that Luxembourg has the lowest tax on alcohol in Europe, and consequently visitors from all neighbouring countries stock up on alcohol in their frequent visits. This, no doubt, accounts in part for the above figures. So, in order to make a realistic estimation for the UK, for example, we would need to know if UK citizens are more or less likely than the average European to purchase alcohol outside the UK and consume it in the UK.

These can be very crude statistics. Some developing countries like Russia, India, China and Brazil, for example, have a very high consumption of alcohol not captured by official statistics.

The question for demographers is what, of many factors, accounts for these differences in consumption? Answers might include the cost and availability of alcohol and the religion and drinking culture of the country, and legislation about the purchasing and consumption of alcohol. National and ‘cohort’ cultures influence drinking profoundly, but subtly changing cultural patterns is a slow and difficult process, as recent attempts have shown.

The following figures were obtained via the Economist’s Pocket World in Figures (London, 2009):
National figures are interesting, though often problematic. Analysis could be made, for instance, on national average alcohol consumption and rates of crime and delinquency. This could also be traced over time to infer causality. So, does delinquency/crime increase or decrease with increased alcohol consumption? Whilst it may be possible to perform some crude analyses, the major problem with this is not error or limitation of measurement but the distinct possibility that these relationships are influenced (mediated and moderated) by other factors like GDP, rate of unemployment and inflation. Thus the economic climate could affect both variables, simultaneously making them look as if they are causally related.

The problem with this whole area, of course, is the sensitivity, reliability and accuracy of these statistics. They are gathered in different ways in different countries, which makes comparison difficult and unreliable.
We know many things about alcohol abuse. Consider the following excerpts from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM, pp. 201-3):

1. Specific Culture, Age, and Gender Features
“The cultural traditions surrounding the use of alcohol in family, religious, and social settings, especially during childhood, can affect both alcohol use and patterns and the likelihood that alcohol problems will develop. Marked differences characterise the quantity, frequency, and patterning of alcohol consumption in the countries of the world. In most Asian cultures, the overall prevalence of Alcohol-Related Disorders may be relatively low, and the male-to-female ratio high. These findings appear to relate to the absence, in perhaps 50% of Japanese, Chinese, and Korean individuals, of the form of aldehyde dehydrogenase that eliminates low levels of the first breakdown product of alcohol, acetaldehyde. In the United States, whites and African-Americans have nearly identical rates of Alcohol Abuse and Dependence. Low educational level, unemployment, and lower socioeconomic status are associated with Alcohol-Related disorders, although it is often difficult to separate cause from effect. Years of schooling may not be as important in determining risk as completing the immediate educational goal (i.e. those who drop out of high school or college have particularly high rates of Alcohol-Related Disorders).

Among adolescents, Conduct Disorder and repeated anti-social behaviour often co-occur with Alcohol Abuse or Dependence and with other Substance-Related Disorders. Alcohol Abuse and Dependence are more common in males than in females, with a male-to-female ratio as high as 5:1. However, this ratio varies substantially depending on the age group. Females tend to start drinking heavily later in life than do males and may develop Alcohol-Related Disorders later.”

2. Prevalence
“Alcohol Dependence and Abuse are among the most prevalent mental disorders in the general population. A community study conducted in the United States from 1980 to 1985 using DSM-III criteria found that about 8% of the adult population had Alcohol Dependence and about 5% had Alcohol Abuse at some time in their lives. Approximately 6% had Alcohol Dependence or Abuse during the preceding year.”

3. Course
“The first episode of Alcohol Intoxication is likely to occur in the mid-teens, with the age at onset of Alcohol Dependence peaking in the 20’s to mid-30’s. The large majority of those who develop Alcohol-Related Disorders do so by their late 30’s. The first evidence of Withdrawal is not likely to appear until after many other aspects of Dependence have developed. Alcohol Abuse and Dependence have a variable course that is frequently characterised by periods of remission and relapse.”

4. Familial Pattern
“Alcohol Dependence often has a familial pattern, and at least some of the transmission can be traced to genetic factors. The risk for Alcohol Dependence is three to four times higher in close relatives of people with Alcohol Dependence. Higher risk is associated with a greater number of affected relatives, closer genetic relationships, and the severity of the alcohol-related problems in the affected relative. Most studies have found a significantly higher risk for Alcohol Dependence in the monozygotic twin than in the dizygotic twin of a person with Alcohol Dependence. Adoption studies have revealed a three- to fourfold increase for Alcohol Dependence in the children of individuals with Alcohol Dependence when these children were adopted away at birth and raised by adoptive parents who did not have this disorder. However, genetic factors explain only a part of the risk for Alcohol Dependence, with a significant part of the risk coming from environmental or interpersonal factors that may include cultural attitudes toward drinking and drunkenness, the availability of alcohol (including price), expectations of the effects of alcohol on mood and behaviour, acquired personal experiences with alcohol, and stress.”

Alcohol abuse is considered to be a form of substance abuse, which the DSM defines as meeting the following psychiatric criteria:

“A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:

1. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g. repeated absence or poor work performance related to substance use; substance-related absences, suspensions or expulsions from school; neglect of children or household)
2. Recurrent alcohol use in situations in which it is physically hazardous (e.g. driving an automobile or operating a machine when impaired by alcohol use)
3. Recurrent alcohol-related legal problems (e.g. arrests for alcohol-related disorderly conduct)
4. Continued alcohol use despite persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol (e.g. arguments with spouse about consequences of intoxication, physical fights)"

Likewise, alcoholism is considered to be a ‘substance-related disorder’, with substance dependence defined by the DSM as meeting the following psychiatric criteria:

“A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

1. Tolerance, as defined by either of the following:
   a) a need for markedly increased amounts of the substance to achieve intoxication or the desired effect
   b) a markedly diminished effect with continued use of the same amount of the substance
2. Withdrawal, as manifested by either of the following:
   a) the characteristic withdrawal syndrome for the substance
b) the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms

3. The substance is often taken in larger amounts or over a longer period than was intended

4. Persistent desire or one or more unsuccessful efforts to cut down or control substance use

5. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects

6. Important social, occupational or recreational activities are given up or reduced because of substance use

7. Continued substance use despite knowledge of having a persistent or recurrent social, psychological, or physical problem that is likely to have been caused or exacerbated by use of the substance

Further, the DSM lists the following three criteria for substance withdrawal:

1. The development of a substance-specific syndrome due to the cessation of (or reduction in) substance use that has been heavy or prolonged

2. The substance-specific syndrome causes clinically-significant distress or impairment in social, occupational or other important areas of functioning

3. The symptoms are not due to a general medical condition and are not better accounted for by another mental disorder

It is assumed that for a significant number of young people, a sustained history of binge drinking may often predict a pattern of problematic drinking and alcohol abuse in later life.
At the most simple level, binge drinking is drinking a large quantity of alcohol in a short period of time, usually with the specific aim of getting drunk. It is acute (rather than chronic) consumption. As we shall see, there is, however, considerable disagreement among researchers as to what constitutes binge drinking. But what most people are rightly concerned about, other than health and possible addiction, is that binge drinking is associated with accidents (Hingson et al., 2003) and irresponsible sexual practices (Dunn et al., 2003), particularly in young people.

In their study, Ormerod and Cornish (2008) defined binge drinking thus:

“For men, getting drunk on 4 or more drinks OR having 10 or more drinks (but not necessarily getting drunk) at least once a week, and for women, getting drunk on 3 or more drinks OR having 10 or more drinks (but not necessarily getting drunk) at least once a week.”

Based on 504 interviews with 18-24-yr-old British participants, they concluded that around 17% of young people (nearly a million people) were classified as binge drinkers.

Wechsler and Kuo (2000) asked students what they thought constituted binge drinking. They suggested 6 drinks in a row for men and 5 for women. Interestingly, their estimates changed for their own drinking levels. Further, students estimated that a third of their number were binge drinkers.

The UK government POSTnote (244, 2005) noted:

“BD refers to the consumption of excessive amounts of alcohol within a limited time period. Such behaviour leads to a rapid increase in blood alcohol concentration (BAC) and consequently to drunkenness. Definitions of BD vary: a commonly used definition is the consumption of twice the daily benchmark given in the Government’s guidelines. Figures in this paper are based on this definition. BD is predominantly seen in those aged 16-24, but it may also extend to those in their 30s. Problems associated with BD are most visible at weekends in urban areas and are responsible for a large fraction of the policing resources and Accident and Emergency (A&E) department attendances at these times.”

Ormerod et al. (2008) looked at social networks and binge drinking among young Britons. Their question concerned evidence for the idea that binge drinking among young people is essentially a fashion, in the sense that they start by observing and copying others. Explanations like disposable income, availability or advertising did not appear to be the major cause for the increase in binge drinking, but rather social influence. For their study, their definition was a mix of total consumption of twice the daily benchmark given in the Government’s guidelines. Figures in this paper are based on this definition. BD is predominantly seen in those aged 16-24, but it may also extend to those in their 30s. Problems associated with BD are most visible at weekends in urban areas and are responsible for a large fraction of the policing resources and Accident and Emergency (A&E) department attendances at these times.”

From their data, they believe that there are nearly a million (950,000) 18-24-yr-old British binge drinkers, and around one and a half million who participate in binge-drinking events. This means, in effect, that 13% of British people in this age group binge drink. Put another way, 87% do not. Most are male (55%) and over-represented by two opposite educational groups – those with low educational qualifications and those with degrees. Further, they are less likely to be married or cohabiting.

Binge drinkers themselves report that they are less likely to drink on their own, preferring to wait for a ‘big night out’. Some binge-drinking sessions are premeditated, others not. They tend to report that their drinking has increased over the past two years. They report negative behaviours like memory loss, vandalism, fighting, school difficulties and absenteeism. But they do also report that binge-drinking sessions involved making new friends.

Binge drinkers also report a higher percentage of their family being binge drinkers. Further, 65% report believing that most or all of their work colleagues are binge drinkers. However, compared to 41% of non binge drinkers, 85% of young binge drinkers report their friends as being binge drinkers. Equally, while 22% of non-binge drinkers say they have no binge-drinking friends, only 3% of binge drinkers say they do. Ormerod et al. conclude that these results point to the power of social networking as a major cause of the misuse of alcohol. However, they admit that this does not explain the phenomenon of the relatively sudden increase in the number of binge drinkers.

In the academic literature, binge drinking is usually defined as ‘five or more alcoholic drinks consumed at one sitting’. Various researchers, however, have objected to the implicitly acceptable notion that binge drinking can be defined so simply. De Jong (2003) makes three objections to this oft-quoted definition:

1. This definition takes no account of other important factors like:
   - The drinkers weight and height
   - The drinkers personal drinking history
   - The time period over which the alcohol was consumed
   - Whether food was consumed with the drink

2. It must really also include the idea of intermittent yet prolonged episodes of alcohol abuse

3. Using cut-off points assumes that consumption below that level is safe

Responding to DeJong, Naimi et al. (2003) noted:

“By using specific levels to define binge drinking, we do not mean to imply that consuming up to a certain number of drinks is either safe or desirable. However, while no definition or guideline is perfectly suited to every individual or situation, a single question about binge drinking reliably screens for alcohol problems. Furthermore, binge drinking provides an understandable framework by which to communicate concepts of risk to the general public.

Binge drinking is risky because consuming 5 or more (or 4 or more) drinks on a single occasion usually results in intoxication, and almost always in impairment. The link between binge drinking and acute alcohol-related impairment has been demonstrated through 3 lines of evidence: 1) most binge drinkers report drinking with the intention of getting drunk; 2) drinking at binge levels worsens performance of mental and physical tasks; and 3) binge drinking is statistically associated with adverse outcomes in epidemiologic studies. Therefore, we believe binge drinking is a valuable construct for assessing acute alcohol-related impairment as well as the effectiveness of programmes to prevent its consequences.” (p. 1636)

There is so much confusion around this term that the prestigious Journal of Studies on Alcohol set out the following guidance for authors in 2003:
“While some contributors have simply used a set number of drinks per drinking occasion to define a binge (e.g. 5 drinks in a row for men and 4 drinks in a row for women), others feel that the term ‘binge’ should only be used to describe an extended bout of drinking or other substance use (often operationalized as at least 2 days) in which the personal neglects other activities in order to drink.

In order to avoid the confusion that can potentially arise when different clinical phenomena are being described by the same name, the Journal has now adopted a policy that requires the term ‘binge’ to be used in a specific way in accepted manuscripts. According to the policy, the term ‘binge’ should only be used to describe an extended period of time (usually two or more days) during which a person repeatedly administers alcohol or another substance to the point of intoxication, and gives up his/her usual activities and obligations in order to use the substance. It is the combination of prolonged use and the giving up of usual activities that forms the core of the definition of a ‘binge’.

If authors are using the word ‘binge’ to mean something other than the extended period of intoxication with concomitant neglect of activities/obligations as described above, we ask that they change their terminology. Alternative terms for the word ‘binge’ include ‘heavy drinking’/‘heavy use’ or ‘heavy episodic drinking’/‘heavy episodic use’.”

It is clear that if this criterion is used to describe binge drinking, as opposed to the ‘5-drinks-or-more’ definition, then the incidence drops dramatically. To drink heavily at a party with food can no longer be seen as constituting binge drinking. An extended luncheon party that might see guests enjoying even as many as 6 to 8 standard units again does not constitute binge drinking if they retire to bed that evening without incident or accident and resume their normal activities the following day.

The slippery use of this term means one can draw disparate and very problematic conclusions. So 13% of British young people go out at the weekend and have a ‘raucous time’ which can create moral panic, but this is clearly not the same as having a ‘lost weekend’, the likes of which are written about in the clinical literature on alcoholism.

The British Government Strategy Unit Interim Analytical Report (London, 2003) also notes:

“But binge drinking is a debated term. Since alcohol will affect different people in different ways, there is no fixed relationship between the amount drunk and its consequences. So although many people understand ‘bingeing’ to mean deliberately drinking to excess, or drinking to get drunk, not everyone drinking over 6/8 units in a single day will fit this category. Similarly, many people who are drinking to get drunk will drink far in excess of the 6/8 units in the unit-based definition.” (p. 11)

It seems that the experts prefer to define binge drinking not in terms of the amount drunk but in terms of the drinking motives of the drinker and/or the effects on the drinker. We therefore begin, in any of our efforts to understand this problem, with a definitional issue. Thus, one researcher may categorise a pattern as binge drinking and another not. Indeed, many moderate drinkers may be surprised to find that an average middle-class dinner party may easily be categorisable as a ‘binge drinking’ session.

Nevertheless, for the purposes of this report it should be pointed out that the ‘5-drinks-or-more’ definition is by far the most widely adhered to by researchers in the area. Using this definition, Naimi et al. (2003) have provided some statistics for consumption in America:

“Between 1993 and 2001, the total number of binge-drinking episodes among US adults increased from approximately 1.2 billion to 1.5 billion; during this time, binge-drinking episodes per person per year increased by 17%. Between 1995 and 2001, binge-drinking episodes per person per year increased by 35%. Men accounted for 81% of binge-drinking episodes in the study years. Although rates of binge-drinking episodes were highest among those aged 18 to 25 years, 69% of binge-drinking episodes during the study period occurred among those aged 26 years or older. Overall, 47% of binge-drinking episodes occurred among otherwise moderate (i.e., non-heavy) drinkers, and 73% of all binge drinkers were moderate drinkers. Binge drinkers were 14 times more likely to drive while impaired by alcohol compared with non-binge drinkers. There were substantial state and regional differences in per capita binge-drinking episodes.” (p. 70)

There certainly has been a moral national panic over binge drinking. In 2005, the UK government POSTnote (244) suggested that 23% of adult males and 9% of adult females (a total of 5.9 million people in the UK) engage in binge drinking. In the last decade, binge drinking among young British women has increased more than in any other EU country: UK death rates due to acute intoxication have doubled in the last 20 years in both sexes. In all, 29% of deaths attributable to alcohol are from injuries that have occurred in a state of intoxication, and these are most common among 16-34 year olds.

One report in the Lancet (2001) noted that each year, 55,000 young Europeans die due to alcohol. In fact, one in four deaths in males aged 15-29 years in Europe is attributable to alcohol. In the last decade, binge drinking among young British women has increased more than in any other EU country: UK death rates due to acute intoxication have doubled in the last 20 years in both sexes. In all, 29% of deaths attributable to alcohol are from injuries that have occurred in a state of intoxication, and these are most common among 16-34 year olds.

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In 2008, a report by the Prime Minister’s Strategy Unit was highlighted by the BBC with the following points:

“Britain’s binge drinking culture is costing the country £20 billion a year, according to a government report. The study showed 17 million working days are lost to hangovers and drink-related illness each year. The annual cost to employers is estimated to be £6.4 billion while the cost to the NHS is in the region of £1.7bn. Billions more are spent clearing up alcohol-related crime and social problems. In addition, alcohol related problems are responsible for 22,000 premature deaths each year. However, the authors of the report said that even these figures may be a conservative estimate. They found that there are 1.2 million incidents of alcohol related violence a year. Around 40% of A&E admissions are alcohol related. Between midnight and 5am that figure rises to 70%. Alcohol-related accidents and illnesses land around 150,000 people in hospital each year. Up to 1.3 million children are affected by parents with drink problems, the report said. They are also more likely to have problems later in life themselves. It shows that one in three men and one in five women fail to drink sensibly. In addition, youngsters are starting to binge drink at an earlier age. The binge-drinking period that was once confined to the late teens now often runs from 16 to 24.”
Binge drinkers themselves report that they are less likely to drink on their own, preferring to wait for a ‘big night out’. Some binge-drinking sessions are premeditated, others not. They tend to report that their drinking has increased over the past two years. They report negative behaviours like memory loss, vandalism, fighting, school difficulties and absenteeism. But they do also report that binge-drinking sessions involved making new friends.
Colby et al. (2009) conducted a focus group study to try to understand why, despite widespread interventions, college students drank and often to excess. Their results were not surprising. They found drinking is highly sociable: it bonds people and prevents them from feeling left out. Young people believe it helps them to overcome shyness, to personally and socially disinhibit and that it makes people funnier and better at dancing. It helps them to relax, release and unwind, as well as to manage boredom and bad moods. Further, it is normative and perceived to be seen as expected: that is, it seems to students that most of their colleagues drink, and drink heavily. University is perceived to be a ‘time out’ from accountability and responsibility. Transition to the ‘real world’ is not eagerly anticipated. Binge drinking is perceived to have neither real-world nor long-term consequences. The oncoming burdens of the real world mean that university is seen as a last place to really enjoy life: a temporary haven from the harsh realities to come. However, those with better-structured or more alternative activities were less likely to drink heavily. Indeed, students anticipated being nostalgic about their heavy-drinking college days. Thus, students see heavy and binge drinking as normal activities in a set period of their lives.

There is vast literature on drinking on American campuses, and in 2000, having conducted numerous surveys, The Center for Science in the Public Interest published the following findings:

**Table 6: CSPI Alcohol Policies Project Fact Sheet (Binge Drinking on College Campuses)**

<table>
<thead>
<tr>
<th>WHO BINGES?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 44% of U.S. college students engaged in binge drinking during the two weeks before the survey</td>
</tr>
<tr>
<td>• 51% of the men drank 5 or more drinks in a row</td>
</tr>
<tr>
<td>• 40% of the women drank 4 or more drinks in a row</td>
</tr>
<tr>
<td>• Students more likely to binge drink are white, age 23 or younger, and are residents of a fraternity or sorority. If they were binge drinkers in high school, they were three times more likely to binge in college</td>
</tr>
<tr>
<td>• The percentage of students who were binge drinkers was nearly uniform from freshman to senior year, even though students under 21 are prohibited from purchasing alcohol</td>
</tr>
<tr>
<td>• Over half the binge drinkers, almost one in four students, were frequent binge drinkers, that is, they binged three or more times in a two-week period. While one in five students reported abstaining from drinking alcohol</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WHY?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drinkers cited the following as important reasons for drinking:</td>
</tr>
<tr>
<td>• Drinking to get drunk (cited by 47% of students who consumed alcohol)</td>
</tr>
<tr>
<td>• Status associated with drinking</td>
</tr>
<tr>
<td>• Culture of alcohol consumption on campus</td>
</tr>
<tr>
<td>• Peer pressure and academic stress</td>
</tr>
</tbody>
</table>

**WHAT ARE THE EFFECTS?**

A higher percentage of binge drinkers than non-binge drinkers reported having experienced alcohol-related problems since the beginning of the school year. Frequent binge drinkers were 21 more times more likely than non-binge drinkers to have:

- Missed class
- Fallen behind in school work
- Damaged property
- Been hurt or injured
- Engaged in unplanned sexual activity
- Not used protection when having sex
- Gotten in trouble with campus police
- Driven a car after drinking

**IMPACT ON OTHER STUDENTS**

About three out of four students responding to the study reported experiencing at least one adverse consequence of another student’s drinking during the school year. At colleges with high binge-drinking rates:

- 71% had sleep or study interrupted
- 57% had to take care of an intoxicated student
- 36% had been insulted or humiliated
- 23% had experienced an unwanted sexual encounter
- 23% had a serious argument
- 16% had property damaged
- 11% had been pushed, hit or assaulted
- 1% had been the victim of a sexual advance, assault or ‘date rape’

Note that this is American data. Things are very different, for instance, in Southern Europe, where young people still drink differently though their consumption may be as high. Tur et al. (2003) studied Spanish adolescents in Mallorca. They found that most boys drank at 18 years old. They drank mostly at weekends and their average consumption was 4 drinks of ‘mild distilled spirits’ per drinking day. They also found that adolescents who partook of more physical activity and who came from homes with better-educated mothers drank less. Interestingly, those whose mothers did not come from the Balearic Islands tended to drink more. This theme of home/parental factors influencing adolescent drinking is very common.

Interestingly, Jones (2003) believes that British students are less likely than American students to binge because alcohol is more readily available to them, though he cites evidence that British students are also less likely than American students to accept that their drinking is at problem level. He believes British Universities should do (at least) five things to encourage sensible consumption: Not making alcohol too cheap (through special offers), discouraging weekday consumption, encouraging the understanding of ‘normal’ (average) consumption levels, countering the climate of approval of drunkenness and tightening up bar/pub admission and service policies to those already drunk. These are hypotheses awaiting confirmation, though they do seem quite sensible. It may be possible to compare campuses with different alcohol policies to begin to see their actual consequences.
Two years later, after another survey, Wechsler et al. (2000a) concluded:

“...the findings revealed little change in binge drinking: a slight decrease in percentage of binge drinkers and slight increases in percentages of abstainers and frequent binge drinkers. Two of 5 students were binge drinkers (42.7%); 1 in 5 (19.0%) was an abstainer, and 1 in 5 was a frequent binge drinker (20.7%). As was true in 1993, 4 of 5 residents of fraternities or sororities were binge drinkers (81.1%). Asian students showed a greater increase and White students a greater decrease in binge drinking from 1993 to 1997, compared with all other students. Among students who drank alcohol, increases in frequency of drinking; drunkenness; drinking to get drunk; and alcohol-related problems, including drinking and driving, were reported. Binge drinkers in both 1993 and 1997 were at increased risk of alcohol-related problems, and nonbingers at colleges with high binge drinking rates had increased risks of encountering secondhand effects of binge drinking.” (p. 57)

Two years later, after another survey, Wechsler et al. (2000a) concluded:

“Responses to mail questionnaires from more than 14,000 students at 119 nationally representative 4-year colleges in 39 states were compared with responses received in 1997 and 1993. Two of 5 students (44%) were binge drinkers in 1999, the same rate as in 1993. However, both abstinence and frequent binge-drinking rates increased significantly. In 1999, 19% were abstainers and 23% were frequent binge drinkers. As before, binge drinkers, and particularly frequent binge drinkers, were more likely than other students to experience alcohol-related problems. At colleges with high binge-drinking rates, students who did not binge drink continued to be at higher risk of encountering the secondhand effects of others’ heavy drinking. The continuing high level of binge drinking is discussed in the context of the heightened attention to government-established sensible-drinking guidelines, and see binge drinking as a normal pattern of alcohol consumption. At the same time, the percentage of non-heavy-drinking students decreased from 39.7% in 1993 to 36.3% percent in 2001, while that of occasional heavy drinkers fell from 24.3% in 1993 to 21.6% in 2001. Students reported getting drunk more frequently in 2001 than in 1993. In 1993, nearly a quarter of students said they had been drunk more than three times during the past 30 days; this rate increased to 29.4% in 2001. The percentage of students who said they drank alcohol to get drunk climbed from 39.9% in 1993 to 48.2% in 2001.

Student drinking is thought of as such a serious problem in America that a special issue of the Journal of Studies on Alcohol (2002), Supplement 14, was dedicated to the topic. Dowdall and Wechsler (2002) in a review attempting to understand the complexity of the issues listed (some of) the factors that affect college drinking:

Alcohol Environment
- Price
- Marketing practices

Alcohol Environment: On Campus
- Availability
- Price

Table 7: Factors Affecting College Drinking

<table>
<thead>
<tr>
<th>Pre-College</th>
<th>College</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>Individual</td>
</tr>
<tr>
<td>- Genetic predisposition</td>
<td>- Previous drinking history</td>
</tr>
<tr>
<td>- Parental drinking</td>
<td>- Age of first drink</td>
</tr>
<tr>
<td>- Race/ethnicity</td>
<td>- High risk behavior</td>
</tr>
<tr>
<td>- Educational background</td>
<td>- Social network</td>
</tr>
<tr>
<td>Public Policy</td>
<td>College Environment</td>
</tr>
<tr>
<td>- State laws</td>
<td>- Drinking traditions</td>
</tr>
<tr>
<td>- Drinking age 21</td>
<td>- College type</td>
</tr>
<tr>
<td>- Local community ordinances</td>
<td>- Peer groups</td>
</tr>
<tr>
<td>- Law enforcement</td>
<td>- Residential system</td>
</tr>
<tr>
<td>- Law enforcement</td>
<td>- Greek system</td>
</tr>
<tr>
<td>- Law enforcement</td>
<td>- Intercollegiate athletics</td>
</tr>
</tbody>
</table>
At this point it is important to recognise the complexity of the problem and the number of specific interacting factors that together determine drinking behaviour. O’Malley and Johnson (2002) showed that those American students who went to university actually drank more than those who did not. Baer (2002) highlighted four factors commonly associated with students’ heavy drinking:

- Family history and parents' behavior: genetics, parents drinking and parenting skills and style have all been associated with young people drinking
- Personality: three traits have been consistently investigated: impulsivity/disinhibition; extraversion/sociability; and neuroticism/emotionality
- Drinking motives, alcohol expectancies and perceived norms: drinking for emotional escape and relief as opposed to social purposes has been shown to be unhealthy. Expectations of what alcohol does to the self and others are also implicated in unhealthy drinking as are perceived social norms. Note that it is the perception of how much others drink (and why), and not the realities that is important
- Social affiliation: this is reasoned to be the most important factor and refers to drinking activities, games and general practices

These factors recur in the literature. Note that they do not include the cost of alcohol, exposure to alcohol advertising or ignorance about the short- or long-term effects of alcohol. It is individual difference and social factors that seem to best predict drinking style in young people. That is, the personality and values and parenting style within families strongly influence a young person’s style of drinking. Further, as personality is demonstrably inheritable, young people also tend dispositionally to emulate the drinking habits of their parents.

Presley et al. (2002) stress the role of the college environment that is implicated in drinking patterns: the level and size of the institution; type of residence and nature of the surrounding community.

Cooper (2002) found, as others have, that drinking was related to risky sexual behaviour, though this can be totally explained in terms of certain individuals (with particular personality traits and value systems) choosing to do both at much the same time. Abbey (2002) noted that the literature does indeed show that drinking alcohol increases the likelihood of sexual assault among acquaintances, but that it also depends on the man’s personality, attitudes and experience of alcohol. Similarly, Giancola (2002), examining alcohol-related aggression, suggests that although there is evidence that alcohol does facilitate aggression and increases the risk of being a victim in a violent act, it “interacts with a host of individual differences and contextual variables to facilitate aggression” (p. 136).

Perkins (2002) considered the importance of the role of social norms, particularly reference group normative influences on students’ drinking. Predictably, parental norms were shown to have only a modest impact, as were teacher/faculty norms. It is peer norms, or rather perceived peer norms, that are most important. It is possible to examine what different groups believe about alcohol consumption, and to correct their misconceptions, particularly where they are implicated in unhealthy drinking.

Several papers have examined prevention, such as by restricting availability and marketing, though no evidence was presented for their efficacy (DeJong and Langford, 2002). Larimer and Cronce (2002) argued that teaching general social/life skills, as well as alcohol-focused skills (e.g. drinking awareness, control and etiquette), was more effective than simple general educational programmes. Hingson and Howland (2002) examined the efficacy of much more expensive and extensive community interventions, which seem modestly successful. But does heavy drinking affect academic performance, or perhaps does (poor) academic performance lead to heavy drinking? One study (Paschall and Frasthler, 2003) found heavy drinking not to influence student grades. However, the authors acknowledge that only longitudinal studies can determine what affects what.

One intervention study looked at whether taking ‘select groups’ of students and targeting their beliefs and behaviours with respect to drinking had any effect. Trockel et al. (2008) had discussions with large groups of students from different fraternities about the consequences of drinking, such as disruptive sleep, violence, sexual assault and property damage. They found that groups that discussed the “second-hand consequences” believed it was more problematic than groups that did not. The authors hoped, rather than showed, that their intervention might “lead to a reduction in excessive alcohol consumption”.

Boyd and Faden (2002) reviewed all the current work relating to college binge drinking. They listed 15 important topics of research to pursue in this area, and these are set out below. What is perhaps most interesting and important about the list is the implication that we do not know the answers to these questions. In other words, more research is required before we can sensibly deal with issues of prevention or treatment: 

1. Characterize better the extent of clinical-level problems (alcohol abuse and dependence) and alcohol-related comorbidity in the college population
2. Understand the relationship between clinical levels of drinking and student consumption indicators (e.g. heavy episodic drinking)
3. Examine the predictive value of college drinking for later alcohol-related problems
4. Identify the economic consequences of college drinking, including the cost to colleges of damage to the physical plant

<table>
<thead>
<tr>
<th>Social/Institutional Structures</th>
<th>Alcohol Environment: Off Campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Outlet density</td>
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</tr>
<tr>
<td>• Hours of sale</td>
<td>• Proximity to outlets</td>
</tr>
<tr>
<td>• Social class</td>
<td>• Point of purchase displays</td>
</tr>
<tr>
<td>• Neighborhood</td>
<td>• Alcohol advertising</td>
</tr>
<tr>
<td>• Middle/high school</td>
<td>• Quantity available</td>
</tr>
<tr>
<td>• Church/synagogue</td>
<td>• Advertising</td>
</tr>
<tr>
<td>• Subcultures</td>
<td>• Retail price of alcohol</td>
</tr>
<tr>
<td></td>
<td>• Quantity accessible</td>
</tr>
<tr>
<td></td>
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3. Examine the predictive value of college drinking for later alcohol-related problems
4. Identify the economic consequences of college drinking, including the cost to colleges of damage to the physical plant
5. Assess the impact of community pricing policies on drinking among college students

6. Understand more completely the academic consequences of college drinking, including the mechanism(s) through which alcohol may influence academic outcomes

7. Refine understanding of the heterogeneity of heavy drinking trajectories in adolescence and early adulthood, through longitudinal studies, with a particular focus on what factors determine moving from a heavy drinking or high episodic drinking pattern to a lower one, and vice versa

8. Focus on how developmental transitions to college, to work afterward, to a new intimate partner or to a new friendship can serve as windows of opportunity for effecting change in behavior, including drinking

9. Examine the relationship between the prior drinking histories of incoming students and their use of alcohol in college and consider what other variables moderate this relationship

10. Assess whether alcohol use by college students interferes with their social and emotional development (both short- and long-term)

11. Assess how institutional consequences (e.g. dismissal or others sanctions) impact drinking behavior

12. Identify those problem-related, individual-level variables (e.g. drinking motivations) that are potentially modifiable; use this information to point to opportunities for intervention

13. Discern how individual-level variables interact with the larger environment to identify possible environmental interventions that might reduce the risk of hazardous drinking for especially vulnerable individuals

14. Improve understanding of the association between alcohol consumption and both acute and chronic problems, recognizing the complexities of the relationships, the influence of other variables at the individual and situational levels and bidirectional causation: high priority research areas include the effects of alcohol consumption on sexual behavior, sexual assault and other aggression, academic performance and compliance with academic norms

15. Assess more carefully the validity of self-report measures of student alcohol use and explore the use of alternative data collection methods including observational, archival and biomedical methods” (pp. 8-9)

However, all students (eventually) leave university, for the most part to go out into the adult world of work. One obvious and major concern is whether unhealthy drinking habits acquired at university persist or are modified over time.
Of great concern to both researchers and policy makers is understanding what factors lead some young people to start unhealthy (binge) drinking in the first place, but also understanding when, if, how and why this leads on to continued drinking and to later drinking problems. How, when and why does one adolescent binge drinker quickly ‘grow out of it’ while for another it is the start of a long history of alcohol abuse? Indeed, it may well be that factors that encourage it in the first place are somewhat different from those that help to maintain it (Ellicksen and Haas, 1991). The question here is ‘what factors lead to an individual’s drinking style or history over time?’.

Eastman (1984) noted:

“The most general statement that can be made about how people begin their drinking ‘careers’ is that society encourages and teaches them to do so. The process will be familiar to most readers, and forms part of the process known as ‘socialisation’, or learning to be an acceptable member of one’s society. The family is the most influential force in the individual’s early years, and it is usually in the family that the child first encounters the use of alcohol. The parents, siblings, relatives and visitors provide examples, or ‘models’ for the child. If the child is exposed to moderate drinking models, he or she is likely to accept that as the normal and desirable pattern for adults. In most families, the child learns that only adults are legally allowed to buy and drink alcohol. Drinking thereby becomes a symbol of adult status, alongside other symbols such as smoking, driving vehicles on the public highway, working for a living, and so on.” (pp. 98-9)

All researchers acknowledge the fact that multiple factors are involved. Thus, Weitzman et al. (2003) listed seven factors, grouped into three influence types (person, social group, and environment), that predicted the uptake of binge drinking in American colleges:

1. Socio-demographic: age, sex, ethnicity
2. Pre-college and family drinking patterns
3. Students’ residences and affiliations
4. Normative perceptions about binge drinking
5. Exposure to education about alcohol risks
6. Access and pricing of alcohol
7. University characteristics: size, location, religious affiliation

Another study showed friends’ support for drinking, susceptibility to peer pressure and personal tolerance for deviance to be predictors of alcohol abuse (Shope et al., 2003). Steinman (2003) showed that many student heavy drinkers ceased their episodic heavy drinking before graduation. Interestingly, those who stopped their binge drinking perceived more risks and fewer benefits associated with alcohol misuse. It seems that social factors account for when, where and why a young person starts binge drinking, but individual factors (personality, ability, temperament, and values) account for why they continue.

Some have argued that the transition to young adulthood (the years 18 through to 24) is the critical period for establishing unhealthy binge-drinking problems. Schulenberg et al. (1996) noted how the stability and change in binge drinking is associated with moving from adolescent roles (student or part-time worker) to adult roles (citizen, parent, spouse or worker). They noted from their research:

“There is strong and consistent evidence that decline in excessive alcohol and other drug use during the third decade of life are associated with the assumption of adulthood roles related to marriage, parenthood and full-time employment. The assumption of adulthood roles has a ‘conventionalising’ influence, in which individuals become more conventional and thus less prone to problem behaviours as they make the transition. Another related important factor is one of logistics. The transition to young adulthood may begin with more freedom than responsibility, but the actual assumption of adulthood roles is likely to involve the opposite – more responsibility than freedom. Simply, the time and energy involved in many adulthood roles is prohibitive of frequent and excessive drinking.” (p. 300)

Schulenberg and Maggs (2002) suggest that young people may turn to alcohol because they cannot cope with the various adaptations they have to make from adolescence to adulthood. Another explanation is that there is a poor fit between the individual (his/her abilities, attitudes, personality and values) and his/her context or environment. In other words, alcohol use is an ineffective coping mechanism. Adolescents may also believe that alcohol facilitates new friendships, social bonding and sexual relationships, and hence turn to it too frequently. Binge drinking may also be associated with excitement, fun and exploratory behaviour common at this age. They conclude:

“For most students, heavy drinking and associated problems tend to peak during college amid the abundance of explicit and subtle expectations and opportunities to drink and then to subside as they move into adulthood roles. This normative shift is quite remarkable: In a few short years the excessive drinking and concomitant negative consequences experienced by many students that would likely reflect diagnosable alcohol misuse (and often alcohol dependence) at other points in the life span simply run their course and stop. For other students, heavy drinking becomes troublesome and tragic. By understanding how alcohol and other drug use fits in young people’s lives and specifically how it is embedded in their numerous developmental transitions, we can have a stronger foundation for understanding etiology and for effecting positive change.” (pp. 65-6)

There are so many theories associated with the aetiology of drinking that Gotham et al. (2003) classified them into four groups:

1. Selection Effect theories: these place emphasis on individual differences like ability (low intelligence) and personality (low impulse control) that predict both adolescent and young adult alcohol use and abuse
2. Causation Effect theories: alcohol misuse restricts the learning of life skills and can encourage prematurity in adult roles of spouse or parent, which later causes difficulties
3. Socialisation Effect theories: life experiences like getting a job change consumption to fall in line with the demands of the role
4. Reciprocal Effect theory: this combines the above theories, suggesting the possibility of virtuous and vicious cycles

Gotham et al. also found in a study of young people over a seven year period, that degree attainment, but most of all marriage, protected young people from alcohol abuse. Again, this is a social factor which has implications for treatment or attempts to reduce binge drinking.

Clearly, some adolescent legal and illegal binge drinkers will go on to abuse alcohol while others become moderate, healthy drinkers, and still others abstainers. Once again we find evidence of multi-causality. Many factors contribute to an individual’s drinking career, and inevitably to the effective ways to change it.

Governments, parents and educators are worried about the physical (chronic and acute), mental and social consequences of binge drinking. The Parliamentary POSTnote (2005) highlights just three “factors behind BD”: drinking culture (i.e. the normalness of binge drinking); personal and social factors (personality, demography and group pressure); and availability (price, context and image). At the very heart of everyone’s concern is to understand and therefore attempt to modify and change unhealthy alcohol abuse.

Of great concern to both researchers and policy makers is understanding what factors lead some young people to start unhealthy (binge) drinking in the first place, but also understanding when, if, how and why this leads on to continued drinking and to later drinking problems.
All researchers in this area are acutely aware of the fact that alcohol consumption is multi-determined. Consider the following list of factors, all implicated in young people’s drinking. Note, however, that many have also added advertising and the pricing of alcohol, which will be fully explored in a later section.

Table 8: Some Factors Thought to Relate to Drinking Patterns

<table>
<thead>
<tr>
<th>No.</th>
<th>Factor</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adolescent brain chemistry</td>
<td>(Spear, 2002)</td>
</tr>
<tr>
<td>2</td>
<td>Age began regular drinking</td>
<td>(Vik et al., 2000)</td>
</tr>
<tr>
<td>3</td>
<td>Age first time drunk</td>
<td>(Hingson et al., 2003)</td>
</tr>
<tr>
<td>4</td>
<td>Alcohol outlet density</td>
<td>(Weitzman et al., 2003)</td>
</tr>
<tr>
<td>5</td>
<td>Beliefs about average drinking (subjective norms)</td>
<td>(Johnston et al., 2003)</td>
</tr>
<tr>
<td>6</td>
<td>Educational attainment</td>
<td>(Neumark et al., 2003)</td>
</tr>
<tr>
<td>7</td>
<td>Employment status of consumer</td>
<td>(Wu et al., 2003)</td>
</tr>
<tr>
<td>8</td>
<td>Employment status of parents</td>
<td>(Lundborg, 2002)</td>
</tr>
<tr>
<td>9</td>
<td>Ethnicity</td>
<td>(McKinnon et al., 2003)</td>
</tr>
<tr>
<td>10</td>
<td>Expectation and attitudes</td>
<td>(Blume et al., 2003)</td>
</tr>
<tr>
<td>11</td>
<td>Less enjoyment in leisure (substance-free activities)</td>
<td>(Correia et al., 2003)</td>
</tr>
<tr>
<td>12</td>
<td>Parents willing to supply alcohol</td>
<td>(Lundborg, 2002)</td>
</tr>
<tr>
<td>13</td>
<td>Party attendance</td>
<td>(Harford et al., 2002)</td>
</tr>
<tr>
<td>14</td>
<td>Personality factors</td>
<td>(Baer, 2002)</td>
</tr>
<tr>
<td>15</td>
<td>Regular church attendance</td>
<td>(Vik et al., 2000)</td>
</tr>
<tr>
<td>16</td>
<td>Religion</td>
<td>(Luczk et al., 2002)</td>
</tr>
<tr>
<td>17</td>
<td>Same-sex sexual experience</td>
<td>(Eisenberg and Wechsler, 2003)</td>
</tr>
<tr>
<td>18</td>
<td>Socio-economic status</td>
<td>(Neumark et al., 2003)</td>
</tr>
</tbody>
</table>

Nearly all researchers find that the variables they are interested in do actually have an effect, but that they are moderated by other variables. For instance, Treno et al. (2003) found that alcohol availability (measured by outlet density) does effect consumption, but more among younger and female adolescents. The problem remains – it is difficult to do good research that is able to examine the unique and interactive effect of many of these variables on binge drinking at the same time.

One factor that has consistently attracted attention has been parental status and behaviour. Researchers have recognised the role of parents in teenage heavy drinking. Turrisi et al. (2000) have pointed out the extensive research on the link between teenage drinking and parental behaviour:

- Parental attitudes and beliefs
- Parental awareness of teenage drinking
- Parental alcohol consumption
- Parental approval of alcohol consumption
- Parental modelling of alcohol consumption
- Parental monitoring of their children's consumption
- Parent-teenager quality of relationship
- Family-management practices

They noted that the literature shows the success of using parent-based approaches to early intervention. In their study, they found that the quality of communication specifically between mother and teenager was a good predictor of the latter’s drinking. They argued, furthermore, that it is wrong to assume that parents do not have considerable influence over their children even when they are living away from home. They believe their data suggest that there is evidence of the buffering hypothesis: namely that parents have an important role in inoculating their offspring against alcohol abuse.

However, there is growing evidence that while parents of alcohol abstainers know about their abstinence, only about a third of those parents who drank knew their children did. Williams et al. (2003) noted:

“Greater parental awareness of alcohol and tobacco use occurred when adolescents rated family communication as high, but when parents rated family communication as low. This may be because adolescents who are able to open about their substance use perceive family communication/functioning to be good. In contrast, parents may perceive adolescent substance use as indicative of some failure in family communication/functioning. Alternatively, it may indicate that parents who believe that improvements need to be made in family communication/functioning are more vigilant of their adolescent’s behaviour. Better school grades predicted greater awareness of alcohol and illicit drug use suggesting either that adolescents’ with good grades are less likely to hide their use or that alcohol use has a more noticeable impact on the academic achievement of good students.” (p. 808)

In a contemporary study, Madon et al. (2003) found that mothers’ expectations played an important role in their children’s use of alcohol. Family income, parental education and the child’s self-esteem were important, but there was interesting evidence of self-fulfilling prophecies. Thus, if mothers believed their children would drink, they indeed would.

Just as it is unwise to totally blame parents for the misdemeanours of their children, so is it equally unwise to ignore their role as educators, models and providers of financial support. They are therefore important allies in the task of attempting to reduce abusive drinking among young people.

We shall see that studies conducted into young people’s consumption of many products, be it food, drink, clothes or electrical equipment, depends on five factors. The first is parenting (styles, rules); the second, personality and ability associated with the individual adolescent; the third, the primary peer group of the individual. These factors together seem to predict two others, which relate to both...
their purchasing and usage of products, as well as their brand choice. These are the amount of ‘discretionary income’ they have from personal allowances, jobs, social security, etc., as well as their media consumption over all media. Note particularly the role of the media in these models: this will be explored in greater detail in later sections.

Goldstein (1999) has proposed an alternative to the oft-repeated and simplistic model. Peer and parental influences are known to play a far more important role in purchasing decisions than advertising. Parental responsibility and decision making influence the highly selective nature of attending to the media and to advertising. Note that the first model both ignores the child’s peer group and renders the parent reactive rather than proactive. Even the second model does not place parental values and socialising processes as primary factors. Note also that it is supposed that advertisements not only portray the product but specify how it is to be used.

Furnham (2002) has proposed a model which suggests that the way parents bring up their children is the central and most powerful causative issue in their preferences. This determines the child’s values, his or her allowed (and later preferred) media consumption habits (including television) and friendship network. These in turn determine which television programmes are watched, which may be one factor that influences purchasing wants.

Even this model leaves out important factors such as whether parents drink or not (and how much, when, and how); the drinking habits of their friends; and most importantly local customs surrounding alcohol consumption. All individuals are located in a socio-legal and cultural context that pre- and proscribes drinking. Some cultures are heavy drinkers, others light; some very strict, others lenient.

In order to try to predict a child’s desire for or consumption of any particular product (such as particular clothes or entertainment), there appear to be five powerful interacting variables. In order of influence, these are parents, peer/friendship groups, the personality of the young person, media consumption and purchasing power.

Parents
Parents’ sex, age, values, beliefs and personality all influence their parenting style. Parents’ social class, personal drinking habits and lifestyle are crucially important. Every child becomes aware that household rules differ from family to family. Clearly, an extraverted, ‘baby-boomer’, liberal professional father may be expected to have a very different style from a Generation X, unemployed, unmarried mother. These styles impact directly and indirectly on children’s and adolescents’ consumer behaviour, how much television they watch and how much money they have to spend. Parents’ values, beliefs and behaviours are quite simply the most powerful predictors of a young person’s knowledge of, and interaction with the commercial world. Parents are powerful models of drinking behaviour. No-one denies this. They are also inevitably powerful agents in controlling unhealthy drinking.

Although some researchers presume that children are gullible and naive and that advertising has a strong effect on them, this tendency to ‘infantilise’ children can be contrasted with the work of those who study food. For instance, Strachan and Pavie-Latour (2006) argue that children are not only...
vital, valid and valued members of society, but that they constitute an active, informed and interested audience. They reject the view that food marketing is out to get children by using ‘dirty’ advertising tricks. They show that children have a good understanding of food types and values and what is healthy, but are less clear about additives and claims about low salt. They associate healthy eating with energy, well-being and fuel for growth. Children also appear to have considerable say in what they eat, and start accepting overall responsibility in their mid teens. They found that adults make most food purchases, and that adolescents soon become attracted to advertisements aimed at adults.

Children understand the concept of balance and the tension experienced when having to eat healthy food that they might not like instead of less healthy foods that they do. They conclude: “If society falsely incubates and insulates kids today from marketing messages especially in such crucially important areas as food and nutrition – then they will be ill-equipped to make sense of the melee of marketing communications later in life.” (p. 13)

Various researchers have pointed to the role of parents in shaping the drinking behaviour of their offspring. O'Connor (1978) reported the following factors contributing to lowest levels of alcohol problems in ‘wet’ cultures: “

1. The children are exposed to alcohol early in life, within a strong family or religious group
2. Whatever the beverage, it is served in a very diluted form and in small quantities, with consequent low blood-alcohol levels
3. The beverages commonly, although not invariably used by the groups are those containing relatively large amounts of non-alcoholic components, which also give low blood alcohol levels
4. The beverage is considered mainly as a food and usually consumed with meals, again with consequent low-blood alcohol levels
5. Parents present a constant example of moderate drinking
6. No moral importance is attached to drinking
7. Drinking is not viewed as a proof of adulthood or virility
8. Abstinence is socially acceptable
9. Excessive drinking or intoxication is not socially acceptable. It is not considered stylish, comical or tolerable
10. Finally, and perhaps most importantly, there is wide and usually complete agreement among members of the group on what might be called the ground rules of drinking” (pp. 7-8)

One Dutch study showed in a survey that television viewing in 8-12-yr olds is related to negative factors like family conflict, disappointment and materialism (Buijzen and Valkenburg, 2003). However, they found most of the ‘bad’ effects were moderated by parental beliefs and behaviours. They note, “Parents are able to mitigate or even counteract most of the undesirable advertising effects (…) the effects of advertising on children’s purchase requests, materialism, and parent-child conflict can be reduced by parental mediation of advertising (e.g., explaining the function of advertising and commenting on commercials) and by explaining consumer matters (e.g., teaching the child consumer skills and talking about purchase decisions).” (p. 500)

Alcohol is a part of the Western diet, like bread. Young people are socialised into cultural norms of the traditional national diet, which have often been shown to be very healthy. It is primarily parents who do this and, in an ever more complex society, they need help raising children. Children appear to mature earlier, have more money and be more independent. Parents wisely still try to instil discipline, self-respect and a healthy lifestyle, but it may be that they need more help. It is, in a sense, fortunate that the factors that seem to influence adolescent drinking are relatively controllable. Parents seem to be the key factor. It is therefore advisable to help parents understand how their behaviour leads to sensible drinking on the part of their children. Through example, instruction, control of the media and monetary allowances, they can ensure that their children become responsible young adults not prone to alcohol abuse.

The following guidelines (Brodsky, 1998) are suggested for parents: 

1. Establish a positive drinking atmosphere in your home. Probably nothing influences the way people drink more than the way they see people around them drink. Model the following attitudes, beliefs and practices:
   • Drinking in moderation is one of life’s little pleasures, binding people together in an atmosphere of relaxation and conviviality
   • Alcohol is not a magic potion, for good or for ill
   • There are good and bad ways of drinking, and it is essential to know the difference. Good drinking is done for pleasurable reasons, in moderation, with people of both genders and all ages, and as an accompaniment to other positive activities (celebrations, holiday, meals, etc.)
   • People are expected to behave appropriately when they drink, and those who do not are to be corrected
   • Those who misbehave persistently should be avoided when possible
   • When visiting friends and relatives, and when observing people on the street and in restaurants, point out people who use alcohol in pleasurable, responsible ways, as well as those who drink in ugly, abusive, or dangerous ways. Show by your approval and disapproval the kind of people your kids should emulate and the kind they should avoid

2. Nurture positive values. Drinking behaviour does not occur in a vacuum. People don’t act destructively when they enjoy a purposeful and engaged life. Among the core values that protect both adolescents and adults from excess and addiction of any kind are:
   • Self-control and moderation
   • Accomplishment and competence
   • Awareness of oneself and one’s environment
   • Health
   • Self-respect
   • Connectedness with others, with a community, and with society
In other words, people tend to drink in a beneficial manner when their lives are grounded in positive satisfactions, skills, and strong relationships with and responsibility towards others.

3. Compensate for drinking problems if these exist in your family. Non-abusing family members can support this resilience and improve the child's chances of overcoming the problem by doing the following:

- Maintain family rituals such as consistent dinner times and holiday celebrations
- Don't excuse the parent's alcohol abuse and its consequences, but also don't blame it for everything that goes wrong in the family
- Don't handicap your child by acting as if he/she is doomed to repeat the parent's behaviour
- Help provide - or encourage your child to discover - models of positive drinking patterns outside the home

4. Provide guidance as the teenager enters high-risk environments:

- When your child enters any new peer-oriented drinking environment, talk about the risks ahead of time. Remind this emerging adult of the values he has developed that may set him apart from some of his peers
- Instead of taking absolute, a priori stands, meet your child on his own ground. Let him talk through with you his reasoning about drinking decisions in terms of his own values, goals and motivations
- Talk about activities and events (to avoid those built around excessive, irresponsible drinking), and suggest alternative ways of making friends and enjoying a full social life
- Equip your child with drink-avoidance/refusal strategies to limit consumption in high-risk situations. These can range from simply saying “No, thanks – I’m driving” (assertiveness) to refilling a mixed drink throughout a party with only the mixer (a behavioural technique) or conjuring up vivid images of the painful consequences of past excesses (a cognitive technique). Some strategies utilise prior contracting and social support, like agreeing in advance to take a drink at a party only when a ‘light-drinking’ partner does so
- Keep a line of communication open that allows your child to give you ongoing feedback about his/her alcohol use away from home and to share any dilemmas that arise for him/her. You can’t do much to help a child who feels he/she has to lie and conceal

5. Avail yourself of realistic alcohol education programmes at the college level and encourage the adoption of such programmes.”

Peer/Friendship Groups
As children move through adolescence, their peer groups (friends) become all the more influential. Adolescents are very sensitive to peer-group, behavioural and moral norms that lead to inclusion and exclusion. Friends make products fashionable or unfashionable. Most young people are members of various groups simultaneously, given their in- and out-of-school activities, though they are rarely in major conflict. Shopping is a social act done in groups who strongly pre- and proscribe the purchase of particular items. They can and do encourage the purchase of items not advertised on television or discourage items that are widely advertised. Most importantly, alcohol is consumed socially, often in public places. Adolescent groups differ widely in their drinking style and preferences, and they have a very powerful impact on those in the group, often dictating precisely what, where and how much is drunk.

The Personality of the Young Person
Three aspects of the young person are important in understanding the media consumption and general purchasing behaviour: their ability, personality and beliefs. Impulsive, extraverted young people are more difficult than constrained young people. Their extraversion leads to a craving for excitement and stimulation, which in turn influence their social behaviour. It has been demonstrated that personality is a predictor of alcohol, drug taking and sexuality, as well as consumer behaviour. The ability of the young person leads them to learn earlier how the economic world works and the meaning of advertising. But it is perhaps the beliefs and values of young people that play a crucial role and it is these that are most strongly shaped by parents.

Various studies have demonstrated that personality traits are linked to drinking in young people. Extraversion and neuroticism are positively linked to drinking, while conscientiousness and agreeableness negatively linked. McAdams and Donnellan (2009) looked at alcohol use, hangover symptoms and drinking problems over a six month period in over 500 American students. As has been demonstrated before, gregarious, impulsive, excitement-seeking students characterised by immoderation were more likely to have hangovers and other problems. Further, those variables predicted behaviour over time.

Though debatable, researchers have identified different personality patterns associated with alcoholics (Kessel and Walton, 1976):

1. The Immature Personality: self-centred, poor at relationships, impulsive. They drink to escape the realities of the grown up world so different from that in their imagination
2. The Self-Indulgent Personality: the over-protected child can fail to learn self confidence and self-reliance. They drink to reduce personal discomforts which arise whenever personal wishes are frustrated. Alcohol is available, dependable and always gratifying
3. The Sexual Problems Personality: those who feel sexually inhibited and those who are deviant may drink to achieve courage and disinhibition
4. The Self-Punitive Personality: people who repress strong emotions like anger and aggression find drink releases their hostile impulses
5. The Stressed Personality: these people drink to give themselves a quick release, social confidence and (or a release) from social inhibition

These three variables are mutually interacting. What, where, when, who, with whom and how much is consumed is often a function of the above factors: parental rules, peer group norms and personality. Thus parenting style influences, or attempts to influence peer group support, which is part influenced
by the young person’s personality and values. These three variables together with other social and economic environmental factors (neighbourhood, culture) influence the final two variables, which are media consumption and purchasing power.

**Media Consumption**
Adolescents are often enthusiastic consumers of all sorts of media such as magazines, television, and radio, though they tend to be surprisingly cynical about advertising and marketing in general. Thus, some are rigorously policed by parents and others not. Now the web offers a cornucopia of possibilities that is difficult to police. Thus, there is great variety in the advertising to which children and adolescents are exposed and to which they attend. Current generations have been brought up with the media as part of their everyday environment. Most adolescents now have personal television in their bedrooms.

**Purchasing Power**
Young people have access to various amounts of money, which they acquire from three main sources: pocket money/allowance; part-time work and gifts from friends and relatives. By the age of 15, the average British child may have been given £15 to £20 per week to spend (around £1,000 per annum) and this figure is rising fast. This naturally makes them a very serious market and one that is growing. However, there are various major differences in the disposable income young people have. Thus, they not only differ in how much money they have, but also in the ratio of their saving to spending behaviour, and most importantly what they spend it on. There are very dramatic saving and spending differences between adolescents, which have been demonstrated by research (Furnham, 1999).

**Figure 4. A Realistic Model**

The model notes that a person’s exposure to alcohol advertising and his/her money to buy alcohol are both influenced by parents, peer group and personality. Further, these five factors interact to determine when, how, why and where a particular person consumes alcohol.
Perhaps the hottest debate today about alcohol is how it is advertised and the consequential effects on consumption. Television commercials, (and maybe even programmes) it is argued, turn young people into irrational, demanding, uncontrollable ‘beasts’. They encourage them to want and to consume products that they do not need and cannot afford, and often those which their parents do not wish them to have. Worse, they attract them to unhealthy products or to unhealthy consumption patterns. Television advertising, according to this model, creates (false, dangerous and expensive) wants in the young person, not needs. This makes the (poorly socialised) child pester its parents remorselessly with constant demands. Parents try to resist, but this causes conflict, so they give in and buy something they cannot afford, that the child does not need and that may even come to cause harm. Even if you take out the child-parent conflict link, the idea remains the same. Television advertising is thus accorded a primary motivational role, and hence the problem can be solved by banning it. In the context of binge drinking, the idea is that advertising (anywhere) causes binge drinking. To believe that advertising alone can create wants is very naïve – at best, advertising helps companies satisfy demand. Even to the most gullible viewer, advertising cannot persuade people to buy brands that they really do not want.

There is dispute in this area, but practically all researchers acknowledge that alcohol consumption is a multi-faceted problem. The difference lies in the effect size: that is, the beliefs about how strong each factor is. No one seriously claims that the effect size of marketing, advertising and pricing is zero. The other big issue is whether advertising is aimed at brand change rather than growth.

One of the central and still unsatisfactory questions for everyone in the business of marketing is ‘does advertising work?’. Inevitably, the question has become more sophisticated and is about what type of advertising has what kind of effects for whom under what particular circumstances. Thus, the medium is important, as are the particular characteristics of the advertisements. Further, it is often extremely difficult to measure results which include memory for the brand as opposed to large scale campaigns.

The issue of advertising particular products has become highly politicised (Furnham, 1993, 2002). Pressure groups have sought to persuade governments to ban, reduce or very heavily control the advertising of particularly products, many aimed at children. Favourite targets involve fast/convenience foods, fizzy drinks and toys. For adults, it is primarily tobacco and alcohol. There is also literature on underage drinking. Pressure groups argue that advertising encourages the purchase of, as well as favourable attitudes towards, particular products that endanger health and hence should be banned. They argue that advertising works and is a powerful force on consumption. Otherwise, quite simply, companies would not spend the money advertising in the first place. Some politicians find this the easiest strategy to use to win the support of these groups. The hidden agenda of some of these groups, perhaps the hottest debate today about alcohol is how it is advertised and the consequential effects on consumption.

The problem for researchers attempting to answer simple questions is that their efforts simply uncover the complexity of the issues. Consider the simple question: does exposure to alcohol advertisements increase likelihood and actual consumption in young people? – there are various sorts of studies in this area:

- Econometric studies looking at aggregated national or international data (i.e. alcohol consumed, money spent on advertising and tax revenue)
- Longitudinal quantitative studies following one (or more) cohort over time, looking at changes in behaviours as a function of certain factors
- Cross-sectional studies looking at the relationship between various factors like demography and alcohol beliefs and behaviours
- Experimental studies attempting to manipulate one factor (i.e. type of advertisement) and examine its effects on another (i.e. memory for brand, intention to buy)
- Intervention studies aiming at changing behaviour, which may be longitudinal or cross section and attempting to demonstrate the effectiveness of introducing a strategy aimed at changing behaviour
- Qualitative studies exploring small groups or individuals and their beliefs and behaviours with respect to alcohol
- Biographical and autobiographical studies of individuals, often well known, usually tracing a tragic decent into alcoholism but occasionally revealing a heroic battle and subsequent triumph

Often, studies are a combination of these types and may be on very different scales. As ever, each may be justly liable to a variety of methodological critiques. The hope of a decisive, conclusive, accepted, ‘killer’ research review or study from one or many traditions (i.e. econometric, quantitative, qualitative) that answers the question about the (manifold and complex) impact of advertising on alcohol consumption for whole societies or specific groups is unlikely ever to come forth.

The reason is the complexity and difficulty of research. There are always questions about the quality and quantity of the data, the appropriateness and interpretation of the statistical analysis, and the fact that different interpretations can be made of the particular results. Thus, everything has to be considerably qualified. Further, it is not difficult to find studies or quotes that support a particular viewpoint. Thus, one can find evidence that alcohol advertisements increase sales of alcohol in the long and short term and that advertising spend is linked to overall consumption, but equally, it is as easy to find studies that show no link at all. The trick is to look at what a range of different studies, using different methods, tends to show, i.e. doing a review of reviews or, better still, a meta-analysis.

Balanced, impartial, academic reviews talk about inconclusive, equivocal or mixed results. Studies are inconsistent, though it is often possible to talk of relative trends. A report commissioned by The Advertising Association in 2008 entitled Advertising and the Misuse of Alcohol (Ormerod et al., 2008) suggested there are three central issues/debates in this area:

- Does increased alcohol consumption lead to great abuse and health costs?
- Does alcohol advertising affect overall consumption or brand-specific purchases?
- Does alcohol advertising directly cause the initiation of drinking?
Attempts to answer these fraught and complex questions have resulted in large-scale econometric studies as well as qualitative and quantitative research. Previous literature reviews from various countries over the past 25 years have suggested that alcohol advertising effort and spend is unrelated or insignificantly related to overall consumption, and rather reallocates brand sales in a zero-sum market. However, this is very difficult research based on weak or missing statistics, like advertising expenditure and drinkers’ knowledge, attitudes and behaviour or the behaviour of sub-groups.

Sometimes, research is reasonably straightforward, particularly econometric research. Thus, one can look at advertising expenditure on beer, spirits and wine over a particular period, and subsequent consumption some time later. Britain (Duffy, 1989), Canada (Lavriviére et al., 2000), and the USA (Lee and Trembling, 1992; Nelson and Moran, 1995), each concluded the same, as did a more recent review, that there is little or no relationship between alcohol advertising spend and market growth in terms of increased alcohol consumption. However, the advertising mix does change both brand and type of alcohol consumed.

The impact of advertising on alcohol consumption has inevitably attracted literature reviews (Smart, 1988; Fisher, 1993). Some big reviews have clear conclusions, e.g. advertising bans do not reduce alcohol consumption or abuse, advertising expenditures do not have a market-wide expansion effect, or survey-research studies of youth behaviours are seriously incomplete as a basis for public policy.

One of the most quoted works is that of Saffer (1991), who published a controversial paper in the Journal of Health Economics. He noted that 2% of all USA American advertising was aimed at alcohol, and that that was about half of all the alcohol advertising in the world. He argued that small studies particularly focusing on brand choice cannot show the effects of long periods of cumulative information provided by advertising. His study was cross-sectional, looking at data from 17 countries over 13 years. He used various measures, including the real price of alcohol, real income, per capita, consumption of alcohol, liver cirrhosis and motor vehicle fatality, as well as advertising bans.

His results show the following:

“These regressions were used because they are the most inclusive specifications. The regressions indicate that countries with bans on spirits advertising have about 16% lower alcohol consumption than countries with no bans and that countries with bans on beer and wine advertising have about 11% lower alcohol consumptions than countries with bans only on spirits advertising. The regressions also indicate that countries with bans on spirits advertising have about 10% lower motor vehicle fatality rates than countries with no bans and that countries with bans on beer and wine advertising have about 23% lower motor vehicle fatality rates than countries with bans only on spirits advertising.

The results also indicate that the three measures of alcohol abuse have distinctly different relationships to advertising and pricing policies and diverging time patterns. The data show that alcohol consumption is related to advertising bans and alcohol price. Liver cirrhosis mortality rates are less consistently related to alcohol advertising bans, but are clearly related to alcohol price. The data also show that motor vehicle fatality rates are related to advertising bans but less clearly related to price. Over the sample period, per capita alcohol consumption increased while liver cirrhosis mortality rates remained steady and motor vehicle fatality rates fell. These results suggest that the relationship between alcohol consumption and alcohol abuse is dependent on other factors as an alcohol control policy.” (p. 77)

However, as is the way with research of this type, the analysis received a robust critique. Young (1993) reanalysed the data and revealed flaws in its interpretation. He argued that there were three serious problems with the research:

“First there is evidence of reverse causation: countries with low consumption/death rates tend to adopt advertising bans, creating a (spurious) negative correlation between bans and consumption/death rates. Second, even this correlation largely disappears when the estimates are corrected for serial correlation. Third, estimates based on the components of consumption – spirits, beer and wine – mostly indicate that bans are associated with increased consumption.” (p. 213)

He suggests that his analysis, like many other careful studies in the area, fails to provide evidence that banning alcohol advertising reduces consumption or associated deaths. Inevitably, Saffer (1993) returned to criticise his attackers. He accused Young of poor statistics and inappropriate inferences drawn from them. He argued that the continued addition of advertising leads to smaller and smaller increments in consumption. So, the relatively small changes in consumption have (demonstrably) little effect on overall consumption. He argues that smaller, local, cross-sectional studies which see a much wider change in spending could and do show that advertising really raises alcohol consumption. But his critics, like Nelson (2005), point out that alcohol advertising is a very mature market. All people in the West are familiar with alcohol drinks. Therefore, there are diminishing marginal returns for alcohol advertising, but it can lead to brand change.

Naturally, the focus of research on alcohol advertising has been on its effects on young people. Twenty years ago, Atkin (1990) published a useful theoretical overview of the effects of televised alcohol messages on teenage drinking patterns. He notes, as have others, that adolescents are perhaps particularly responsive to alcohol advertisements. First, the sheer number of commercials and portrayals of drinking in comedies, dramas and soaps bombard them. Second, their curiosity motivates them to seek the lifestyle and enjoyment of those they see drinking. Third, their limited experience and fewer opportunities to observe drinking may make them more receptive to media effects. Fourth, the ‘forbidden fruit’ of adult behaviour is clearly alluring.

The problem with cross-sectional studies is that they cannot show causation. To demonstrate that young people notice, recall and highly rate alcohol advertising means neither that they are more likely to drink nor that advertising produces drink-related behaviour. It could be that particular young people (less-educated males) who are more likely to drink and watch television are particularly attentive to the advertising of alcohol. Wyllie et al. (1998) believe they have evidence that alcohol consumption on drinking occasions is linked to positive responses to beer advertisements, but their conclusions remain tentative.

Is there a correlation between alcohol advertising and alcohol demand among young people?
2. Alcohol products have very specific brand capital, which is the collective positive associations people have with a brand. Brand capital depreciates over time and requires refreshing and updating.

3. Targeted advertising uses specific imagery and attempts to create the ‘personality’ of a brand.

4. Increases in brand capital may result from the creation of additional brands or the increase in capital per brand.

5. However, the economic concept of diminishing marginal utility predicts that after a certain point, increased input (advertising) leads to reduced output (sales).

6. The same pattern is true of advertising of all products or counter-advertising.

He argued that empirical studies of alcohol advertising to youth are essentially of three types: studies of advertisement content, symbolism, portrayals and placement, but which do not correlate content with consumer behaviour; studies using in-depth interviews on people’s media exposure and self-reported alcohol use and beliefs; and econometric studies using aggregated statistics over various communities, that examine the effects of alcohol advertising on market share and total consumption.

Looking in detail at more than 25 studies over a 25-year period on both advertising and counter-advertising, he concluded thus:

“Critics of alcohol advertising want to reduce the social and medical problems associated with the misuse of alcohol, and they often argue for a ban on alcohol advertising. This policy choice is based on the assumptions that alcohol advertising increases alcohol misuse and that bans eliminate or reduce advertising. Although there is enough evidence to conclude that advertising increases total alcohol consumption and alcohol misuse, advertising bans reduce advertising only under certain conditions. A ban on one or two media, such as television and radio, will result in substitution to available alternative media. It can be argued that television and radio reach so many people that bans on their use will surely have an effect. However, media that can reach more people charge proportionally higher prices, and, per dollar spent, television and radio are no more effective than other mass media. It is possible that bans on campus alcohol advertising could have an additional effect by acting as a signal of administrative intolerance. (...) A ban on the use of a given medium will result in substitution to other available media. (...) Alcohol, unlike tobacco, has a historic place in social custom. Of those who drink, 90% do so safely. For tobacco, there is no safe level of consumption. Alcohol use and misuse have also been trending downward over the past few years. Given this history, it does not seem likely that the type of advertising bans required to reduce alcohol consumption would ever receive strong public support.” (p. 197)

He goes on to consider counter-advertising:

“Although surveys show that the public supports the idea of alcohol advertising bans, the recent entrance of spirits advertisers in the cable television market has not generated any public concern. Five ‘Organisation for Economic Cooperation and Development’ countries recently rescinded bans on alcohol advertising. Alternatively, there is an increasing body of literature that demonstrates that alcohol counter-advertising is effective with teenagers and young adults (Atkin, 1993). New restrictions on alcohol advertising might also result in less alcohol counter-advertising. Given these trade-offs, increased counter-advertising, rather than new advertising bans, appears to be the better choice for public policy.” (p. 180)

DeJong (2002), on the other hand, looked at the role of mass media campaigns in reducing high-risk drinking among students. He recommended that they address three issues: information on the negative consequences of heavy drinking; realistic information on social and behavioural norms; and advocacy of sensible drinking. However, he does admit having very little data on the advocacy of these programmes.

Some researchers have focused not on television alcohol advertising but on the way alcohol and drinking are portrayed in soap operas. Furnham et al. (1997) reviewed both American and British studies in this area. American studies tend to show a slight increase in the portrayal of drinking acts that are usually done by positive male characters. British figures seemed higher, no doubt because many soap operas are based around public houses (Hansen, 1988). Furnham et al. (1997) found that alcohol was consumed more than soft drinks (ratio 2.1:1), but that under 18’s were served only soft drinks. There seemed to be a change from beer drinking to wine and spirit drinking, and less evidence that drinking was mainly the preserve of characters of a higher socio-economic status. However, they do note that there is really no evidence that alcohol consumption among young people is directly related to the alcohol consumption of characters in soap operas.

In one study, Ingle and Furnham (1996) tested whether student drinking was related to television watching. They found parental drinking habits a strong predictor of students’ drinking habits. Interestingly, heavy drinkers among students seemed to be better informed about television than moderate, light or indeed non-drinkers. Whatever their level of drinking, students tended to rate their own drinking habits as the same as their friends, and to see themselves as average drinkers. They also noted:

“However, the results then suggested that the more television a subject watches, the less alcohol they consume. This is in agreement to Hansen’s (1988) findings. Interestingly, the results also suggested that the more television watched the more likely the subject is to get drunk when they do go out. Television was also found to correlate significantly with students ratings of their own drinking, suggesting that the more television they watched, the more likely they were to think that they drank less than their friends. This could be explained by the fact that the high frequency of drinking portrayed on television gives a distorted impression of what most people drink, however, it could also be explained by the fact that as has already been shown, the more television watched, the less alcohol the subject consumes and therefore the more television watched the more likely they are to drink less than their friends.”
Finally, despite 67% of the students stating that they did not feel that alcohol is represented in a realistic way in the media, a significant positive correlation was found between the amount of television watched and thinking that alcohol advertising and television celebrities’ drinking has no influence on ‘starting people to drink’. Interestingly and reassuringly, all serious and disinterested reviewers of the literature on the effectiveness of advertising alcohol to young people come to much the same conclusion. Note what Stockdale (2001) concludes after a balanced review:

“The evidence for a causal link between portrayals of alcohol in the media and young people’s drinking patterns is equivocal. Research suggests that media portrayals are a source of information about alcohol and that they can influence young peoples’ world view and their behavioural choices. But the effects appear to be weak in comparison with familial context and peer relations. Young people learn to drink through a complex interaction of family, peer, and societal influences, including the media.

The ability to drink moderately and responsibly, or to be a non-drinker, implies access to information, credible role models and, when appropriate, ‘hands-on’ experience. However, being healthy and ‘good’ can seem boring – especially if you are young. Experimentation and novel experiences are inextricably part of youth culture and symbolise the perceived invulnerability of youth. Those who seek to promote moderate or minimal alcohol consumption have to appreciate the reasons why young people drink alcohol. It is vital to recognise the excitement and rewards offered by alcohol consumption and other ‘unhealthy’ practices. Demonising alcohol is likely to be counterproductive. The media have a role to play in acknowledging the attractions of alcohol, while not portraying it as the panacea for all ills or ‘unhealthy’ practices. Demonising alcohol is likely to be counterproductive. The media have a role to play in acknowledging the attractions of alcohol, while not portraying it as the panacea for all ills or the pathway to personal success. In particular, the media have the potential to enrich young people’s behavioural repertoire by legitimising a range of drinking ‘scripts’, including both non-drinking and moderate social drinking.

The media have to be seen as merely one element in the portfolio of influences that play a role in people’s lifestyle choices. Media messages alone are unlikely to change behaviour. Moreover, any influence the media exert is likely to be subtle and insidious and to be mediated by the news of those in the young person’s immediate family and social circle. These conclusions suggest an agenda for exploiting what power the media do have to enhance young people’s quality of life.” (pp. 231-2)

Some reviews have reached different conclusions. Smith and Foxcroft (2009) undertook a thorough review of seven panel studies and concluded that exposure to alcohol advertising did influence young people’s drinking behaviour though the mechanism’s process is unclear. However, critics point to numerous typical problems, the most serious of which is the use of subjective (self-report) measures of advertising watching and alcohol consumption. Other critiques include data (personality, personal and family drinking history) that are not collecting attrition rate in the studies, sampling bias of both people and advertisements.

Note, cross-sectional studies can never establish causality. That can only be done by longitudinal studies.

Alcohol advertisements, it is argued, promise increased sociability, emotional release, adventure, escape, social acceptance, refreshment, elegance and relaxation. Inevitably, the negative aspects are ignored. The idea is that advertisements disinhibit viewers through the process of legitimisation and rationalisation. Drinking is innocuous, acceptable, and normal – even ‘proper’. There seem to be two broad theoretical positions – stimulus-centred theories and receiver-oriented theories. The former include social learning theory, which suggests processes like observational learning and modelling. Thus, teenagers imitate what they see, and learn about when and where and what and how much to drink. They learn to associate emotions with drinking as well as attributes with those drinkers. Cultivation theory notes that heavy viewers of whatever background begin to share a television version of reality. Thus, if alcohol is the most common drink consumed at all social occasions, viewers will believe that that is normal, expected and appropriate. Further, the agenda-setting theory suggests that the media lead debates, so that if they so choose, they can endorse both the use and misuse of alcohol by showing ‘heroic’ characters as frequently drunk, or running stories about the hazards of drink-driving.

Receiver-oriented theories suggest that particular individuals seek out media to fulfill their individual needs. Young people are not merely passive consumers of the media. Young people get to learn the cost benefit analysis of drinking. He notes that research up to that time has various flaws, the most common of which is correlational methodology, which cannot vouch for causal direction. Another is the problem of not having control groups. Other areas concern the identity of the participants in studies, the media they had been exposed to and the fact that alcohol consumption levels are often based on self-report data. Of the studies reviewed, the effects are either non-existent or very small. This has been noted before.

Atkin (1990) advocated restrictions on both advertising and education. Coming from a department of communication, he was particularly interested in the content of advertisements:

“the most promising approach is to alter TV content by downplaying deficit movies (e.g. drinking as a coping mechanism) and more realistically representing the incidence of harmful outcomes (e.g. health risks, social disapproval), especially for excessive consumption. Increased modelling of certain responsible behaviors would also be effective (e.g. declining drinks, choosing non-alcoholic beverages, discontinuing before intoxication, seeking treatment for dependency and intervening to prevent drunkenness or drunk driving). Some progress in this direction has been achieved through the process of ‘cooperative consultation’ with writers and directors in the television industry.” (p. 23)

Studies have been carried out on alcohol advertising on television, in regular movies/films and in magazines. Most are content analyses trying to determine how alcohol usage is portrayed and how much time/space is dedicated to it.

Work in this area has continued with contributions from many different disciplines. One Dutch paper analyses 40 soap-opera episodes lasting around 22 minutes each (van Hoof et al., 2009). It finds an average consumption of 4.4 alcoholic drinks per episode (one every 5 minutes), and that whilst 10% of the episode’s characters were non-drinkers, nearly 20% of the Dutch population are non-drinkers. Most instances concerned wine and were in social or culinary settings. Interestingly, a common motive appeared to be to suppress personal problems. Surprisingly, they found that adolescents who were exposed to soap opera portrayals had less positive attitudes to alcohol because they failed to identify with the character(s) or found them annoying. They emphasise that the effects of alcohol on viewers may depend heavily on specific actors and scenes that the viewers identify with.
An American study looked at alcohol portrayals in 534 popular films shown between 1998 and 2002 (Dal Cin et al., 2008). They were concerned that some advertisements and offers (volume discounts, special offers) were targeting student or underage drinkers. 83% showed some alcohol use, but the average alcohol use was less than 4 minutes. Nearly a third of the films depicted someone drunk. Over half contained one or more identifiable brands, with 10% actually containing a spoken mention. These results confirmed earlier studies. They concluded that 10-14-yr olds in America were exposed to 5 billion impressions of alcohol brands from their sample of movies. However, it is not clear whether this was more or less than the relative level of exposure within television advertising. However, the study did not assess the most interesting issues: the context of the drink depictions; the reaction of young people, or whether it (causally) encouraged the viewers to start drinking or drink more.

Hurtz et al. (2007) attempted to assess whether alcohol advertising in stores encouraged adolescent drinking. In a self-report study of nearly 2,500 6-8th-grade pupils, they found that store visits were related to drinking. They found, as predicted, that around a fifth reported having at least one alcohol promotional item and were also 1.5 times more likely to report current drinking than those who did not have items. Also, those more exposed to the advertisement (measured as a function of shop visits) were more likely to have ever drunk. Again, the authors are aware that they cannot infer causality (that more ads lead to more drinking) because of their cross-sectional data and the fact that some other factor (like the adolescent’s personality) may underlie the relationship between store visits and alcohol consumption.

Some studies have looked at total exposure to advertising on radio, television, magazines and in-store. Collins et al. (2007) studied 1,786 American 11-12-yr olds. They took into account various relevant factors such as parental monitoring, peer pressure, personality, and religious beliefs. They compared those with low and high exposure measures and found those exposed to more ads were more likely to be current drinkers and more likely to intend to drink. They note the results are consistent with the hypothesis that exposure to alcohol advertising leads to underdrinking. However, this study, like many others, suffered from methodological problems. Cause cannot be inferred, all data were based on self-report, the sample interviewed might be unrepresentative, and it may be that children of this age are particularly vulnerable to advertisements.

An American study of 28 magazines printed in 2003 found a mean of 37 alcohol advertisements per magazine (7 beers, 27 spirits) but with very great variability. Thus, Better Homes and Gardens had none, while Sport Illustrated had 148. Siegel et al. (2008) attempted to see through an economic analysis of whether young people are disproportionately exposed to alcohol advertising in magazines. This is indeed what they found: alcohol is more prevalent in magazines with a high proportion of young readers. However, they were careful to point out that they were not concluding that their results suggest that alcohol advertisers are targeting youths as opposed to young adults. This complex issue has been discussed in the literature and depends heavily on the definition of ‘target’ readership. Magazines with young readers, like sports magazines, also target young adult males as these are the sort of people (in the USA) who go to sports games and drink beer.

However, an American econometric study of alcohol advertising in 35 major magazines, looking at readership demographics (age, income, race, gender), magazine characteristics (sales, issues) and alcohol beverage advertising (beer, wine, spirits), concluded that there is no evidence that alcohol advertisers target adolescent readers. Retail or store advertising occurs in convenience stores, small market shops and naturally in liquor stores. Researchers note that because of the difficulty and expense of longitudinal studies, they are rare. However, Henrikse et al. (2008) studied over 1,000 young Americans over a year. All were classified as ‘never-drinkers’ at the beginning. They looked at brand recall and recognition, but also at marketing receptivity measured by whether they owned (or wanted) a branded item. Those more prone to market receptivity were the older males with more peer pressure to get drunk, with poorer grades and with a greater propensity for risk taking. Although they found that alcohol advertising and promotions were associated with the uptake of drinking, they admitted that they could not pinpoint the underlying mechanisms to explain this. They advocate media literacy education to increase scepticism about marketing tactics.

The ScHARR Review (2008) looked at the effect of promotion on alcohol consumption. The reviewers put together various evidence statements to accompany their review, including the following:

- There is conclusive evidence of a small but consistent association of advertising with consumption at a population level. There is also evidence of small but consistent effects of advertising on the consumption of alcohol by young people at an individual level (p. 82)
- There is an ongoing methodological debate on how advertising effects can and should be investigated and further research and methodological developments for establishing a definite causal relationship is required (p. 82)
- There is moderate but consistent evidence to suggest point of purchase promotions are likely to affect the overall consumption of underage drinkers, binge drinkers and regular drinkers (p. 84)
- There is consistent evidence to suggest that exposure to outdoor advertising, or advertisements in magazines and newspapers may increase the likelihood of young people starting to drink, the amount they drink, and the amount they drink on any one occasion. Further research is required on whether what young people say they are going to do at a particular point in time translates into actual subsequent behaviour (p. 86)
- There is consistent evidence from cross-sectional studies that there are high levels of ownership of alcohol-related merchandise among young people, particularly underage drinkers and binge drinkers. There is some evidence, although not conclusive, to suggest that ownership of such items is associated with initiation or current drinking (p. 85)
- There is consistent evidence from longitudinal studies that exposure to TV and other broadcast media is associated with inception of and levels of drinking. Evidence for the effect of watching videos is equivocal (p. 86)
- There is some inconclusive evidence that suggests that advertising bans have a positive effect in reducing consumption. Differences in contextual factors are a likely explanation for these differences. It is methodologically challenging to control for all possible confounding factors (p. 88)
- There is some evidence to suggest that bans have an additive effect when accompanied by other measures within a general environment of restrictive measures (p. 88)
This is their conclusion:

“In summary, in saturated alcohol markets such as that in the United Kingdom, drinkers and potential drinkers are exposed to a plethora of alcohol promotions. Young people and young women in particular are very likely to be exposed to these and be aware of them, and there is suggestive evidence that their attitudes towards alcohol and inclinations to drink can be shaped by this exposure. There is increasing evidence that alcohol advertising seen by young people is associated with the initiation of drinking and with heavy drinking. Much of the evidence comes in the form of cohort studies from USA, New Zealand and otherwise outside of the UK. However, there is sufficient consistency of effect across a wide range of advertising media to suggest the need for preventative measures. This is particularly the case as those affected by advertising include youths and young people on either side of the regulatory age limits.

There is conflicting evidence as to whether banning alcohol advertising will have significant effects on consumption with some studies suggesting no effects or even positive effects on consumption while others have suggested quite significant reductions in both consumption and related harms. However, there are significant methodological difficulties with conducting these studies. We conclude that a modest effect of alcohol advertising and promotion on alcohol consumption is probable. This is consistent with marketing research concerning other products. Elasticities in the range of 0.02 to 0.04 (Chisholm et al., 2004) and 0.05 and 0.08 (Saffer and Dave, 2003) for the effects of advertising bans are plausible.

There is no evidence to support the effectiveness of self-regulatory codes either as a means of limiting types of advertisements deemed unacceptable or as a means of reducing alcohol consumption.”

They noted (my underlining):

“There is scattered evidence that suggests that the various pricing policy options have a similar or stronger effect for the identified at-risk groups (young people under 18, young adult binge drinkers and, in some studies, heavy drinkers) and may thus be especially suitable for reducing overall harms in these groups.” (p. 38)

Overall, the report is very good because the evidence has been carefully sought, critiqued and compared. What is important to note is how cautious the authors are with very many qualifiers like ‘some evidence’ and ‘inconclusive evidence’. It is far less common to see the words ‘consistent’ and ‘conclusive’ than ‘moderate’ or ‘small amounts of evidence’. This reflects the academic approach as opposed to the policy approach.

There are two issues here. The first is that we can only really establish cause by performing expensive and difficult longitudinal research. Where studies have been carried out, they have shown the ‘effect size’ of advertising to be small compared to other factors. Next it may be that the major reason why companies advertise in a mature market is to encourage brand awareness and switching.
There is considerable interest in the many advertising health campaigns within society, such as anti-smoking, anti-drug, road safety, healthy eating as well as alcohol harm. These are campaigns aimed at effecting lasting social change in ordinary people’s behaviour. Changing short-term attitudes and beliefs is not the same as changing socially-ingrained and accepted behaviours.

There have been many studies on the impact of banning alcohol advertising. Two of the earliest were carried out in Canada (Smart and Cutler, 1976; Ogborne and Smart, 1980), while another examined European data (Caffee and Scheraga, 1994). They tended to conclude that bans had little effect.

Even historical studies of the Prohibition period show that it has had a very small long-term effect. Most writers point out the relative power of other factors that influence alcohol consumption and its reduction over time.

Various lobby groups produce ‘fact sheets’ on this issue (e.g. the American-based ‘Center on Alcohol Marketing and Youth’). Typically, they selectively and uncritically review studies that support their position. Despite numerous methodological problems, many claim clear causal evidence between money spent on advertising and underage, excessive or binge drinking. This is often expressed in terms of a percentage reduction in the amount of money spent on advertising leading to a corresponding percentage decrease in binge drinking.

People don’t like being told what to do by what many perceive to be the nanny state or interfering busy-bodies. Campaigns have tried different approaches: some try to shock with terrible images of death; others try instilling guilt (parents, children and friends), and still others use humour. More recently, governments have tried ‘bribery’, like paying people to stop smoking. The ‘trick’ is to attract people’s attention and engage them in their own media. Hence the current use of multi-layered multimedia that is refreshed and sustained.

What does seem clear is that advertisements that shock or induce fear, blame or doom do not work. They alienate and cause rejection. This was demonstrated by Jessop and Wade (2008), who exposed certain groups to ‘mortality-related information’ about binge drinking, based on ‘terror management theory’. They found exposure to these ads increased rather than decreased people’s willingness to binge drink in both established binge and non-binge drinkers.

Some lobbyists call for government-mandated warnings on all alcohol advertising, as exists for tobacco. But do they work? Do they deter drinking? Is it possible that, like age and guidance indicators on films, warnings have precisely the opposite effect on those people they are most closely aimed at. Therefore, warnings have precisely the opposite effect on those people they are most closely aimed at. This was demonstrated by Jessop and Wade (2008), who exposed certain groups to ‘mortality-related information’ about binge drinking, based on ‘terror management theory’. They found exposure to these ads increased rather than decreased people’s willingness to binge drink in both established binge and non-binge drinkers.

Some experimental studies have looked at how two different warnings on the labels of fictitious brands of beer influenced the attitudes, intentions and perceptions of young American and Australian students. Creyer et al. (2002) found that the warning type had relatively little effect. They noted:

“In general, our findings reinforce suggestions that new, potentially stronger warnings such as ‘Alcohol is a Drug’ should be considered as one possible replacement for the current U.S. warning in a system in which different warnings are rotated (Hilton, 1993; Andrews and Netemeyer, 1996). However, it should be noted that after repeated exposures this warning message might wear out and thus lose its effectiveness. Although US drinkers have been repeatedly exposed to both the container message and messages from other sources regarding
risks associated with drinking and driving, at lower levels of consumption (e.g. 1-2 and 3-4 beers), binge drinkers in the U.S. perceived less risk than either binge drinkers in Australia or non-bingers in either country (Christie et al. 2001). The pattern of lower risk perception found in the binge drinkers in this study is consistent with prior research that shows that more frequent and heavier drinkers tend to discount the alcohol warning information (Andrews et al., 1991; Andrews and Netemeyer, 1996).” (pp. 197-8)

Another issue is the effect of special messages within advertisements, which recommend moderate or responsible drinking. Do these warning labels work? Over the last decade, they have increased in number but there is concern about whether they are even seen, let alone needed. In an imaginative study, Thomsen and Fulton (2007) examined the eye movements (fixation) of 63 American 12-14-yr olds as they viewed six print advertisements for alcoholic beverages. They found that their participants spent 0.35 seconds (7% of viewing time), fixating on the responsibility messages. Further, very few were able to recall their general concept or to state them verbatim. The responsibility messages were too small and badly placed to be read. The warnings neither attract nor hold the attention of viewers; hence they do not take the message in. Further, they believe that messages like ‘drink responsibly’ or ‘drink in moderation’ are highly ambiguous.

Certainly, the jury remains out on the value and efficacy of health warning on alcohol containers. It is difficult but important research to do. There are studies, however, which do suggest that advertising bans have a demonstrable and significant effect. Saffer (1991, 1993, 2002), and Saffer and Dave, 2002, 2006) conducted time-series analyses over long periods and concluded that they reduce alcohol consumption (by 11-16%) as well as motor fatalities (by 10-23%). His work also showed that if a country’s consumption went steadily up, there was more likely to be a ban on the advertising of alcohol. One study suggested a complete ban could reduce adolescent binge drinking by 42% (Saffer and Dave, 2006). Another American study by Hollingworth et al. (2006) concluded that tax increases and alcohol advertising bans would result in fewer deaths, and that advertising bans have the greatest potential for reducing premature mortality. Yet, other studies either showed no effect or, paradoxically, the opposite effect (Nelson, 2001, 2003, 2005).

It has been noted that bans often simply lead to substitutability: Ban one of the media (e.g. TV), and marketers simply move to another (e.g. magazines or the Internet). The same is true for different types of alcohol. There are many non-media ways of advertising, and the growth of the Internet provides many attractive options. Banning media would no doubt lead to more attempts to advertise through mobile phone networks’ sponsorship. Advertising has various effects. Thus, it can increase competition, which lowers prices, which increases consumption. Bans could do the same if companies spent less on advertising.
Most countries have extensive legislation concerning the purchase and consumption of alcohol. Many of these laws are aimed at establishing and maintaining responsible drinking. There may be country-wide as well as regional rules concerning where, when and how alcohol is distributed and consumed. Many people look at the law to control ‘sensible drinking’. Both government bodies and health researchers are interested in how, when and whether (but not why) some companies do not follow either the spirit or the letter of the law when it comes to promoting alcohol.

Thus, one Australian study, which reported specifically on the issue of binge drinking, looked at the issue around promotions. Jones and Lynch (2007) noted the Code of Practice, which is itself interesting.

Table 9: New South Wales Liquor Industry Code of Practice: Responsible Promotion of Liquor Products

<table>
<thead>
<tr>
<th>Unacceptable practices</th>
<th>Acceptable practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Drinks that offer alcohol in non-standard measures and/or, by virtue of their emotive titles, such as ‘laybacks’, ‘shooters’, ‘slammers’, ‘test tubes’ and ‘blasters’, and their methods of consumption, encourage irresponsible drinking habits and are likely to result in rapid intoxification</td>
<td>The traditional ‘happy hour’ during or immediately following normal daytime working hours</td>
</tr>
<tr>
<td>2 Drink cards that provide a multiple of free drinks, extreme discounts or discounts of limited duration on a given day or night and/or have the capacity to be readily stockpiled by patrons</td>
<td>A complimentary standard drink upon arrival</td>
</tr>
<tr>
<td>3 Any labelling or titling of promotions that may encourage patrons to consume liquor irresponsibly and excessively to an intoxicated state</td>
<td>Promotions involving low-alcohol beer where it is clear from the advertising and promotional material that it is a low-alcohol beer promotion</td>
</tr>
<tr>
<td>4 The refusal to serve half-measures of spirits on request or provide reasonably priced non-alcoholic drinks</td>
<td>The advertising of a consistent price of a particular type or brand of liquor across the entire trading hours of premises on a given day or night, providing the price is not so low that it will, in itself, encourage the excessive consumption of alcohol and intoxication</td>
</tr>
<tr>
<td>5 Any promotion that encourages a patron to consume liquor excessively, e.g. ‘all you can drink’, ‘free drinks for women’, and ‘two for one’ offers, and to consume it in an unreasonable time period</td>
<td>Promotion of particular brands of liquor that provide incentives to purchase that brand by virtue of a consistent discounted price, offer of a prize, etc. but do not provide any particular incentive to consume that product more rapidly than a patron’s normal drinking habit</td>
</tr>
</tbody>
</table>

In their study, they monitored bars, clubs and pubs over an eight-week period. They found some promotions ‘healthy’, like free food or transport. The majority, however, did not like happy hours or low-cost drinks during sporting matches. They argue that they found numerous examples that breached both the spirit and letter of the code. They note: “That is, while the industry claims to be committed to reducing alcohol-related harm and thus proactive in developing self-regulatory codes, these codes appear to be largely ineffective in promoting a culture of responsible promotion and consumption of alcohol. Rather, their primary outcome appears to be to forestall the introduction of an effective regulatory system.” (p. 484)

Another Australian study looked at magazine advertising. Donovan et al. (2007) looked at 93 magazines popular with young people. They were compared with the code set out below (DSICA, 2003):

Table 10: The Alcoholic Beverages Advertisers Code

<table>
<thead>
<tr>
<th>The ABAC states that advertisements for alcohol must:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Present a mature, balanced and responsible approach to the consumption of alcohol beverages and accordingly:</td>
</tr>
<tr>
<td>• Must not encourage excessive consumption or abuse of alcohol</td>
</tr>
<tr>
<td>• Must not encourage underage drinking</td>
</tr>
<tr>
<td>• Must not promote offensive behaviour or the excessive misuse or abuse of alcoholic beverages</td>
</tr>
<tr>
<td>• Must only depict the responsible and moderate consumption of alcohol beverages</td>
</tr>
<tr>
<td>b) Not have a strong or evident appeal to children or adolescents and, accordingly:</td>
</tr>
<tr>
<td>• Adults appearing in advertisements must be over 25 years of age and be clearly depicted as adults</td>
</tr>
<tr>
<td>• Children and adolescents may only appear in advertisements in natural situations (e.g. family barbecue, licensed family restaurant) and where there is no implication that the depicted children and adolescents will consume or serve alcohol beverages</td>
</tr>
<tr>
<td>• Adults under the age of 25 years may only appear as part of a natural crowd or background scene</td>
</tr>
<tr>
<td>c) Not suggest that the consumption or presence of alcohol beverages may create or contribute to a significant change in mood or environment and, accordingly:</td>
</tr>
<tr>
<td>• Must not depict the consumption or presence of alcohol beverages as a cause of or contributing to the achievement of personal, business, social, sporting, sexual or other success</td>
</tr>
<tr>
<td>• If alcoholic beverages are depicted as part of a celebration, they must not imply or suggest that the beverage was a cause of or contributed to success or achievement</td>
</tr>
<tr>
<td>• Must not suggest that the consumption of alcohol beverages offers any therapeutic benefit or is a necessary aid to relaxation</td>
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</table>
d) Not depict any direct association between the consumption of alcohol beverages, other than low alcohol beverages, and the operation of a motor vehicle, boat or aircraft or the engagement in any sport (including swimming and water sports) or potentially hazardous activity and accordingly:

- Any depiction of the consumption of alcohol beverages in connection with the above activities must not be represented as having taken place before or during engagement of the activity in question and must in all cases portray safe practices

e) Not challenge or dare people to drink or sample a particular alcohol beverage, other than low-alcohol beverages, and must not contain any inducement to prefer an alcohol beverage because of its higher alcohol content

f) Comply with the Advertiser Code of Ethics adopted by the AANA

g) Not encourage consumption that is in excess of, or inconsistent with the Australian Alcohol Guidelines

They found that two thirds of the magazines had appropriate items (80 for brands, 62 for promotional items). They found over half contravened at least one of the code guidelines, with 34% breaching (b) and 28% breaching (c). Like so many other studies like these, they note:

“It is concluded that the self-regulating system appears not to be working for the alcoholic beverages industry in Australia and that increased government surveillance and regulation should be considered, giving particular emphasis to the inclusion of promotional items other than brand advertising.” (p. 73)

An American study focused on outdoor (billboard, transit furniture) advertising (Scott et al., 2008). One of the codes concerned proximity to schools, playgrounds and churches. They found that over a third of the alcohol advertisements broke the code and seemed to be targeting low-income families. They conclude:

“Voluntary commitments by advertisers to protect children from outdoor alcohol and tobacco ads posted near schools, playgrounds and churches are ineffective. Legislation is needed to force advertisers to honour their pledge.” (p. 201)

A related issue is industry sponsorship, which is less regulated. O’Brien and Kypri (2008) interviewed 1,279 New Zealand sportspeople about free or discounted alcohol, and whether it made them more likely to drink particular brands or go to particular venues. They found sponsorship was associated with hazardous drinking, and suggested that sports administration bodies should consider ethical and health implications of alcohol industry sponsorship. But, yet again, we have cross-sectional, self-report data on a very select sample, making the drawing of conclusions tentative at best.

More interestingly, perhaps, was an exhaustive review by Wagenaar and Toomey (2002) of 40 years of research on raising and lowering the Minimum Drinking Age laws. Their results showed:

“In conclusion, the preponderance of evidence suggests that higher legal drinking ages reduce alcohol consumption. Of all analyses that reported significant effects, 87% found higher drinking ages associated with lower alcohol consumption. Only 13% found the opposite. The evidence is not entirely consistent. Almost half (46%) of the analyses found no association between the legal age and indicators of alcohol consumption. However, focusing on the 33 of the 78 studies of high methodological quality (i.e. those that include longitudinal design, comparison groups and probability sampling or use of a census) reveals that 11 (33%) of the 33 higher quality studies found a significant inverse relationship between the legal age and alcohol consumption. Only 1 (3%) found a significant positive relationship. Only 3 of these studies of higher quality were college specific, and results were not significant in all 3 studies.” (p. 213)

Grant (1998) listed six points which he believed to be “important from a public health policy perspective:”

1. As is true in other domains, the sociocultural context (or ‘environment’) in which people live is a powerful factor in shaping whatever problem(s) they may encounter in connection with alcohol in developing regions

2. There is no uniform developmental sequence that applies cross-culturally to the way in which various alcohol-related problems may occur

3. Traditional forms of drinking tend to be deeply embedded and tightly integrated with other customs and values in the sociocultural context. New patterns of drinking can supplant those, add new dimensions to them, or find strikingly new forms of expression in developing cultures

4. Rates of abstention tend to be high in some developing societies, seriously distorting supposed per capita consumption figures. The prevalence of heavy drinkers is obscured by such averaging

5. Social relational problems associated with drinking tend to be intrafamilial, and easily escape the attention of outside observers who are not attuned to qualitative data

6. Economic problems similarly tend to be related to household budget rather than job security and to accessibility primarily in qualitative terms. The supplanting of women as principal actors in the beverage industry portends serious problems for them, just as proliferation of modern beverages portends monetary profits for the state but losses in agricultural terms.” (pp. 305-6)

Voas et al. (2003) studied driving fatalities over 15 years in America to attempt to determine whether legal changes (minimum legal drinking age; zero tolerance laws) reduced the number of under-21-yr olds involved in fatal road accidents. In accordance with various other studies in the area, they found that these two youth-specific laws did indeed have the desired effect. However, they note that the results could equally be attributable to normative changes with regard to drinking and driving. That is to say that the media coverage and safety campaigns had the effect, not the laws. The two are of course related. Changes in public attitudes lead to changes both in behaviour and in the law.

The introduction of laws can and does lead to many unforeseen consequences. There are many well known historical examples, such as Prohibition in 1920’s/30’s America and the attempt by President Gorbachev to reduce the massive consumption of vodka in Russia in the 1980’s. Well known consequences are the increase in organised crime, bootlegging, home-brewing and smuggling.
Some laws are easier to enforce than others. It is easier to enforce taxation, for example, than to ensure that sales of alcohol are only made to those over a certain age. If certain areas are deemed legally out of bounds for alcohol consumption, this has to be monitored and policed. The same is true of drink-driving laws. Enforcing the law can be so expensive that the economic costs outweigh the benefits. More importantly, very unpopular laws cause not only widespread defiance and disrespect for the law but also ensure democratically-elected law makers are removed. ‘Interference’ with principles of free trade can also pose a problem for law-makers, particularly those trying to micro-manage the commercial aspect of sales. Various national experiments, particularly those in Scandinavia, have not proved altogether successful.

This is not to decry the use of well-thought-out laws to encourage sensible, social drinking. Laws change behaviour, which in turn changes culture. But those made in haste, reactively or with a very short-term perspective, can do as much damage as they aim to prevent. Various countries have set out to regulate the marketing practices of alcohol-based products. They are clearly not always adhered to, and often transgressed.
Prevention is better than cure. Prevent the increase in, and incidence of binge drinking rather than spend effort trying to cure those who become habitual binge drinkers.

Wagenaar and Toomey (2002) note:

“Strategies to reduce alcohol consumption and risky alcohol use among college students:

- Where, when and how alcohol is distributed
  - Affect when and how alcohol is sold
    - Reduce density
    - Increase cost of license
    - Prevent privatisation
    - Restrict days/hours of sale
  - Promote responsible alcohol service
    - Serve standard sizes
    - Prohibit pitchers
    - Cut off intoxicated individuals
    - Promote alcohol-free drinks/food
    - Eliminate last call announcements
    - Require manager/service training
  - Reduce flow at parties
    - Ban beer kegs
    - Prohibit home deliveries
    - Limit quantity at events
    - Do not allow self-service
    - Make alcohol-free drinks and food available
    - Serve low-alcohol content drinks
  - Increase price of alcohol
    - Restrict happy hours/price promotions
    - Limit free alcohol
    - Increase excise tax
- Where alcohol is consumed
  - Restrict consumption to specific areas
  - Create dry campuses/residences
  - Do not allow consumption in locations where heavy drinking occurs.” (p. 198)

There is much more research about treatment than prevention. The British Strategy Unit Interim Analytical Report (London, 2003) believes there are essentially four categories of possible intervention: “

1. Education, Information and Communication: through government-sponsored ‘sensible drinking messages’; through health education lessons; and through encouraging industry to lead responsible advertising
2. Supply (availability) and Pricing: through regulating suppliers, levying of tax
3. Health and Treatment Services: using occupational health, hospital screening to target people for prevention and treatment
4. Community Safety and Criminal Justice: to identify, deter, penalise and rehabilitate problem cases” (p. 146)

They appear to indicate that supply and pricing are key factors for young binge drinkers.

This is very much political, legalistic and expensive. Governments can (mostly) affect supply and pricing, but the question is whether it is effective. More important are the unplanned consequences of these actions. Russian attempts to reduce excessive consumption of vodka had massive and immediate effects that were neither planned nor desired. Smuggling, home distilling and the increase in alcohol-related organised crime are just some of the more established consequences of governments’ attempts to control alcohol sales.

There is usually a limited number of strategies:

- Licensing laws: extending or restricting both licences and licensing hours
- Partnering with the alcohol industry to encourage social responsibility
- Education in schools and public campaigns
- Prevention and treatment services like counselling in specific settings
- The control of advertising via the usual media but also point of sale promotions and the Internet
- Managing supply through taxation

A central question remains the role of governments in public health. Jochelson (2006) suggested that one could categorise this as a ‘nanny vs. steward’ issue. This is the classic debate between interventionists and libertarians. The former aim to ‘protect’ the vulnerable, while the latter advocate minimal government interference and maximal personal liberty and responsibility. She noted that early libertarian reactions to the 1872 Licensing Act were couched in terms of restricted freedom. She notes that governments afraid of the intrusive or ‘nanny’ label prefer to see their interventionist strategies as enabling or empowering. Theirs is the middle ground language of ‘choosing health’, ‘informed choice’ or ‘setting standards’. Old-fashioned libertarians still talk about fundamental freedoms, propaganda and relentless interference.

Government interventions can be seen as attempts either to promote particular behaviours or to discourage them. The most common weapon or lever is taxation. Tax certainly changes behaviour,
though it may equally encourage behaviour that it failed to anticipate (e.g. smuggling or home distilling); next, there is restriction of access, such as where alcohol can be bought (and consumed); third, there are advertising restrictions and bans; fourth, there is the use of surveillance and penalties to ensure compliance with prescribed behaviours (i.e. drink-driving laws); and finally education through health-awareness programmes.

Jochelson (2006) notes that the public health benefits of once-contested interventions “arguably mitigate the small limitations on individual freedom and choice” (p. 1153). She is clearly an interventionist advocating the concept of stewardship over interventionism. Governments protect people from harm by others, but she is not certain about whether they protect people from harming themselves. She rests her case on governments acting as stewards to “create frameworks” that “encourage” individuals to make healthier decisions. She is aware of critiques by libertarians that this is mere semantics, but less aware of her selected use of data.

Treatments as varied as aversive therapy, hypnosis and psychotherapy are well researched. Over the years, a number of proposals to prevent alcohol abuse have been suggested and some tried, with varying degrees of success and failure. These include:

1. Prohibition: history has shown very clearly that it can only succeed where there is widespread popular support. Otherwise attempts to impose it fail, often with paradoxical consequences

2. Fiscal Controls: these could be related to the alcohol content of drinks or the real price of the alcohol production. Some governments try to vary taxation to keep the price of alcohol at a constant level. Consumption is a function of price, but sudden heavy unpopular taxation can easily lead to illegal or unhealthy home brewing as well as smuggling across borders

3. Licensing Controls: making it more difficult to obtain alcohol by reducing licensed retail premises and the times at which drink can be served, or by raising the minimum age of drinkers. Previous experiments have shown that this appears to increase binge drinking, and most favour relaxing restrictions on establishment numbers and acceptable hours of consumption

4. Advertising bans and controls: research is difficult and ambiguous. Further, as Eastman (1984) noted:

   “Overall, advertising seems to have little if any influence on alcohol demand, and no studies have been published in which a strong influence has been detected. The UK Code of Advertising Standards does have a section on alcohol which explicitly attempts to prevent young people from becoming specific marketing targets.” (p. 184)

5. Education: most researchers support this approach. Note Eastman’s (1984) conclusion:

   “The best means of prevention in a rational society is through education. If it is to be successful, health education must be continual, it must provide convincing information that can be understood by most of the population, and it must be adequately funded. The task of organising, orchestrating and maintaining an educational programme of a worthwhile sort would be considerable. Bear in mind that the programme would need to comprise a package of programmes targeted on the entire population as well as on sub-groups. Different programmes would be needed for children in primary and secondary education while, at the other extreme, adults in occupations that carry a high risk of drinking problems would require quite different packages. Although a major part of the total programme would be concerned with those who already drink, no doubt different age groups, different ethnic groups, and even the two sexes would best be served by programmes designed specifically for them. Commerce, industry and the trade unions could, and should.” (pp. 183-4)

Kessel and Walton (1976) concluded thus:

   “Society will continue to generate great numbers of alcoholics. We do not yet know how to prevent this. Even if we did we might well be unwilling to adopt the appropriate measures, since they would very likely limit individual freedom by imposing legal or economic restrictions on the sale and consumption of drink. We already accept, with ill grace, restricted hours of sale and a heavy duty on liquor. If the price to be paid for reducing the number of alcoholics were to include steps that made it harder or more expensive for the large majority of normal, social drinkers to get a drink, would that be justifiable? Everyone has to make up his own mind about this.” (p. 179)

The question for all health professionals is how best to target interventions. Given limited resources, which strategies work best? There is a plethora of studies that aim to answer this question. Thus, some targeted adolescents as a function of their risk-taking, sensation-seeking personality (Conrod et al., 2007). Others report efforts at parenting-targeted interventions (Koutakis et al., 2008). Others looked at “culturally sensitive programmes which targeted particular groups” (Moran and Bussey, 2007), and others tried to examine a web-based personalised feedback programme delivered in the workplace (Doumas and Hannah, 2008).

Van de Luitgaarden et al. (2008) argue that in the Netherlands, well-enforced, evidence-based control measures seem lacking, despite renewed political interest. They suggest from their historical analysis that there have been three types of policies. The first is self-control, based on trying to decrease a young person’s individual inclination to drink. This includes adult education through mass-media, school-based alcohol education, targeting at-risk groups (like children with alcoholic parents), targeting children who already drink excessively, and motivational interviewing. The second is formalised control, and includes law enforcement (drink driving, licensing, opening hours). The third policy type involves various informal control mechanisms like targeting families and community projects. They argue that education tactics have failed and that the public is more accepting of legislation. They clearly advocate the latter.

Other attempts include changing the expectations of young people when drinking. Van de Luitgaarden et al. (2007) report on an unsuccessful experiment to reduce heavy drinking by young Dutch people on holiday. Another study looked at how alcohol-use ‘messages’ were framed when aimed at students. Gerend and Cullen (2008) focused on gain vs. loss and long- vs. short-term consequences. They found that gain-framed messages about healthy weight and accidents had an effect. This has implications for those using health education approaches.

Still others attempted environmental interventions. Newman et al. (2006), in their university-based study, note:
Alcohol use is influenced by a triadic reciprocal relationship between the environment, the person, and the person's behaviour within the environment. The environment provides the context for possible alcohol use, including the legal and policy regulations surrounding use (e.g. whether alcohol is available, the consequences of alcohol misuse and so on). A person's knowledge and beliefs about alcohol and alcohol use provide motivations to drink or not to drink, including outcome expectancies (what the person expects will happen if he or she drinks or does not drink, and why), self-efficacy (the person's confidence in his or her abilities to resist or control alcohol consumption), knowledge of laws and policies, and internalized sociocultural norms about drinking. A person's actions of drinking or not drinking both influence the environment that individual experiences (e.g. choosing to be in environments where alcohol is available rather than those where it is not available or choosing to associate with peers who drink) and result in consequences (rewards and punishments) that affect a person's knowledge and beliefs.” (p. 341)

Their intervention was based on two factors: enforcement by ensuring compliance to community standards, and environmental policy by codifying community standards. For their intervention, they acquired and received co-operation from university, city and neighbourhood people. They showed that binge drinking dropped by nearly 15% over the six-year period, which was attributed to various factors like the focus and co-operation between stake holders, flexibility in plans, good communications and dedication to the environmental approach.

Another study looked at motivational interviewing vs. feedback in nearly 200 young people aged 18 to 24 who had tested positive for alcohol upon admission to hospital (Monti et al., 2007). They received either a motivational interview (to change/reduce drinking) with feedback on their personal habits, or normative data that included personal risks. All the young people received a telephone call one and then three weeks later. They found that at both six and twelve months, the group that had received the motivational interview drank less (on fewer days and less per month) than the group that had received normative data. This was an impressive study with very positive results. However, it, too, was flawed. There was no control group. Further, was it the interview or the counsellor-contact alone (unrelated to alcohol) that had had an effect? Also, the study was based on self-report, which is often unreliable, and they could not know how important the ‘booster’ phone calls were.

In 2007, Carey et al. carried out an excellent meta-analytic review of 62 studies involving 13,750 participants and 98 intervention conditions. Most studies targeted heavy drinkers. Results showed that interventions were more successful with heavy-drinking students than with heavy-drinking non-students. Interventions also worked better on women. They found that the most successful interventions had particular characteristics. They were delivered to individuals rather than to groups. They used motivational interviewing that provided feedback on motives and normative comparisons. Skills training was less successful. Inevitably, the effects of the intervention diminished over time, peaking at 4-13 weeks, and few persisted beyond six months. In short, some interventions work better than others but need topping up or maintaining because their efficacy declines over time.

One interesting experimental study looked at the alcoholic strength of beer and its influence on drinking rate in young social drinkers. In two good double-blind studies, 40 young males were given beer that contained 3% or 7% alcohol. They completed questionnaires, watched videos and drank “at a rate comfortable for you”. The stronger the beer, the longer the total drinking time, despite the fact that two groups were matched in terms of their drinking habits, age, weight and how they evaluated the drink. They found that alcohol strength did affect self-reported mood, suggesting that the perceived pharmacological effects of alcohol serve as a feedback mechanism to alter drinking behaviour.

There is, as one may expect, a wide range of programmes designed both to prevent and reduce binge drinking. Interestingly, there is now growing evidence that any alcohol binge-drinking problems among young people (i.e. college students) are resolved without any formal treatment. This is called ‘natural reduction’, and Vik et al. (2003) found that around a quarter of the group they studied fell into that category. In this sense, adolescent and student binge drinking is simply a ‘phase’. There is spontaneous remission, or time cures. This does not mean that people do not worry about the negative connotations associated with binge drinking, such as risky sex, accidents, vandalism, etc.

It has been assumed that ‘life-skills’ play a part in the cause, prevention and cure of binge-drinking behaviour in young people (Eisen et al., 2003). Indeed, Nezlak (1994) found that student binge drinking did relate to their social lives. Using diaries for research, they found that occasional or moderate binge drinking led to a better social life, but that high levels led to more social isolation.

There is also evidence of brief intervention programmes working. Thus, for example, Borsari and Carey (2000) gave American binge-drinking students a short programme that helped them look at:

- Feedback on their own personal patterns of alcohol consumption
- Personal negative consequences of drinking
- Perceived risks and benefits of drinking
- Misconceptions about drinking
- Options to reduce drinking

Compared to a control group who never received this ‘motivational intervention’, these binge-drinking students 6 weeks later drank less, less frequently and much less frequently in the binge-drinking way.

Another study showed that simply changing beliefs about normative drinking was successful in reducing drinking. Haines and Spear (1996) found that nearly 70% of students thought binge drinking to be the norm at student parties. However, reducing perception of drinking norms effectively reduced consumption.

Parents, politicians, policy-makers and the general public all welcome attempts to prevent young people in particular having regular public binge-drinking sessions and the behaviour that follows them. Yet, whilst there is general agreement about the desirability of prevention and control, there is much disagreement about how to do this. There are three favoured approaches, which can be used separately or at the same time:

- Economic: tax popular ‘binge drinks’
- Educational: through schools, universities, parents
There seem to be half a dozen or so measures or policies that governments employ or institute to encourage healthy and responsible drinking:

1. Regulate physical availability: drinking/buying age restrictions, limiting drinking hours/days, having governments run retail stores, limiting outlets, training bar staff
2. Impose rigorous drink-driving countermeasures (using random breath testing)
3. Increase taxation
4. Control all alcohol promotions by restricting advertising and insisting on warning labels
5. Mobilise community action to ‘police’ drinking
6. Educate and persuade in schools and health centres
7. Promote alternatives like alcohol-free activities

The EU’s Alcohol Action Plan for 2000-2005 (Copenhagen, 1999) set out to:

• Promote research into all the different aspects of problems associated with alcohol consumption by young people and, in particular, children and adolescents, in order to better identify and evaluate measures to deal with these problems
• Ensure that the development, implementation and evaluation of comprehensive health promotion policies and programmes targeted at children, adolescents, their parents, teachers and carers, at local, regional, national and European level, should appropriately include the alcohol issue, with a particular emphasis on settings such as youth organisations, sporting organisations and schools, and taking into account existing experiences for instance the ‘health-promoting school’
• Produce and disseminate to interested parties evidence-based information on the factors which motivate young people, in particular children and adolescents, to start drinking
• Foster a multisectoral approach to educate young people about alcohol, in order to help prevent the negative consequences of its consumption, involving as appropriate, the educational, health and youth services, law enforcement agencies, relevant non-governmental organisations and the media
• Support measures to raise awareness of the effects of alcohol drinking, in particular on children and adolescents, and of the consequences for the individual and the society
• Increase young people’s involvement in youth health-related policies and actions, making full use of the contributions which they can make, especially in the field of information, and encourage specific activities which are initiated, planned, implemented and evaluated by young people
• Encourage the production of advisory materials for parents to help them discuss alcohol issues with their children, and promote their dissemination via local networks such as schools, health care services, libraries, community centres as well as via the internet
• Further develop specific initiatives addressed to young people on the dangers of drink-driving, with a specific reference to settings such as leisure and entertainment venues, schools and driving schools
• Take action as a matter of priority against the illegal sale of alcohol to under-age consumers and, where appropriate, require a proof of age
10. Support notably the development of specific approaches on early detection and consequent interventions aimed at preventing young people becoming alcohol dependent

Furthermore, while taking into consideration national differences, it also recommended:

1. Encourage, in cooperation with the producers and the retailers of alcoholic beverages and relevant non-governmental organisations, the establishment of effective mechanisms in the fields of promotion, marketing and retailing:
   a) to ensure that producers do not produce alcoholic beverages specifically targeted at children and adolescents;
   b) to ensure that alcoholic beverages are not designed or promoted to appeal to children and adolescents and that particular attention is paid, inter alia, to the following elements:
      • the use of styles (such as characters, motifs or colours) associated with youth culture
      • featuring children, adolescents, or other young-looking models, in promotion campaigns
      • allusions to, or images associated with, the consumption of drugs and of other harmful substances such as tobacco
      • links with violence or antisocial behaviour
      • implications of social, sexual or sporting success
      • encouragement of children and adolescents to drink, including low-price selling to adolescents of alcoholic drinks
      • advertising during or sponsorship of sporting, musical or other special events that a significant number of children and adolescents attend
      • free distribution of alcoholic drinks to children and adolescents, as well as sale or free distribution of products which are used to promote alcoholic drinks and which may appeal in particular to children and adolescents
   c) to develop, as appropriate, specific training for servers and salespersons with regard to the protection of children and adolescents and to existing licensing restrictions on the sale of alcohol to young people
   d) to allow manufacturers to get pre-launch advice, in advance of marketing a product or investing in a product, as well as on marketing campaigns before their actual launch
   e) to ensure that complaints against products which are not being promoted, marketed or retailed in accordance with the principles set out in points (a) and (b) can be effectively handled, and that, if appropriate, such products can be removed from sale and the relevant inappropriate marketing or promotional practices can be brought to an end

2. Urge the representative producer and trade organisations of alcoholic beverages to commit themselves to observe the principles described above
A great deal has been written about advertising in general to young people. Researchers and social policy specialists as well as pamphleteers and consumer activist groups have considered, often with more heat than reason, the effects of advertising, particularly television advertising to children. The result is two opposing forces: those that espouse the benefits of education (here the ‘Educators’), and those who believe it better to tackle the problems through pre- and prescriptive legislation (here the ‘Legislators’). These two camps are bitterly opposed to each other in terms of the data they quote, arguments they rehearse and, more importantly, legislation they want or do not want passed. They represent two very different discourses on children.

Arguments concerning advertising to adolescents are subtly different from those concerning advertising to children. Arguments for advertising to children are about comprehension and naivety as well as about how children influence/bully their parents into making purchases they would prefer not to make.

Adolescents begin to acquire more money through allowances, pocket money and part-time jobs. They also have clear ideas about how they want to spend that money, with some products having age restrictions put upon them. We thus have a very different situation with intellectually competent and financially able young people being restricted by law from buying certain products or taking part in particular activities. Hence, the argument about advertising to adolescents is focused on when it is that a young person becomes an adult, and how certain products are potentially unhealthy.

Because of the sheer volume of research on the effects of alcohol advertising on young people, the following part of this report will concentrate on this area. In the UK, adolescents are not allowed to buy alcohol in supermarkets, shops or public houses. At the age of 18, young people are deemed ‘adult enough’ to purchase alcohol. There are vociferous lobby groups opposed to alcohol advertising, who focus on young people and adolescents. It remains unclear whether they are wishing to ‘protect’ non-buyers (aged below 18) or buyers (over 18) from advertising, or whether they are simply opposed to the product (consumed in any form at any age).

Advertising and marketing to young people is a social policy, but also an academic and a political issue. Academic and political researchers, just as much as pressure group activists, find it hard to associate empirical findings with a preferred solution to the problem of how to persuade young people to behave in particular ways. Over time, this had led to the development of two opposing camps: groups with very different ideologies. There are potentially extreme positions taken by both.

### Table 11: The Opposing Camps

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The two groups take a very different approach not only to advertising, but to social issues in general. They are ideologically different and, inevitably, somewhat selective in the evidence they admit to support their position.

The Legislators believe that advertising needs strict control through legislation. They argue that there are data, usually privately-commissioned surveys, to suggest that binge drinking is the direct result of ‘sexy’ advertisements portraying drinking as the ideal pursuit of young, attractive, successful people. They argue that all parents are of like mind on this issue, and that advertisers are exploiting young people’s naivety and desire to be one of the crowd. They demand action, and their preference is for legal action. Usually, this means restricting or banning advertising, tightening up on where alcohol can be bought and consumed, and favouring increasing taxation on all alcohol products.

To the opposite camp, they appear to be anti-business, left wing, anti-empirical, and patronising to young people. Legislators have been successful in certain European countries in securing the government legislation, as opposed to industry regulation, of advertisements, particularly on television. Frequently, various pressure groups join forces to find and proselytise on behalf of a protectionist anti-advertising banner. However, it probably remains true to say that there is little or no evidence that this strategy works in dissuading young people from wanting particular goods, or in ‘protecting’ them from advertisers.

The Educators argue that it is both unwise and unethical to ban advertising, for two reasons. First, young people need education, and banning advertisements simply sets back their consumer education, understanding and knowledge. It renders them more naive and unable to understand and effectively deal with the new consumer society. Second, they argue from experimental data that advertisements are clearly not exclusive in determining preferences and sales. Some young people drink, others do not; some act responsibly (most of the time), others do not. Advertising has only a modest influence on what and where young people drink, and certainly not how much they drink. The Educators also argue that strict voluntary codes that advertisers choose to follow are more than sufficient to protect young children from unfair advertising.

Opponents see those in favour of education as right wing, pro-business apologists who are ‘in the pocket’ of advertisers. They are often to be found in think tanks and may be supported by manufacturers. They often commission academic research in the certain knowledge that it will show the complexity of the factors and processes leading to child product requests and consumption.

The problem for both groups is that they have a strong inclination to over-simplify a complex problem.
and ignore ideas and data they do not like. The most important problem they face is working out which factors are the most powerful influences in determining purchasing preferences and drinking behaviours.

Those who are clearly more committed to education than legislation offer 10 points in support of their position:

1. The simplistic causal models that are proposed to explain how advertising leads to purchasing demonstrate theoretical naivety
2. The data they use to support their position, such as unpublished survey work that asks leading questions of small unrepresentative samples, is empirically weak
3. The social policy, in showing only certain products targeted for banning, is inconsistent (perhaps hypocritical)
4. There is a crypto-political agenda that is found in both the funding of advertising and other related activities
5. Essentially unelected bodies are inherently ill-equipped to speak on behalf a diverse group such as consumers
6. There is a growing need for the commissioning of disinterested research (endowing university chairs, planning conferences), but it is doubtful that there could ever be a definitive ‘killer’ study or series of studies that settles the argument either way by proving to everyone’s satisfaction what caused what and how
7. Legislative bans infantilise and restrict children and adolescent development
8. Advertising self-evidently pays for all sorts of entertainment and educational programmes
9. Bans backfire and often have the opposite effect to the one intended
10. Banning subverts the family and ‘nationalises children’ attempting to take away their parents’ rights

The question is, who is in the best position to decide what advertisements a young person can or cannot see – the young people themselves, their parents or the state? There are obvious objections to the young people being in the best position, given their understanding and experience. Equally, one could argue that the state has no right to ‘nationalise children’ and subvert the family. This leaves the parents as the most obvious, important, powerful people to help children understand the moral, social and economic world and to regulate consumer socialisation.

What is clear from this section is that research and practice in this area are inevitably embedded within a political culture in which different beliefs and values are well-established, research is contextualised and researchers are dependent on grants and approval from different organisations. This all implies that this issue is of profound interest to political scientists and policy makers, as well as to medical and social scientists.
How can a society try to ensure that young people use alcohol responsibly and moderately? Peele (1999) argues that:

“the following set of prescriptive and pleasurable practices and recommendations should be communicated to young people and others:

1. Alcohol is a legal beverage widely available in most societies throughout the world
2. Alcohol may be misused with serious negative consequences
3. Alcohol is more often used in a mild and socially positive fashion
4. Alcohol used in this fashion conveys significant benefits, including health, quality of life, and psychological and social benefits
5. It is critical for the individual to develop skills to manage alcohol consumption
6. Some groups use alcohol almost exclusively in a positive fashion, and this style of drinking should be valued and emulated
7. Positive drinking involves regular moderate consumption, often including other people of both genders and all ages and usually entailing activities in addition to alcohol consumption, where the overall environment is pleasant – either relaxing or socially stimulating
8. Alcohol, like other healthful activities, both takes its form and produces the most benefit within an overall positive life structure and social environment, including group supports, other healthful habits, and a purposeful and engaged lifestyle” (p. 387)

Various factors that play a part include the young person’s personality, intellect and values, his/her parents’ values and parenting style, his/her friends and peer group pressure, and product advertising. What researchers and policy makers want to know is how these factors interact to produce sensible or abusive drinking. It is difficult and expensive research, but it has been accomplished (Grube and Wallack, 1994; Hops et al., 1999; Brook et al., 2001).

Schippers et al., (2001) argue that young people need to acquire the competence to drink responsibly. They note:

“To summarise, the development of the competence to drink responsibly should be regarded in much the same way as the development of other kinds of competencies. It is also related to other developmental tasks. This means that in order to prevent alcohol abuse, alcohol education programs should concentrate not only on preadolescent children, but on their parents as well. By addressing the familial environment, focusing on the establishment of an affectionate and non-conflictual relationship in which the children identify with their parents, prevention programs can influence the development of responsible drinking habits. Given the continuity of the development of competence over the life course, prevention programs focusing on stimulating beneficial family environments should start early in life, thus promoting the development of a general competence in the adolescent to handle not only the consumption of alcohol, but also all the other challenges presented during this phase of the life course.” (p. 51)

Other researchers have also stressed the role of the peer group. Milgram (2001), after a review of the role of family and peers in drinking, concludes thus:

“Adolescent drinking is relatively common throughout the world, despite a variety of controls and rules. Most young people indicate that they have little difficulty in obtaining alcohol, even if they are under the minimum age of purchase. Drinking is largely viewed by them as a social activity. Parents, siblings, peers, and other members of the community influence an adolescent’s attitudes and behaviors related to alcohol. However, it is also clear that the level of influence exerted depends on the individual’s stage of life. That is, the family exerts a major impact on a young child, whereas this influence is diminished as the child enters adolescence. Peers play a significant role in the life of the young person during the developmental stage of adolescence.

Though parents are often the introducers of alcohol to their children, the issue of youthful drinking produces anxiety and concern among adults. Parents often do not appreciate that giving their child a small glass of a beverage containing alcohol is drinking. Not only is their significant role in their child’s alcohol consumption overlooked, but the peer group is seen as being the force behind youthful drinking.

Interventions to reduce youthful drinking must take into consideration the reality of the youthful experience and focus on when, where, and with whom drinking is taking place. A first step would be to educate parents to help them understand their role in their child’s drinking and also the need to discuss alcohol with their child. Dealing with the adolescent’s peer group is equally important, as they need to understand the effects that alcohol has on the body and the risks that an individual may be exposed to through drinking. Helping young people to identify ways to minimize risk is essential.” (pp. 100-1)

One study (Adalbjarmanndottir and Rafnsson, 2002) followed over 1,200 14-17-year olds and showed that adolescents who had not experimented with alcohol but showed antisocial behaviour at 14 years were more likely to drink heavily at each episode at age 17 if their parents drank. The authors note:

“The nature of the relationship between anti-social behavior and substance use, however, remains unclear. In light of our findings, we do not know for example, whether adolescents who show indications of anti-social behavior are more sensitive to their parents as models (parental drinking) or to their parents’ attitude toward their drinking (allowing them to access alcohol) than other adolescents; if so, that may help to explain why they are more prone to have started drinking heavily. In a broader perspective, we must continue to study the complex effects of individual (personality traits), family (attitudes, parenting styles), peer (models), or contextual (school, neighbourhood) factors to better understand the nature of the relationship between anti-social behavior and substance use.” (p. 237)

One interesting multifactorial study (Stritzke and Butt, 2001) attempted to understand why adolescents sometimes did not drink alcohol, both in terms of frequency and quantity. Family constraints were the best predictor of the frequency of use. The authors note:
“Resilience during the challenges of adolescent development, and indifference toward health-compromising behaviors, are fostered by close relationships with caring parent figures and involvement in pro-social activities.” (p. 645)

And later:

“This provides further evidence for the importance of family values and involvement in guiding adolescents’ choices about potentially health-compromising behaviors.” (p. 647)

What studies suggest is that parents play a crucial and central role in when, how and why their children drink alcohol. They play a much more powerful, long-lasting and inferential role than, say, advertisements. Thus, to help ensure that young people adopt sensible and healthy drinking habits, it is much more important to focus on parents and education, rather than trying to prohibit advertising.

Parents act as models for their children in the consumption of alcohol. Parents who abuse alcohol are more likely to have alcohol-abusing children than parents who are moderate drinkers.

Alcohol consumption, particularly in Europe, is part of a very long cultural tradition that dates back to biblical times. Although alcohol consumption may be high, it is rarely associated with ill-health or civil disobedience. In most families, children are gradually introduced to alcohol in their early teenage years. Frequently, it is ‘watered down’ and served exclusively with food. It is seen to improve conviviality and digestion. Children and adolescents see their parents enjoying food and alcohol together as a natural activity.

Parents need to be more aware of the best way to introduce their children to alcohol. They need to both model and explain the effects of alcohol and the circumstances under which it is best consumed. Naturally, children often experiment with alcohol with their friends. However, if children are well socialised by their parents, it is unlikely that they will develop ‘bad habits’ with respect to alcohol.

We know from the American experience that prohibition often has the opposite effect to that intended: that is, it leads to more drinking and particularly to unhealthy drinking. We also know that banning alcohol advertising is virtually ineffective.
The different effect on sales of pricing versus advertising is well-known. For example the advertising elasticity (percentage change in sales for a 1% change in advertising) has been estimated as averaging only 0.1. Average price elasticity, however, (i.e. the percentage change in sales for a 1% change in price), is estimated as -1.7 (Tellis, 2004, pp. 16-17). These comments apply to products in general and are not based specifically on alcohol data.

Various HM Revenue and Customs bulletins have shown the following: in the 50 years from 1955 to 2005, expenditure on alcohol dropped as a proportion of total household expenditure (7.9% to 5.5%). Further, the price of alcohol between 1980 and 2005 increased by 22% more than prices generally, although alcohol was 62% more affordable in 2005 than in 1980 because of the increase in household disposable income. Tax revenue from 1980/1 to 2005/6 increased fivefold.

The ScHARR Review (2008) notes that somewhere between £163 and £198 million are spent on alcohol advertising (48% TV, 22% outdoor, 19% press), mostly for beer (48%), and that this has been stable since the mid to late 1990’s. Amongst other things, they examined the effects of pricing and taxation on alcohol consumption, because it is seen to be a simple and effective strategy, which is relatively easy to implement and enforce, and which generates government income. Reviews show that pricing does indeed reduce consumption, and more so than many other policy interventions. However, the relationship (elasticity) depends on many things, including product, country, and population. Hazardous drinkers choose cheaper drinks, which is why increasing the prices of the cheapest drinks (raising floor prices) has most effect. A uniform tax increase applied to the whole range of alcoholic beverages has less effect than targeting cheaper drinks, with the statistics showing that an increase of 10% in price would reduce intoxication episodes by 8%.

Studies are equivocal about the effectiveness of increasing the tax on cheaper drinks to try to reduce binge drinking in young people (Keng and Hoffman, 2007). Further, as a person’s income falls, so does his or her discretionary income.

Economists model the effect of economic variables on a whole range of factors. Using specific data and particular assumptions and through sophisticated modelling, they are able to point out how and by how much the increase in any one factor may/should increase or decrease other specific factors.

Thus, the University of Sheffield ScHARR (2008) group attempted to model the effects of changing the pricing and promotion of alcohol on a whole range of factors, from consumption to arrests. Much depends on the concept of own-price elasticity, which is an index that describes how an increase in the price of a product leads to a decrease in its sales. Thus, if elasticities are around 0.5 (which is what they believe to be true of alcohol), then a 1% increase in price would lead to a 0.5% decrease in sales (or a 10% increase in price to a 5% decrease in sales). This elasticity varies between products (beer vs. wine) and drinking groups (moderate vs. heavy). Further, price increases could occur across all drinks or be targeted at those at either ends of the price spectrum. Certainly, policies that target low-price alcohol affect ‘harmful’ drinkers the most.

This is interesting and important research that needs to be used to inform government policy. However, everything depends on the assumptions made in these models. Thus, if one disputed the elasticity assumption by, for instance, halving or doubling the elasticity, dramatically different figures arise. And there remains, as one may expect, considerable dispute about the assumptions.

The issue is thus that inevitably, the cost of alcohol has some impact on consumption in both the short and the long term, but the relationship is far from simple. Sudden changes can lead to an increase in home distilling, smuggling and a drive for cheap and inappropriate substitutes, and to slow changes in cultural patterns. What is abundantly clear is that it is far too crude a mechanism to have any serious or long term impact on adolescent binge drinkers.
Studies are equivocal about the effectiveness of increasing the tax on cheaper drinks to try to reduce binge drinking in young people (Keng and Hoffman, 2007).
Dramatic changes in society have led to concern about the use and abuse of alcohol among young people. However, to a large extent ‘twas ever thus’, in the sense that every generation always worries about its young people’s misuse of alcohol and drugs.

However, young people today have greater mobility, legal protection and spending power. Alcohol is more frequently and freely available to people of all backgrounds. Young people are better educated, though more likely to experience doubt and depression.

Young people born after 1980 have been given various labels, such as ‘Generation X’, ‘Echo-boomers’, ‘Nexters’ and ‘Millennials’. At least in the West, young people tend to live in a post-materialistic age. Many have, even in their short lives, experienced recessions and booms. Their prevailing values show they are less in favour of economic growth, law and order, security and job success, and more in favour of good quality of life, self-expression, a sense of belonging and intellectual satisfaction. But others remain passionately materialistic, believing that happiness and status come from acquiring expensive, comparatively rare material goods.

Adults, and especially employers, show two very distinct attitudes towards young people. Many people, including economists, are very positive, predicting a dramatic increase in productivity for the following reasons:

- Young people have higher levels of self-confidence
- They are well educated and comfortable with technology
- They accept multiculturalism, are open-minded, and tolerant
- They have global world views
- They are connected 24 hours a day
- They are proactive and willing to get involved
- They are sensitive to, and willing to fight for social justice in the workplace

In this sense, employers should be optimistic, given the skills and outlook of young people. Those positive about young people are optimistic about them and their future. On the other hand, some may see many young workers negatively. They are believed to be:

- More cynical about bosses and business
- Alienated from wider society, work colleagues etc.
- Less motivated to go to work or to work well when they do go
- More prone to psychological illness
- Have less respect for the institutions of society and the holders of office within them (courts, churches, schools and the police)

This, then, is precisely the opposite view, and may explain why some organisations seek out older workers rather than young. Yet, young people are clearly not a homogeneous group. Nor is the type of job that they seek or, indeed, succeed in getting. Young people are, of course, a disparate group, but they seem to have identifiable concerns and patterns of behaviour.

This report has been about drinking among young people and young adults throughout Europe and the wider world. Research has shown quite clearly that there are important cultural and national forces that lead to quite different drinking patterns in different countries. Cultural values and mores take a very long time to develop and, equally, they take a very long time to change. Thus, whilst Southern Europeans may actually consume as much or indeed more alcohol than Northern Europeans, they do it differently and more healthily. This point highlights two further factors, first that alcohol consumption is multi-determined by cultural, economic, legal, sociological and psychological factors, and second, that alcohol consumption is as much a consequence of these factors as a cause.

This complexity underpins the difficulty of change. Politicians concerned by reports of delinquency related to alcohol consumption in teenagers and growing alcohol-related health problems in young adults are eager to be seen to be doing something about it. Their favourite weapon is the law: laws to control advertising or to tax alcohol, laws to control access and price, and laws to encourage and discourage various forms of behaviour.

There is a sizeable number of people who support the (exclusive) legislative approach to solving this problem and all other ‘social evils’, despite the evidence of its limited effect and often seriously unforeseen consequences. Some parents believe that the law is the only way to control their children, while others believe it is a long term socialisation practice of education into values and specific behaviour patterns.

The last decade has seen various countries experiment with law change. The Scandinavians appear to have reduced their taxes and attempted to make alcohol consumption taboo, while the British and Irish have liberalised various aspects of alcohol-related laws in a bid to move from the Northern European binge-drinking culture to a healthier Southern European culture. Many have expressed disappointment because their somewhat naive hopes were not fulfilled. Indeed, various problems have been exacerbated.

The research has identified those factors associated with young people that relate most closely to their drinking behaviour, notably, when, why, with whom and how much they drink. The results suggest that just as eating and exercise habits are acquired over a long period of time, the same is true of drinking habits. Parents primarily, but also schools and social groups, play a large part in the whole business of forming drinking habits and behaviours.

For the researcher as much as for the policy maker, there are serious problems of definition. There remains disagreement about the quantitative and the qualitative definition of an unhealthy drinking session or a habitual binge drinker. For some, it is 5 drinks per session, but for others it is 8. Yet, serious researchers in the field insist that even this definition is qualified by other factors such as how chronic the drinking is and the individual’s general drinking history.

There is also disagreement around the different policies both for educative healthy drinking and for preventing binge drinking. There is an overwhelming and almost universally agreed case for education. Education in schools, homes and colleges clearly helps young people understand what it means to drink well and derive pleasure and benefit from drinking. Parents, teachers and other role figures who discuss and model drinking are perhaps the most powerful agents in determining young drinkers’
habits. Education is an expensive, long-term investment. But nearly all health professionals recognise
the importance of parental socialisation and secondary socialisation in bringing up happy, healthy
and adjusted young people. Health ‘Educators’ are equally clear about the necessity and usefulness of
widespread health education.

Further, much more than advertising, alcohol pricing and availability, personality and parental practices
are predictors of alcohol consumption (after cultural tradition). Pricing and availability may predict the
total pattern of consumption – what is consumed, when and where and by whom. This is not a brand
or brand-share issue as some have made it out to be, but who drinks to excess and when are due
much more to psychological factors. The alcohol industry (brewers, distillers and vintners) have a role
to play in education and supply to young people. They accept and recognise that. It is clearly not in
their best interests to be seen to support unhealthy drinking.

There is now abundant and growing evidence that certain forms of legislation have little or the opposite
effect when trying to introduce sensible healthy drinking. Banning television or outdoor (billboard)
advertising and increasing taxation on all or selective alcoholic drinks have been shown to have either
little effect or actually an increase in consumption. The question is always about effect sizes – how
powerful specific factors are in changing drinking behaviour. Countries which believed in draconian
legislation are now turning to much more liberal policies to encourage healthy drinking.

Young people are well aware of all aspects of alcohol. They are the web generation and are highly
sophisticated in the way in which they can access information. They are also ‘savvy’, with a disposable
income much greater than their parents had. They are aware of different alcohol brands and the effects
of alcohol. But not all have established healthy consumption habits. While it is not unusual for young
people to drink to excess at parties and other celebrations as part of rebelliousness and ‘limit-testing’,
some fail to develop healthy drinking habits that stay within limits, such as having alcohol-free days
and limiting the amount drunk on any particular occasion.

Young adults learn drinking in groups, as it is nearly always a social activity. Social norms govern when,
why and how young people enjoy or abuse alcohol. Personality factors and parental values determine
what groups young adults are attracted to and stay in touch with.

Studies of cultures that seem to have few problems with young people abusing alcohol show how
the socialisation process occurs. Alcohol consumption is normative. Parents model it. It is a part of
the diet. Drunkenness is thought of as silly and stupid. Children, adolescents and young adults get
integrated into the norms of their society.

Young people (first), their friends and parents are primarily responsible for sensible drinking. The
alcohol industry, educational institutions and the government also play a part in ensuring the health of
young people. It is in the best interests of all to have sensible and responsible young people who will,
in turn, bring up their own generation of sensible drinkers. Simplistic political gestures like banning
alcohol advertising or doubling tax may gain short-term approval and votes, but in the long run they
will probably have little positive, and possibly even a negative effect. Issues are too complicated for
simple gestures to be a success, as history shows, or should have taught us.

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