accepted manuscript:

de Visser, R.O., Wheeler, Z., Abraham, C. & Smith, J.A. (2013) “Drinking is our modern way of bonding”: Young people's beliefs about interventions to encourage moderate drinking. Psychology & Health, 28, 1460-1480.

**note**: final published version may vary

**“Drinking is our modern way of bonding”: Young people's beliefs about interventions to encourage moderate drinking**

**Abstract**

Efforts to discourage excessive alcohol use among young people can only be effective if the targetaudience is exposed to, attends to, and comprehends key messages. The aim of this study was to examine age- and sex-differences in drinking motives to better inform development of targeted interventions to reduce alcohol-related harm. Thirty individual interviews and 12 group interviews were conducted with English 13-25 year olds. Interviewees gave multiple motivations for drinking - especially those related to image and reputation, and played down the health implications of heavy drinking. Negative aspects of drinking - caring for drunk friends, being cared for when drunk, and suffering through hangovers with friends - were considered to offer opportunities for closer inter-personal bonding than other social activities. Respondents distanced themselves from “problem” drinkers, but disapproved of others’ problematic drinking or antisocial behaviour. Narrative messages demonstrating the social consequences of excessive consumption were preferred to single, static messages emphasising risk or harm. Interviewees noted that interventions must use an engaging tone or pitch: they considered many campaigns to be patronising or preaching. A lack of consensus between age-and sex-groups highlighted a need for multifaceted, multi-modal approaches that utilise mobile technologies and new media.

Recent years have witnessed important changes to cultures of alcohol use in the UK: the “night time economy” has expanded as a result of changes in licensing laws, changes in the number and nature of drinking venues, and an increasing commodification of leisure and pleasure (Measham, 2006; Szmigin et al., 2011). At the same time, there has been increasing government and media concern about the health and social consequences of excessive alcohol consumption among young people, with heavy episodic drinking and public drunkenness a particular focus of attention (Babor et al., 2010; Jayne et al., 2010; Nicholls, 2010). Concern about young people’s alcohol consumption has also motivated recent research activity elsewhere in Europe (e.g., Demant & Törrönen, 2011; MacNeela & Bredin, 2011), in the USA (e.g., Wolfson et al., 2012), and in Australasia (e.g., Fry, 2010; Hutton, 2012; Ridout, Campbell & Ellis, 2011).

Heavy episodic drinking is associated with an increased risk of alcohol poisoning, accident or injury, and being the victim or perpetrator of violence (Boles & Miotto, 2003; Cherpitel et al., 2003). In the UK and many other nations, young people are the population segment most likely to report heavy episodic drinking (Office for National Statistics, 2010; White et al., 2011). Such behaviour is often referred to as ‘binge drinking’, but the meaning and utility of this term have been debated (Herring, Berridge & Thom, 2008). Academics' use of terms such as “determined drunkenness”, “calculated hedonism”, and “controlled loss of control” highlight how the drinking patterns of many young people are oriented toward intoxication (Griffin et al., 2009; Szmigin et al., 2008; 2011). Drinking and drunkenness are key elements of the social lives of many young people: the embodied individual pleasure of intoxication is often accompanied by enhanced feelings of togetherness (Brown & Gregg, 2012; Fry, 2011; Jayne et al., 2010; Livingstone et al., 2011; MacNeela & Bredin, 2010; Szmigin et al; 2011; Thurnell-Read, 2011). Given that non-drinkers are often considered less sociable than those who do drink (Conroy & de Visser, in press; Zimmerman & Sieverding, 2011), it is not surprising that many young people like to present an image of themselves as fun, sociable drinkers (Brown & Gregg, 2012; Ridout et al., 2012).

Public health initiatives aimed at reducing alcohol use among young people have been criticised for focusing too much on physical risks and harms to health and not giving sufficient attention to the pleasure arising from drinking (Fry, 2011; Harrison et al., 2011). In addition, the focus on individual responsibility that characterises many campaigns means that they tend to ignore the group-based social nature of drinking (Fry, 2011; Harrison et al., 2011; Hutton, 2012; Jayne et al., 2010). Furthermore, their impact may be limited because young people tend not to consider their own drinking to be harmful or dangerous (Harrison et al., 2011; Hutton, 2012).

Public health campaigns to discourage heavy drinking among young people can only be effective if the targetaudience is exposed to, attends to, and comprehends key messages (Elder et al., 2004; Prochaska et al., 1992). Targeting messages includes: matching message content to audience needs; framing information in a context that is meaningful; using media that capture people’s attention; and ensuring that the message content and medium of delivery match audience preferences (Kreuter & Wray, 2003; Rimer & Kreuter, 2006). Such targeting demands identifying young people’s motives for drinking and not drinking

Research indicates that although young people are aware of the detrimental effects of excessive alcohol consumption, they consider these to be the cost of perceived benefits (Cameron et al., 2003; de Visser & Smith, 2007a). It is therefore important to examine the extent and nature of young people’s ambivalence toward alcohol. Ambivalent attitudes are poorer predictors of behaviour than are homogeneous attitudes (Conner et al., 2003; Locke & Braun, 2009). Ambivalence also presents challenges to message targeting, because it means that messages emphasising the negative aspects of alcohol use may be dismissed or reframed to support drinking motives.

In addition to considering ambivalence within individuals, it is important to consider diversity in drinking and non-drinking motives within groups. Gender double-standards for drinking, heavy drinking, and drunkenness mean that heavy drinking may have different meanings for men and women (Demant & Törrönen, 2011; de Visser & Smith, 2007b; de Visser & McDonnell, 2012; Lyons & Willott , 2008). The meaning and importance of drinking may also vary between under-age and legal drinkers (Room, 2004). Thus, it is important to examine age-related variation in beliefs about, and responses to, alcohol-related public health interventions. It is also crucial to optimise accessibility and acceptability of campaigns directed at men and women of different ages, because multiple messages and modes of delivery may be required to influence attitudes and motives (Andsager et al., 2002; Abraham & Michie, 2008).

The aim of this study was to examine drinking and non-drinking motives among young people, to identify variation and ambivalence related to these motives, and to consider how findings may be used to optimise targeted interventions to reduce alcohol-related harm. Giving the importance of sociality within a heavy drinking culture noted above, it was important to interpret young people’s beliefs about health promotion in the context of their perceptions of their peer groups and broader British society

**METHODS**

Sample

The sample consisted of young people living in South-East England. The body funding this study requested that we examine the age range 13-25. Rather than sampling indiscriminately within this broad age range, respondents were divided into three specifics age bands: 13-15 year olds who were non-drinkers or under-age drinkers; 18-20 year olds with some experience of legal drinking; and 23-25 year olds with several years of drinking experience. To ensure sufficient numbers of men and women within each age band, stratified quota sampling was use to allow 5 individual interviews and 2 focus group discussions with women and 5 individual interviews and 2 focus group discussions with men. In total, there were 41 female participants, and 34 male participants.

Procedure

Ethical approval was granted by the host institution. Written parental consent and individual assent were obtained for participants aged under 16. Written consent was given by older participants.

It was important to sample purposively, given potential differences between students and non-students (de Visser et al., 2005). All respondents in the 13-15 age group and half of the respondents in the older age bands were students recruited via educational establishments: this reflected local and national profiles (Department for Education, 2012). In three government-funded secondary schools, teachers distributed information sheets and consent forms to parents of children aged 13-15. In the host institution, recruitment emails describing the study and the requirements of participation were distributed to potential participants by departmental administrators. Other participants in the older age bands were recruited by opportunistic sampling including direct approaches in cafés, requests at workplaces, advertisements to online social networks, and snowball sampling.

Individual Interviews

In-depth individual interviews lasting 40-70 minutes began with an examination of interviewees’ motives for drinking and not drinking (e.g., “What do you like/enjoy about drinking?” and “What do you dislike/not enjoy about drinking?”). This was followed by examination of individuals’ experiences of their own and others’ use of alcohol. In this section, particular attention was given to “critical incidents” - positive or negative experiences in which the importance or value of alcohol consumption were particularly salient (e.g., Can you describe any social situations where being a (non)drinker was beneficial for you? Can you describe any social situations where being a (non)drinker was disadvantageous for you?). Although our primary focus was on individual experiences and beliefs, these were examined with reference to peer groups and cultural context (e.g., de Visser & Smith, 2006). In the final section, interviewees were asked about their recollections of, and responses to, public health campaigns and beliefs (e.g., Which messages/interventions have had an impact on you? Which ones have not? What images / stereotypes of drinkers are used by people interested in reducing alcohol use?). This was facilitated by showing them images of alcohol use (including images of drunk men and women), and examples of recent health promotion campaigns. Interviewees were also asked for their thoughts about how best to approach alcohol-related health promotion.

Interviewees were offered the choice of a male or female interviewer: most interviews were conducted by a woman in her late 20s, with the remainder conducted by a man in his late 30s. We acknowledged that interview dynamics and participant expectations can affect data collection, and we anticipated that interviewees may have felt that university researchers who were older than them did not condone excessive alcohol consumption. Therefore, great care was taken to establish an empathic relationship in which interviewees felt comfortable discussing their behaviour (Smith, 2008). The interviewers ensured confidentiality and explained that they were interested in participants’ experiences rather than wanting to hear “right” or “wrong” answers. A non-judgemental approach was crucial during data collection and data analysis. The researchers were ultimately motivated by a desire to reduce alcohol-related harm, but conducted the study in a way that gave primary attention to participants’ accounts.

Focus Group Discussions

Focus group discussions lasting 40-60 minutes were conducted with single-sex groups constituted for this study. They examined motives for drinking and not drinking (Can you tell me what it’s like to be ‘a drinker’ these days? Probe for stories/examples to illustrate), and beliefs about the best message types and media to promote moderate drinking (e.g., Which messages/interventions have had an impact on you? Which ones have not?). After participants had expressed their own beliefs about alcohol, images of alcohol use and examples of recent health promotion campaigns were presented to prompt discussion of different kinds of messages: some focused on health effects, some on safety, and some on interpersonal consequences. Participants’ opinions of the different campaigns were sought (e.g., What do current messages say to men and women drinkers?). They were also asked how they think alcohol interventions could be improved (e.g., What could people interested in reducing alcohol use do differently/better? If you were designing a moderate drinking campaign, what would you do? prompts: type of message; medium - website, TV, other). Further information about the materials can be obtained from the lead author. A similar approach using alcohol advertising has been employed in others' recent research (Szmigin et al., 2011). Discussion of health promotion within group interviews allowed examination of the degree of consensus within and between different age/sex sub-samples.

Analysis

Audio recordings of individual and group interviews were transcribed verbatim. Names and identifying characteristics were replaced with pseudonyms. An interpretative thematic analysis was conducted, based on the principles of Interpretative Phenomenological Analysis: as part of this, the IPA approach was modified to make it applicable to group interviews (Smith, 2008; Palmer et al., 2010). As in IPA, the primary focus was individuals’ experiences and how they made sense of these, but this was expanded to incorporate an examination of responses to health promotion campaigns and ideas for future initiatives. Other IPA studies have combined a focus on experience and identity with analysis of broader social structures and social processes (e.g., de Visser & Smith, 2006).

Individual interviews were analysed first. Each age/sex sub-sample was considered a homogeneous sample. Within each sub-sample, analysis commenced with an idiographic focus on individual interviews before moving on to an analysis of consensus and disagreement within sub-samples. Each individual interview transcript was read several times to identify themes that reflected: important experiences: important aspects of individual and group identity; and responses to alcohol-related health promotion. Once individual interviews had been coded, the emerging themes were clustered into broader conceptual themes for each age/sex sub-sample. When each age/sex sub-sample had been analysed, attention shifted to similarities and differences between the six age-sex sub-samples. The second author conducted primary analysis of all interviews. The first author independently coded two interviews from each age/sex sub-sample and discussed similarities and differences in coding with the second author to agree on a consistent approach to identifying and coding themes. The primary focus of analysis was individuals’ reports of their experiences and beliefs. These were interpreted in the context of what participants had to say about their peer groups, local culture, and broader British society.

Analysis of the transcripts of focus group discussions was conducted after the individual interviews had been analysed. For this paper, analysis of the focus group discussions gave primary attention to attitudes toward current health promotion activities and beliefs about how to develop more effective interventions. Analysis of the focus group discussions involved close re-reading and note-taking to identify themes related to: beliefs about drinking and social interaction; perceptions of, and responses to, alcohol-related health promotion; and beliefs about how best to improve alcohol-related health promotion. Attention was given to the degree of consensus within and between each focus group - both within and between age/sex sub-samples.

When combining data from the individual interviews and focus group discussions, analysis focused on similarities and differences between individual interviews and focus group discussions: (1) within each age/sex sub-sample; and (2) across the six age/sex sub-samples.

**RESULTS**

The results are presented in four themes emerging from the data which address influences on young people’s drinking and discuss the implications of these influences for targeting interventions. Unless stated otherwise, there tended to be consensus around themes within age/sex sub-sample.

Social motives for drinking

Participants described their awareness of an expectation to drink alcohol at a societal level, and within peer groups. They referred to the importance of drinking within British culture and positive media portrayals of social drinking as normative. Non-drinking was considered strange or abnormal. A desire to avoid stigmatisation as unusual or boring influenced some participants’ decisions to start drinking:

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

Respondents did not refer directly to overt peer pressure, but instead referred to more diffuse internalised expectations to drink. Drinking was clearly related to image and reputation. At younger ages, drinking was considered a marker of being mature or cool rather than boring, and was related to enjoyment and fun at older ages:

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

The importance of image and normative expectations were emphasised by the finding that few participants enjoyed their first tastes of alcohol, and only found palatable drinks through trial and error. Many participants noted that this dislike of the taste of alcohol explained why alcopops and other sweet drinks are preferred by younger people. References to “developing a taste” and to taste buds “maturing” serve to reinforce beliefs that alcohol is something for adults. There was little evidence that young people enjoyed alcohol, rather drinking was engaged in despite the taste to fit in and demonstrate maturity.

Alcohol was considered to have a positive social function in helping people to overcome shyness, to lower inhibitions, and to aid friendship and bonding processes:

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

The sense of camaraderie associated with social drinking was generally related to alcohol lowering inhibitions and allowing people to form closer relationships. Shared aspects of group drinking such as buying rounds were seen to foster a greater sense of inclusiveness and belonging. Drinking was considered to be qualitatively different than other social activities:

*That’s what it symbolizes to me: going out drinking together is a bit more of a bonding experience than if you went out the movies or something (Jake 18-20M)*

The quote below highlights how communality combined with openness and disinhibition can produce stronger connections with others. The use of war metaphors and the term “war stories” highlights the intensity and of shared recollections of memorable experiences of drinking and drunkenness. It also suggests that drinking is a rite of passage; a way of cementing a mature, experienced identity:

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

Reference to vulnerable states in the quote above was repeated in other interviews. The downsides of excessive consumption were not always purely negative. Caring for others and being cared for when drunk offer opportunities to display and strengthen friendship. Drinking is therefore important not only for making friends, but for strengthening friendships, finding out who are “real friends”, and developing shared social identities:

*If you’re with your close friends it’s one of those things that kind of goes around. So, you know, it might be you one night and they’ll look after you, and we don’t do it so much now, but like my friend the other night, then you look after them, but that’s part of the friendship. You kind of help each other through it. (Sally 23-25F)*

Positive evaluation of shared experiences of drunkenness extended to the morning after. Suffering through a hangover with friends was another way to express and strengthen friendship:

*We would all be hung over together it was actually quite good in some ways, because it was sort of suffering with other people who were also suffering. (Ralph 23-25M)*

The quote above is a good example of young people’s ambivalence toward negative aspects of alcohol consumption. The undeniably negative physical aspects of a hangover - which could be a focus for campaigns - are countered by the positive social aspects of shared suffering. Furthermore, hangovers or other markers of excessive consumption may be celebrated in real life and online as evidence of a good night out with friends:

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

These findings suggest that shared social identities help people positively re-frame negative drinking outcomes as positive social bonding outcomes. Campaigns that emphasise the negative individual consequences of drinking may not, therefore, be effective. It is notable that the drinking motives related to socialising and social conformity were clear, but there was no evidence of other motives such as coping or enhancement (e.g., Kuntsche, Knibbe, Gmel & Engels, 2005).

Motives for moderate drinking - threats to image and pleasure

One negative aspect of excessive alcohol use about which respondents were concerned was threats to image or reputation. This experience was more common among women than men, and may reflect gender double-standards for alcohol use characterised by greater scorn of women’s drunkenness (de Visser & McDonnell, 2012; Lyons & Willott, 2008):

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

 Such concerns could be an effective focus of interventions, because young people tend to be concerned about their social image (Brown & Gregg, 2012; Ridout et al., 2012).

In addition to focusing on image in the sense of reputation, the issue of image was also used in relation to appearance. This was most obvious among older interviewees and with reference to women rather than men:

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

Some participants suggested that campaigns to encourage moderate alcohol consumption may have greater success by focusing on weight and body image concerns rather than unpleasant health or social aspects of intoxication:

## *If they know that drinking less alcohol makes them lose weight as well then that’s probably a more effective way than saying, “You may one night throw up in your hair” (Harry 23-25M)*

Most respondents who drank enjoyed the effects of mild intoxication, but acknowledged that they often crossed the “fine line” between being “tipsy” and being “too drunk”. Being drunk when alone was unpleasant, and was incompatible with a motivation to drink as part of an enjoyable group activity. Simon (18-20M) described one such experience which highlighted the unpleasantness of being alone when drunk:

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

Some participants responded to images of unpleasant aspects of heavy drinking with revulsion, and noted that campaigns with such images had diminished the appeal of drinking:

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

However, such revulsion was clearly not enough to stop most people from drinking excessively. There was a perception among older participants that campaigns focusing on unpleasant aspects of over-indulgence would be most effective at deterring young people who had never consumed alcohol. Older drinkers believed that negative images were often “trying to shock you too clearly” (Thom 23-25 M). Given the clear emphasis of social motives for drinking, it may be productive for campaigns to identify ways to encourage people to drink moderately so as to prolong pleasure and socialising rather than drinking too much or too rapidly and thereby ruining what is intended to be a good night.

Participants noted that in addition to wanting to avoid unpleasant aspects of drinking too much, their drinking behaviour could be influenced by a desire not to ruin their friends’ night by having to be looked after:

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

Indeed, interviewees did judge the behaviour of friends who had drunk too much. Although there was positive value attached to having shared “war stories” (see above), it appeared that it was important to have shared experience. Thus, drinking excessively and being an unwanted burden on friends was considered incompatible with social drinking:

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

Such negative responses to the social burden imposed by drunk friends could be a potential influence on drinking behaviour. Interestingly, women tended to focus on their own embarrassment or shame, whereas men focused on concern about being a burden on more sober peers.

Foci for interventions - promising ideas and limitations

Within each of the six age/sex sub-samples, there was general consensus about alcohol-related motives and influences. However, there was less agreement about how to change people's drinking behaviour, so there is no simple single message. This theme presents opinions about the potential for interventions to focus on health, safety, and enjoyment.

 Across age/sex sub-samples there was a lack of concern about the long-term health consequences of excessive alcohol consumption. Those who were aware of health consequences often denied their current personal relevance. Nevertheless, some participants - particularly younger participants - suggested that health concerns could be a target for interventions just as shocking images of cancer are used to deter smoking:

*The medical damage. I don’t know, ’cause it - I think it has, it has worked with smoking as well, like when people realized that it’s damaging to their health then it becomes less cool. It’s because drinking’s got that kind of image of ... I don’t know, like drinking gives you status and - but if people really like understood the health damages then it wouldn’t, then it would become stigmatized like smoking has. (Lauren 18-20F)*

Here, it is interesting that the interviewee suggests linking health concerns to social status and stigmatisation, thereby reinforcing the importance of social motives for drinking. Although changing social perceptions of smoking and smokers has been an important part of tobacco control interventions, simple comparisons between drinking and smoking may not be valid because an important part of shifting smoking norms was concern about passive smoking.

Concerns about safety were more influential than health concerns. Aggressive or violent behaviour was unanimously considered a negative consequence of heavy drinking. Even the expectation that people could become violent was upsetting for many participants:

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

The terms “infantile” and “scary” place excessive alcohol consumption in stark contrast to earlier references to alcohol as a mature behaviour used to strengthen social bonds. Because excessive drinking can lead to uncontrollable, unacceptable behaviour, Joe (23-25M) described alcohol as a “social hand grenade”. Although these negative aspects of excessive alcohol consumption were acknowledged, interviewees tended to express more concern about other people’s drunken behaviour than that of themselves or their friends. Respondents distanced themselves and their friends from antisocial behaviour. Instead, their own drunken behaviour was considered fun and funny. This was especially so for men:

*They don’t see that. They’re just having a good time, And to them they’re defining being drunk and being carried home and then laughing about, you know, spilling drinks all over them and pissing themselves and spilling a kebab, waking up with a kebab on their cheek, or something like that, that’s funny stories. (Joe 23-25M)*

Interviewees tended to distance themselves and their friends from “problem” drinkers in real life and in media campaigns: indeed there is a striking contrast between Joe's reference to others' drunken behaviour being a social hand grenade and his friends' drunken behaviour as “funny stories”. Distancing from “problem drinkers allowed interviewees to deny the personal relevance of public health campaigns that emphasise antisocial behaviour. However, such opinions should be read in the context of numerous reports from respondents in all age bands of friends being hospitalised because of excessive alcohol consumption. Participants expressed a worrying sense of resignation about alcohol poisoning:

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

Intoxication *per se* was not considered bad, but participants were concerned about intoxication in contexts where people were at greater risk of violence or sexual assault. Interviewees acknowledged that although extreme negative consequences of excessive alcohol consumption do sometimes occur, they are less common than media and health campaigns suggest:

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

Respondents tended to overlook reports of their own, and their friends', excessive alcohol use. Some of the older participants noted a paradox arising from this tendency toward denial of the severity of consequences and distancing oneself from problem drinkers. Sandra (23-25F) suggested that people with the most problematic patterns of alcohol use may be the least likely to pay attention alcohol-related public health campaigns:

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

Some older interviewees expressed their awareness that public health campaigns face a difficult task in challenging the belief that drunken behaviour is fun and funny. However, they highlighted the concern identified above about not wanting to affect friends’ enjoyment or spoil social occasions:

*It’s really difficult, and I don't know how they would do it - but they have to appeal to the fact that there are parts of drinking which are not socially desirable, but the fact is that that is a really fine line. So those adverts when they say “Your mates think you are an idiot if you do this” ... People are going to watch it and think: “No they don't. They actually find me quite funny when I do this”. But it’s when it gets to just that point when it’s “Do you want to wake up and be the person who had to be dragged home and all your mates were really pissed off with you ’cause of the shorter night?” (Matt 23-25M)*

Messages and media

1. In this final theme, attention is given to participants’ beliefs about how best to deliver alcohol harm reduction interventions. Following on from the previous theme, some participants suggested that challenging the associations between alcohol and positive sociability would be one way to tackle excessive alcohol consumption. However, at the same time they admitted that they did not know how this could be done.
2. *I think if they made it look really uncool, sort of, a lot of people would go “Oh it’s uncool. I don’t want to do it any more”. So I think that would be a way, but I wouldn’t know how to. (Iris 13-15F)*

Some participants suggested that shocking graphic images often catch people’s attention, but others were sceptical about whether they would have a large or lasting effect on young people’s alcohol consumption As Jake (18-20M) noted “*Shock and awe doesn’t really work with things that people enjoy doing”.* It was notable that younger interviewees were more positive about graphic images than were older respondents. Interviewees suggested that although people are aware that excessive alcohol consumption is undesirable and unhealthy, the enjoyment they get from drinking, and the absence of extreme outcomes from most drinking experiences means that extreme images tend to be disregarded:

*Billboards - all you can really go for is the shock messages, or the impact, high impact things which I think are going to, generally speaking, make people sort of recoil and be a bit defensive about how much they drink personally. (Sandra 23-25F)*

Very few young people had used alcohol education websites unless they were required to for school work. Participants suggested that rather than providing alcohol-focused websites for people to visit, more effective strategies may involve more opportunistic exposure to alcohol-related messages on social networking sites that people are already using:

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

One reason for the limited impact of advertisements was a perceived distinction between reasoning processes when sober and when affected by alcohol. Gemma suggested that “*You almost want them to catch you in a social situation”*. This important distinction between “cold” and “hot” cognition has been identified in other contexts: what people plan to do 'in the cold light of day' may not be what they do 'in the heat of the moment' (Gold, 1993). Participants suggested that advertising in drinking settings may be an effective way to promote moderate alcohol consumption. However, it is unlikely that managers of licensed premises would be positive about such advertising, and some interviewees gave reports concordant with experimental evidence that information processing and risk assessment are impaired by alcohol (Loeber & Duka, 2009):

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

Instead of single images and blunt statements typical of billboards and posters, interviewees suggested that there would be value in using television and online media to give explanations and demonstrations through narratives. Indeed, such approaches have been used in recent television campaigns:

*I think you'd have to have something to like demonstrate the effects it can have on you perhaps, like, rather than just having a statement. (Elsa 18-20F)*

Participants were clear that people developing and delivering interventions needed to focus not only on the message or the medium of delivery, but also the tone employed. Many respondents suggested that they did not engage with messages because they were patronising and did not give enough respect to their intended audience. However, when asked what tone messages should use, participants were unable to identify a style that would work, particularly when most young people are aware of the negative consequences of excessive alcohol consumption:

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

Interviewees in all age bands suggested that rather than telling people not to drink (an instruction that they thought young people would rebel against), or to limit their consumption, public health interventions should provide advice and leave choices about alcohol consumption to individuals. In part, this reflects contemporary public health agendas, which emphasise individual responsibility for health (Department of Health, 2004):

*Focus on the bad things it does to your body and mind and just the, the negative impacts. Rather than saying “You shouldn’t ... this is how much you should drink, you shouldn’t drink”. Like, let people decide for themselves. Show them, show them the evidence and the facts and figures and let them make up their own minds. (Lauren 18-20F)*

Within age/sex sub-samples, there was general consensus about influences of drinking, but less agreement about the most appropriate mode of delivery of interventions designed to change young people's drinking behaviour. The group interviews provided clear examples of this lack of agreement. The following extract from a group interview with 13-15 year old women shows that although many suggestions were presented enthusiastically, the efficacy of each was questioned by others:

*Beth: I think a lot of people would read them if they were on, like, Facebook or something.*

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

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

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

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

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

The extract below highlights discrepant opinions among men aged 23-25 about which media are best suited to alcohol risk reduction campaigns. It is also evident that some participants contradicted themselves (i.e., Tim’s comments about television advertisements). Despite this disagreement, participants felt that interventions would be most effective if they targeted specific sub-groups of men and women rather than being generic. This was apparent in the reference to targeted alcohol advertising for men during televised football matches:

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

*Tim: I don’t know, maybe they should try targeting social network sites or something like that.*

*Pete: It’s all about Facebook.*

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

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

*Sam: Can just do certain ages.*

*Pete: Yeah, and you can say “OK, people who are interested in this, this and this” [...]*

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

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

Some age and sex differences in responses to, and suggestions for interventions have already been noted. For example, respondents identified different image-related concerns at different ages and for men and women. Younger participants tended to be more positive than older participants about the potential impact of any interventions, but especially those that emphasised the negative health or personal impacts of heavy drinking. Older participants emphasised the need for a less patronising and more respectful tone to be used with experienced drinkers.

Women tended to be more concerned than men about image concerns. There was agreement across age/sex sub-samples that a focus on gender identity and gender reputation could be an effective strategy for health promotion interventions. Respondents suggested that gender stereotypes linked to respectability, sexual/physical vulnerability, and body concerns could be used to promote moderate drinking among women. The suggestions made in the quote below highlight the importance of gender-sensitive approaches:

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

# Although support for sex-specific messages was widespread, some participants - notably women more than men - expressed concern that “one gender is being treated different to another” (Issy 18-20F), and worried that such approaches would entrench, rather than challenge, gender stereotypes:

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

**DISCUSSION**

The analyses from the mixed-methods qualitative study reported here suggest that interventions to reduce alcohol-related harm among young people should focus on the social consequences of excessive drinking and emphasise the value of being (and being known as) a “good drinker”. We believe that by including a broad sample within the same study (thereby standardising methods of sampling, data collection, and analysis) we were better positioned to make conclusions about age- and sex-related similarities and differences. This was reflected in our identification of important age- and sex-differences in experiences of drinking, responses to images of alcohol, and beliefs about effective interventions.

Although most young drinkers had personal experience of the unpleasant aspects of excessive drinking, they tended to downplay the health implications and also tended to distance themselves and their peers from “problem” drinkers. In contrast, they expressed concern about how their pleasure and safety can be hampered by others’ problematic drinking and/or antisocial behaviour. Ambivalence toward, and distancing from, downsides of alcohol use present serious challenges to efforts to counter heavy drinking among young people.

Models of health behaviour suggest that people are more likely to engage in healthy behaviour if they believe that the negative consequences of current behaviour are severe and if they perceive themselves to be susceptible (Rosenstock, 1974). Although interviewees were aware of possible negative consequences of drinking too much, their own experiences and those of their peers suggest that these are not sufficiently severe or frequent to warrant behaviour change. They tended to consider irrelevant the extreme health and risk images used in some alcohol campaigns. This corresponds with research showing that fear appeals must be carefully constructed, because unless people feel motivated to change their behaviour and possess the skills to do so, shocking images may lead people to deny, rather than tackle, threats (Ruiter, Abraham & Kok, 2001; Good & Abraham, 2007).

It may be more productive to work with the negative aspects of alcohol use from which young people cannot easily distance themselves, and for which there was little or no ambivalence (de Visser & Smith, 2007a; Locke & Braun, 2009). Emphasising the effects of excessive alcohol consumption on sociability, reputation, image and safety may be more effective than focusing on long- or short-term health risks (Fry, 2011; Harrison et al., 2011; Hutton, 2012; Jayne et al., 2010).

Across all age/sex sub-samples, there was a clear concern for personal safety and friends’ safety when drunk. These concerns were sex-specific, with greater concern about threats to women’s physical and sexual safety from men, and greater concern about threats to men’s physical safety arising from their own risky behaviour, but more importantly threats arising from the aggressive behaviour of other drunk men. Although sex differences in concerns about drinking could be a focus of interventions, caution should be taken so that such activities do not reinforce restrictive gender stereotypes or blame women for men’s inappropriate behaviour (Brown & Gregg, 2012; de Visser & McDonnell, 2012; Lyons & Willott, 2008).

Interviewees gave multiple motives for drinking, with a particular focus on socialisation. Furthermore, some of the downsides of drinking were also seen to provide opportunities for social bonding - the examples of caring for drunk friends, being cared for when drunk, and suffering through a hangover highlighted the inherently social nature of most young people’s alcohol use. The centrality of alcohol for socialisation in novel settings such as beginning university has been noted by others (Brown & Gregg, 2012; Fry, 2011; Jayne et al., 2010; MacNeela & Bredin, 2010; Szmigin et al; 2011; Thurnell-Read, 2011), and may suggest a need for educational institutions to encourage and organise socialising and networking activities that do not involve alcohol use. The importance of social motives for drinking suggests that it may be productive to encourage young people to be “good” drinkers, and not to drink in ways that spoil friends' enjoyment. Such approaches would enable health promotion to make positive use of sociality and pleasure rather than focusing on negative outcomes for individuals (Duff, 2008; Harrison et al., 2011).

Interviewees of all ages noted that it was important for the appropriate tone to be used in any messages. Many expressed disappointment that campaigns often failed to get the right balance between providing information (which they felt they already knew) and encouraging agency for healthy choices, but not being perceived as patronising or preaching. In response to clear concerns about being a “good” drinker, perhaps young people could be encouraged to look after each other, rather than complying with the wishes of older adults. Social networking sites could also be important for norm-based social marketing to change perceptions of acceptable drinking behaviour and the social and interpersonal consequences of excessive consumption (Moreira et al., 2009; Ayers & Myers, 2011; Wood et al., 2012).

There was broad consensus within age/sex sub-samples about motives for drinking and influences on patterns of alcohol consumption. However, there was not consensus across age groups or between men and women about the messages and media best suited to reducing alcohol-related harm among young people. Different messages and media may be more effective among different age-and sex-groups. There was some overlap, but also important divergence, in men’s and women’s motives for drinking and concerns about the downsides of drinking. Similarly, across age bands, there was concordance and divergence in motives for drinking and for restricting alcohol consumption. Furthermore, within age/sex sub-samples, there was not always agreement about the most promising approaches to encouraging moderate alcohol consumption. In addition to accommodating age- and sex-related differences in interventions, there may also be a need to consider the impact of socio-economic status and ethnicity (e.g., de Visser & Smith, 2007b). However, it was beyond the scope of this study to consider these influences. There is an apparent need for multifaceted, multi-modal approaches that utilise new means for attracting the attention of young people. Better use could be made of targeted advertising and viral marketing via social networking internet sites and mobile phones (Gold et al., 2011a, 2011b). However, it is important to note that public health campaigns must struggle for impact against alcohol marketing that is often better resourced and more reflective of young people's use of media (Babor et al., 2010; Hutton, 2012).

Other innovative means to deliver moderate drinking messages in drinking contexts should be examined. For example, the Cornwall Trelya fLASH Initiative involved using mobile units to enable “guerrilla” projection of short films about alcohol and safety in places where young people congregate to drink alcohol (Alcohol Learning Centre, n.d.). The campaign reached many young people, the vast majority of whom responded that it made them “think about” their alcohol consumption. Approaches of this kind seem to correspond with the views and suggestions of young people interviewed in this study. However, it must be acknowledged that alcohol can impair information processing and risk perception (Loeber & Duka, 2009), and there may not be a simple link between thinking about changing behaviour and actually doing so (McEachan et al., 2011). Furthermore, within a binge drinking culture it may not be appropriate to expect success from campaigns that only target individuals. In addition to addressing individual characteristics, there is a need to consider how consumption may be affected by changes to availability, pricing, marketing (Babor et al., 2010; Nicholls, 2012)

Talking to young people to understand their perspectives on alcohol interventions is important to allow better targeting of messages. However, it is important not to accept uncritically all suggestions: e.g., suggestions to use shocking images were not endorsed by all participants and are not supported by research (Ruiter et al., 2001; Good & Abraham, 2007). Interventions are most likely to be effective when they are based on solid research evidence and are palatable for the target audience. We therefore suggest that research should examine the likely efficacy of social media for delivering messages that focus on the image and reputation concerns identified above (Kreuter & Wray, 2003; Rimer & Kreuter, 2006). More effective targeting of messages to discourage excessive drinking among young people must pay attention to the message focus: social factors and image-related concerns are likely to be stronger motivators then health concerns. They must use the appropriate tone: messages should be strong enough to motivate (Rosenstock, 1974), but not patronising or too strong to evoke avoidance or distancing. Attention should also be given to the delivery medium. Multiple messages delivered via different media may be the most effective way to address ambivalence, distancing, and diversity among young people.

**ACKNOWLEDGMENTS**

This research was funded by Alcohol Research UK (grant ID: CR/09/1005). Thanks to Toni Masters and Chelsea Wiener for their assistance with data management.

**REFERENCES**

Abraham, C. & Michie S. (2008). A taxonomy of behavior change techniques used in interventions. *Health Psychology*, *27*, 379-387. doi:10.1037/0278-6133.27.3.379

Alcohol Learning Centre. (n.d.). *Cornwall Trelya fLASH Initiative*. www.alcohollearning centre.org.uk/LocalInitiatives/projects/projectDetail/?cid=6586 [last access 5 July 2012]

Andsager, J.L., Austin, E.W. & Pinkereton, B.E. (2002). Gender as a Variable in Interpretation of Alcohol-Related Messages. *Communication Research*, *29*, 246-269. doi:10.1177/0093650202029003002

Ayers, B & Myers, L.B. (2012). Do media messages change peoples' risk perceptions for binge-drinking? *Alcohol & Alcoholism*, *47*, 52-56. doi:10.1093/alcalc/agr052

Babor, T.F., Caetano, R., Casswell, S, Edwards, G., Giesbrecht, N., ... Rossow, I. (2010) *Alcohol: No Ordinary Commodity Research and Public Policy (2nd ed)*. Oxford: Oxford University Press.

Boles, S.M., & Miotto, K. (2003). Substance abuse and violence: A review of the literature. *Aggression & Violent Behavior*, *8*, 155–174. doi:10.1016/S1359-1789(01)00057-X

Brown, R., & Gregg, M. (2012). The Pedagogy of Regret: Facebook, binge drinking and young women. *Continuum*, 26,357-369. doi:10.1080/10304312.2012.665834

Cameron, C., Stritzke, W., & Durkin, K. (2003). Alcohol expectancies in late childhood: An ambivalence perspective on transitions toward alcohol use. *Journal of Child Psychology & Psychiatry*, *44*, 687–698. doi:10.1111/1469-7610.00155

Cherpitel, C.J., Bond, J., Ye, Y., Borges, G., MacDonald, S., & Giesbrecht, N. (2003). A cross-national meta-analysis of alcohol and injury. *Addiction*, *98*, 1277–1286. doi:10.1046/j.1360-0443.2003.00459.x

Conner, M., Povey, R., Sparks, P., James, R., & Shepherd, R. (2003). Moderating role of attitudinal ambivalence within the theory of planned behaviour. *British Journal of Social Psychology*, *42*, 75–94. doi:10.1348/014466603763276135

Conroy, D. & de Visser, R.O. (in press). ‘Man up!’: Discursive constructions of non-drinkers among UK undergraduates. *Journal of Health Psychology*. doi:10.1177/1359105312463586

Demant, J. & Törrönen, J. (2011). Changing drinking styles in Denmark and Finland. Fragmentation of male and female drinking among young adults. *Substance Use & Misuse*, *46*, 1244-1255. doi: 10.3109/10826084.2011.569965

de Visser, R.O. & McDonnell, E.J. (2012). “That’s OK. He’s a guy”: A mixed-methods study of gender double-standards for alcohol use. *Psychology & Health*, *27*, 618-639. doi:10.1080/08870446.2011.617444

de Visser, R.O. & Smith, J.A. (2006). Mister in between: a case study of masculine identity and health-related behaviour. *Journal of Health Psychology*, *11*, 685-695. doi: 10.1177/1359105306066624

de Visser, R.O. & Smith, J.A. (2007a). Young men men’s ambivalence toward alcohol. *Social Science & Medicine*, *64*, 350-362. doi:10.1016/j.socscimed.2006.09.010

de Visser, R.O. & Smith, J.A. (2007b). Alcohol consumption and masculine identity among young men. *Psychology & Health*, *22*, 595-614. doi:10.1080/14768320600941772

de Visser, R.O., Smith, A.M.A. & Richters, J. (2005). Can we generalise to the broader population from studies of sexual behaviour among university students? *Australian & New Zealand Journal of Public Health*, *29*, 436-441. doi:10.1111/j.1467-842X.2005.tb00223.x

Department for Education (2012). *Participation in Education, Training and Employment by 16-18 year olds in England, end 2011* (SFR 12/2012). London: Department for Education.

Department of Health (2004). *Choosing Health*. London: The Stationery Office

Duff, C. (2008). The pleasure in context. *International Journal of Drug Policy*, *19*, 384-392. doi:10.1016/j.drugpo.2007.07.003

Elder, R.W., Shults, R.A., Sleet, D.A., Nichols, J.L., Thompson, R.S., Rajab, W. et al. (2004). Effectiveness of mass media campaigns for reducing drinking and driving and alcohol-involved crashes. *American Journal of Preventive Medicine*, 27, 57-65. doi; 10.1016/j.amepre.2004.03.002

Flowers, P., Davis, M.M., Larkin, M., Church, S. & Marriott, C. (2011).Understanding the impact of HIV diagnosis amongst gay men in Scotland: An interpretative phenomenological analysis. *Psychology & Health*, *26*, 1378-1391. doi:10.1080/08870446.2010.551213

Fry, M.L. (2010). "Seeking the pleasure zone”: Understanding young adult’s intoxication culture. *Australasian Marketing Journal*, *19*, 65-70. doi:10.1016/j.ausmj.2010.11.009

Gold, J., Aitken, C.K., Dixon, H.G., Lim, M.S.C., Gouillou, M., ... Hellard, M.E. (2011a). A randomised controlled trial using mobile advertising to promote safer sex and sun safety. *Health Education Research, 26*, 782-794. doi:10.1093/her/cyr020

Gold, J., Pedrana, A.E., Sacks-Davis, R., Hellard, M.E., Chang, S.,... Stoove, M.A. (2011b). A systematic examination of the use of Online social networking sites for sexual health promotion. *BMC Public Health, 11*. doi:10.1186/1471-2458-11-583

Gold, R.S. (1993). On the need to mind the gap: On-line versus off-line cognitions underlying sexual risk-taking. In: D.J.Terry, C.Gallois & M.McCamish (Eds). *The Theory of Reasoned Action: Application to AIDS-preventive Behaviour* (pp.227-252), Oxford: Pergamon.

Good, A. & Abraham, S.C.S. (2007). Measuring defensive responses to threatening messages: A meta-analysis of measures. *Health Psychology Review*, *1*, 208-229. doi:10.1080/17437190802280889

Griffin, C., Bengry-Howell, A., Hackley, C., Mistral, W., & Szmigin, I. (2009). 'Every time I do it I absolutely annihilate myself': Loss of (self-)consciousness and loss of memory in young people's drinking narratives. *Sociology*, *43*, 457-476. doi:10.1177/0038038509103201

Harrison, L., Kelly, P., Lindsay, J., Advocat, J., & Hickey, C. (2011). “I don't know anyone that has two drinks a day”: Young people, alcohol and the government of pleasure. *Health, Risk & Society*, *13*, 469-486. doi:10.1080/13698575.2011.596190

Herring, R., Berridge, V. & Thom, B. (2008). Binge drinking: An exploration of a confused concept. *Journal of Epidemiology and Community Health*, *62*, 476-479. doi:10.1136/jech.2006.056721

Hutton, F. (2012). Harm reduction, students and pleasure: An examination of student responses to a binge drinking campaign. *International Journal of Drug Policy*, *23*, 229-235. doi:10.1016/j.drugpo.2011.10.001

Jayne, M., Valentine, G. & Holloway, S.L. (2010) Emotional, embodied and affective geographies of alcohol, drinking and drunkenness. Transactions of the Institute of British Geographers, *35*, 540-554. doi:10.1111/j.1475-5661.2010.00401.x

Kreuter, M.W. & Wray, R.J. (2003). Tailored and targeted health communication: Strategies for enhancing information relevance. *American Journal of Health Behavior*, *27*, s227-s232.

Kuntsche, E., Knibbe, R., Gmel, G. & Engels, R. (2005) Why do young people drink? A review of drinking motives. *Clinical Psychology Review*, *25*, 841-861.

Livingstone, A.G., Young, H. & Manstead, A.S.R. (2011). “We drink, therefore we are”: the role of group identification and norms in sustaining and challenging heavy drinking “culture”. *Group Processes & Intergroup Relations, 14*, 637-649. doi:10.1177/1368430210392399

Locke, K.D. & Braun, C.C. (2009). Ambivalence versus valence: analyzing the effects of opposing attitudes. *Social Cognition*, *27*, 89-104. doi:10.1521/soco.2009.27.1.89

Loeber, S. & Duka, T. (2009). Acute alcohol decreases performance of an instrumental response to avoid aversive consequences in social drinkers. *Psychopharmacology*, *205*, 577-587. doi:10.1007/s00213-009-1565-9

Lyons, A.C. & Willott , S.A. (2008). Alcohol consumption, gender identities and women’s changing social positions. *Sex Roles*, *59*, 694-712. doi:10.1007/s11199-008-9475-6

MacNeela, P., & Bredin, O. (2011). Keeping your balance: Freedom and regulation in female university students' drinking practices. *Journal of Health Psychology*, *16*, 284-293. doi:10.1177/1359105310372977

McEachan, R.R.C., Conner, M.T., Taylor, N.J. & Lawton, R.J. (2011). Prospective prediction of health-related behaviours with the Theory of Planned Behavior: A meta-analysis. *Health Psychology Review*, *5*, 97-144. doi:10.1080/17437199.2010.521684

Measham, F.C. (2006) The new policy mix: alcohol, harm minimisation and determined drunkenness in contemporary society. *International Journal of Drug Policy*, *17*, 258-268. doi:10.1016/j.drugpo.2006.02.013

Moreira, M.T., Smith, L.A. & Foxcroft, D. (2009). Social norms interventions to reduce alcohol misuse in University or College students. *Cochrane Database of Systematic Reviews* 2009; 3:CD006748. doi:10.1002/14651858.CD006748.pub2

Nicholls, J. (2012). Everyday, Everywhere: Alcohol Marketing and Social Media-Current Trends. *Alcohol and Alcoholism*, *47*, 486-493. doi:10.1093/alcalc/ags043

Office for National Statistics (2010). *Drinking: Adults’ Behaviour and Knowledge in 2009*. Newport, UK: ONS.

Palmer, M., Larkin, M., de Visser, R.O., Fadden, G. (2010). Developing an interpretative phenomenological approach to focus group data. *Qualitative Research in Psychology, 7,* 99-121. doi:10.1080/14780880802513194

Prochaska, J.O., DiClemente, C.C. & Norcross, J.C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist, 47*, 1102-1114. doi:10.1037/0003-066X.47.9.1102

Ridout, B., Campbell, A. and Ellis, L., 2011. ‘Off your Face(book)’: Alcohol in online social identity construction and its relation to problem drinking in university students. *Drug and Alcohol Review*, *31*, 20-26. doi:10.1111/j.1465-3362.2010.00277.x

Rimer, B.K. Kreuter, M.W. (2006). Advancing tailored health communication: A persuasion and message effects perspective. *Journal of Communication*, *56*, s184-s201. doi:10.1111/j.1460-2466.2006.00289.x

Room, R. (2004). Drinking and coming of age in a cross-cultural perspective. In: R.J. Bonnie & M.E. O’Connor (Eds). *Reducing Underage Drinking: A Collective Responsibility*. (pp.654-677). Washington, DC: National Academy Press.

Rosenstock, I.M. (1974). Historical origins of the Health Belief Model. *Health Education Monographs*, *2*, 1-8.

Ruiter, R.A.C., Abraham, S.C.S. & Kok, G. (2001). Scary warnings and rational precautions: A review of the psychology of fear appeals. *Psychology & Health, 16,* 613-630. doi:10.1080/08870440108405863

Smith, J.A. (2008). *Qualitative Psychology (2nd Edition)*. London: Sage.

Szmigin, I., Bengry-Howell, A., Griffin, C., Hackley, C., & Mistral, W. (2011). Social marketing, individual responsibility and the "culture of intoxication". *European Journal of Marketing*, *45*, 759-779. doi:10.1108/03090561111120028

Szmigin, I., Griffin, C., Mistral, W., Bengry-Howell, A., Weale, L., & Hackley, C. (2008). Re-framing 'binge drinking' as calculated hedonism: Empirical evidence from the UK. *International Journal of Drug Policy*, *19*, 359-366. doi:10.1016/j.drugpo.2007.08.009

Thurnell-Read, T. (2011). Off the leash and out of control: masculinities and embodiment in Eastern European stag tourism. *Sociology*, *45*, 977-991. doi:10.1177/0038038511416149

White, A., de Sousa, B., de Visser, R., Hogston, R., Madsen, S.A, ... , Zatonski, W. (2011). *The State of Men’s Health in Europe*. Brussels: European Commission.

Wolfson, M., Champion, H., McCoy, T.P., Rhodes, S.D., Ip, E.H., … DuRant, R.H. (2012). Impact of a randomized campus/community trial to prevent high-risk drinking among college students. *Alcoholism: Clinical and Experimental Research*, *36*, 1767–1778. doi: 10.1111/j.1530-0277.2012.01786.x

Wood, A.M., Brown, G.D. & Maltby J. (2012). Social norm influences on evaluations of the risks associated with alcohol consumption. *Alcohol & Alcoholism*, *47*, 57-62. doi:10.1093/alcalc/agr146.

Zimmerman, F. & Sieverding, M. (2011) Young adults’ images of abstaining and drinking: prototype dimensions, correlates and assessment methods. *Journal of Health Psychology, 16,* 410-420. doi:10.1177/1359105310373412