Underage ‘binge’ drinking: A qualitative study into motivations and outcomes

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Abstract
This paper reports findings from a qualitative study examining young people’s perceived motivations for ‘binge’ drinking, and the associated harmful outcomes. Sixty-four, in-depth, one-to-one interviews were carried out with 14 to 17 year olds in southern England who had experience of binge drinking. Given the underage sample, most of this drinking occurred in unsupervised, outdoor locations. Key motivations were those relating to social facilitation and the increased comfort in social situations, individual benefits (such as the ‘buzz’) and social norms and influences (including wider social norms and peer influence). The main outcomes were grouped into consequences for health (such as unsafe sexual behaviour and accidents) and personal safety (including walking home alone). The variety, prevalence and severity of these outcomes clearly supports the notion that binge drinking increases the risk of potential harm. Acknowledging the reported pleasures of binge drinking, this research supports a harm-minimization approach to alcohol education, and the promotion of ‘safer’ or more ‘sensible’ drinking. Of interest, this research highlighted that the youngest age groups, typically aged 14–15 in this sample, were prone to more harmful outcomes given their predominance of drinking in unsupervised, outdoor locations. It seems that making the transition to drinking in pubs/bars, offers a protective factor for a number of risky outcomes. The findings also argue the case for the compulsory inclusion of alcohol education in schools, and structural reforms to encourage a change in the binge-drinking culture.

Introduction
Young people’s consumption of alcohol in the UK has attracted a lot of recent media attention. For example, ‘Official: £20bn cost of Britain’s binge drinking’ (The Observer, 2004), ‘Nine children a day treated for binge drinking’ (The Guardian, 2004) and ‘Drinking fuels big rise in violent crime’ (The Guardian, 2003). Nationally representative surveys of young people illustrate that these media claims are not overly alarmist. From an extensive review of these surveys, Coleman & Cater (2003) note a worsening trend in two dimensions over the last decade. First, more young people are drinking on a regular or weekly basis. Second, and perhaps of greatest concern, young people are consuming alcohol in greater quantities, especially during a single-session of ‘binge drinking’.

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Of 11–15 year olds ‘who drank in the last week’, the average weekly consumption had increased from 5.3 units in 1990 to 9.5 units in 2003 (NCSR/NFER, 2004). Latest figures report that 56% of 15–16 year olds binge drink at least once a month, and 30% at least three times a month (Alcohol Concern, 2004).

Binge drinking, throughout this paper, refers to excessive drinking over the course of a single session resulting in self-reported drunkenness. The use of units has been omitted from this definition due to self-reporting errors, confusion over the definition of a unit, and the different intoxication thresholds of people (Murgraff, Parrott & Bennett, 1999). The negative short-term consequences of binge drinking are widely acknowledged. A recent fact sheet published by the Institute of Alcohol Studies (2003) documents an increased likelihood of acute alcohol intoxication, facial injuries, accidents, consequences of drink driving and experiences of regret over a particular behaviour, such as unsafe sex, drink driving or drug use. In addition, the lack of full physiological development among young people may often result in less physical tolerance and a higher blood alcohol limit, which, in turn, may increase the likelihood of harm. Psychological disturbances such as depression, anxiety disorders and eating disorders have also been associated with binge drinking (Newburn & Shiner, 2001; Wright, 1999). Furthermore, social consequences include costs to the health and social services, and associations with crime and antisocial behaviour (Wright, 1999). Finally, although yet to be proven by extended longitudinal research, the consequences of binge drinking in youth may arguably lead to alcohol dependency and further problems in later life (Farrington, 1995; Grant & Dawson, 1997). Given these patterns in alcohol consumption and associated consequences, curbing the binge drinking culture among young people is a matter of great concern. Indeed, this is prioritized in the Government’s first ever National Alcohol Harm Reduction Strategy for England (Cabinet Office, 2004).

Social research has a clear contribution to make in helping to reduce the prevalence and effects of binge drinking among young people (Alcohol Concern, 2002). As noted above, extensive survey research has provided a valid insight into the patterns and levels of alcohol consumption among young people. Also, extensive research (mainly in the USA) has clearly identified correlates of alcohol misuse such as educational status, socioeconomic status and risk-taking propensities (Caffray & Schneider, 2000; Lundberg, 2002; Miller, 1997; Urberg, Luo, Pilgrim & Degirmencioglu, 2003; Zweig, Phillips & Lindberg, 2002). However, it is notable that qualitative research, aiming to explore and help explain patterns of binge drinking in the UK, is relatively scarce (Jenkins, 2002). Indeed, from a recent review of the literature, qualitative research exploring young people’s motivations and outcomes of binge drinking has been prioritized as a key area in need of further research (Newburn & Shiner, 2001). Understanding precisely why young people drink in this manner is essential in informing practice and policy aimed at reversing the worsening trends highlighted above. Similarly, documenting and understanding the most frequently reported short-term consequences of this drinking will be beneficial in delivering appropriate harm-minimization messages. This paper reports findings from a qualitative study aiming to contribute to a reversal of binge drinking culture, looking specifically at underage young people’s experiences of binge drinking.

To illustrate this paper’s contribution, it is important to note how this research is situated within existing evidence. The majority of motivational research into young people’s alcohol consumption has explored drinking in more ‘general’ terms rather than specifically upon binge drinking (for example, Honess, Seymour & Webster, 2000; Hughes, Mackintosh, Hastings, Wheeler & Watson, 1997; Kloep, Hendrey, Ingebrigtsen, Glendinning & Espnes, 2001; Pavis, Cunningham-Burley & Amos, 1997). In these instances, findings
have been derived from young people who report some experience of alcohol use, perhaps not always reported as binge drinking or drunkenness. Also, previous research has occasionally explored motivations for alcohol use alongside drug use, as part of a broader psychoactive repertoire (Brain, Parker & Carnwrath, 2000; Parker & Egginton, 2002). Our study intends to isolate the motivations specifically for binge drinking, rather than in conjunction with illicit drug use (although we do acknowledge that there may be some comparable motivations).

We are aware, however, of two more closely related qualitative studies that have explored young people’s motivations specifically in relation to binge drinking. First, Harnett, Herring, Thom & Kelly (2000) used a youth transitions framework to describe a model of young men’s (aged 16–24) drinking styles, some of which included binge drinking. They identified the following eight different styles: ‘childhood’; ‘adolescent’; ‘experimental’; ‘sociable’; ‘recreational’; ‘safe’; ‘therapeutic’; and ‘structured’. Their ‘adolescent’ drinking styles are of particular relevance to our research, where strong and cheap drinks frequently result in drunkenness. Other styles of interest are ‘therapeutic’, where alcohol is used to relieve stress, and ‘recreational’, where the aim is to achieve a high, have fun and lose control in drinking to excess. Our research builds upon their study by focusing upon different groups of young people (younger and inclusive of women); a point raised by the authors as a required area of future investigation (Harnett et al., 2000, p. 76). Second, Engineer, Phillips, Thompson & Nicholls (2003) specifically explored motivations and ‘drunk and disorderly’ outcomes from binge drinking. Again, this study was undertaken among different age groups—in this case over-18s recruited from licensed premises.

The focus of our research upon underage young people, more specifically 14–17 year olds, marks a key contribution to the existing evidence base. Unlike the above studies, the underage focus will capture the motivations and outcomes that young people report when drinking in less-supervised locations. These locations include parks, beaches, streets, city centres, outside youth clubs, outside off-licenses and pubs, and in friends’ homes temporarily vacated by parents or other adults. Of great concern, previous research has shown that binge drinking in these less-supervised locations is more associated with adverse short-term outcomes (Forsyth & Bernard, 2000; Pavis et al., 1997), including a greater likelihood of intoxication, accidents, vandalism and hospitalizations. Interventions aimed at reducing binge drinking in these contexts are, therefore, arguably a priority for practitioners and policy makers.

Research methods and sampling strategy

The purpose of the research was to explore and identify underage (14–17 years) young people’s motivations for, and outcomes associated with, their binge drinking. To achieve this, 64 one-to-one, in-depth interviews were performed. The interview schedule was comprised mainly of semi-structured questions allowing the interviewer to have an element of control over the questions posed, while still allowing findings and explanations to arise unexpectedly. To prompt discussion, participants were first asked to recall specific events and then to reflect on their motivations/outcomes in more general terms. For example, ‘In light of these occasions you have told me about, what would you say were the main reasons you drink like this?’ Apart from the motivations and outcomes, the start of the interview was centred on how young people were first introduced to alcohol, which provided an opportunity to establish rapport prior to the main focus. The interview schedule was piloted in a youth-club setting on two people prior to use. The interviews lasted approximately 40 minutes.
Participants were recruited from a range of secondary schools, colleges, youth clubs, Youth Offending Teams (YOTs), and Connexions services within the south of England. All participants were selected purposively according to their eligibility criteria, i.e. aged 14–17 inclusive and had experience of binge drinking or being very drunk. From the eligible cases, selection was based on whether or not the individual volunteered for interview while also bearing in mind the study’s aim to obtain a diverse sample (see later). The following description was used in the selection process: ‘By very drunk we mean that you may not have remembered what you’ve been doing, or ended up being sick, or falling over, or having a hangover, etc.’ The reason for adopting a description of ‘very drunk’ as opposed to the use of units has been outlined previously. Participants were either selected via a short screening questionnaire or in a more ‘direct’ manner. The screening questionnaire was used mainly in school and college settings and administered in tutorial classes. Apart from assessing eligibility and interest for interview, the short questionnaire gathered introductory information on patterns and experiences of drunkenness and are published elsewhere (Coleman & Cater, 2004; Coleman & Cater, in press). These introductory questions also provided valuable assistance in informing the more detailed interview schedule. The more ‘direct’ approach of recruitment included a quick assessment by the researcher or was based on the recommendation of the local youth/community worker, immediately after which the interview was conducted. The researcher was able to talk informally to young people and gauge their drinking habits, in order to ascertain their eligibility for interview (without the use of a screening questionnaire). In contrast to schools and colleges, this direct approach was used in settings such as youth clubs and Connexions services where following up participants and arranging interviews was more problematic. 

In using the screening questionnaire, participants were not interviewed purely on their willingness to take part. From all those who volunteered, and who met the selection criteria, we deliberately chose a wide range of people according to their age, gender, frequency of binge drinking, etc. Similarly, recruitment sites were targeted to reach a relatively diverse population of young people. For example, 14 year olds proved particularly difficult to recruit, and so specific youth clubs attracting these age groups were targeted. Using this approach, a wide variety of young people were recruited into the research project. The sample included a range of 14, 15, 16 and 17 year olds (11%, 28%, 27%, and 34% respectively) and was evenly split by gender. Due to the geographical limitations of this study, young people from ethnic minorities were not evenly represented. The rural/urban proportions were broadly similar to England as a whole (The Countryside Agency, 2003). It should be noted, however, that the sample included a particularly high proportion of young people from the more deprived areas [1]. Although this systematic selection of young people from contrasting sites gives us a degree of confidence in the relevance of the findings derived, it must be emphasized at the outset that the findings have not been derived from a randomly selected or representative sample of young people. 

Throughout the research process, the ethics guidelines published by the Trust for the Study of Adolescence (TSA) were followed [2]. Written consent was obtained from parents of young people under 16 years old, who attended a school/youth club but which did not act in ‘loco parentis’. Permission from all participants was also sought to tape-record the discussion. The participants had the right to not answer questions or to terminate the interview at any time, confidentiality was stressed and detail was provided on how the research findings would be used. At the end of the interview, the offer of feedback from the study findings at a later date was noted. Approximately a quarter of participants requested feedback, but the vast majority wanted this through their
school/youth club, and not sent to them personally. A £10 CD voucher and a leaflet on alcohol advice published by FRANK was provided to all participants.

All tape-recorded data from the interviews were transcribed verbatim and thematically analysed. This analysis focused upon the generation of common themes and explanations derived from the transcripts. Coding and entering the data into a software package (QSR N6/NuDist) greatly assisted with this process. To provide an indication of the accuracy of theme generation and allocation, an additional researcher was invited to take part in the data-coding process. This involved, first of all, the coding of two transcripts to clarify and slightly revise the coding frame where required. The additional researcher was then invited to code a proportion (11%) of the transcripts, and a measure of interrater reliability was derived. The resulting level of agreement (81%) provides assurance that the findings presented in this report are an accurate interpretation of the data.

Results

Reflecting the purpose of the research, the results will be presented under young people’s motivations for their binge drinking followed by the reported outcomes. It is important to note that this paper will only detail the main findings and readers are referred to the final report of the study for further detail (Coleman & Cater, in press).

Motivations for binge drinking

In consideration of the wide variety of motivations reported, the first key point to make is that the vast majority of young people enjoyed getting drunk in this manner. Binge drinking and drunkenness was largely an intended effect and a product of one’s own choice. This was illustrated in the reported motivations, which were classified as follows: social facilitation; individual benefits; and social norms and influences.

Social facilitation. Social facilitation, and the increased enjoyment and comfort of social situations, was the most commonly reported motivation for binge drinking. Within this theme, an increase in confidence in such situations was paramount, and operated at different levels by increasing confidence in a social-group scenario as well as the forging of closer friendships. For example:

Sometimes I can be quite shy around new people... When I’m drunk, I’m not like really over-friendly or anything, but I can, I’ll be like, Hi I’m Kate [3], who are you, blah, blah, blah. And you can talk to different people... Yeah, it kind of opens doors. (Kate, 15)

I’d say a definite bonding thing was like when you’re really pissed with someone, just like maybe you and another person like getting really pissed together. And talking about things that aren’t very conventional to talk about, you know, like maybe things a bit more personal... and what better sort of bonding is there than that? (Dave, 15)

In addition, this increased confidence was evident in securing a sexual interaction or ‘pulling’ a partner. Not only did some young people report a greater ability to approach people when drunk, but a person who appeared drunk was also perceived to be more receptive to such advances.

It gives you a lot more confidence, I mean if you see a good-looking boy and you’re like, no I couldn’t possibly, get a couple of drinks down you, well maybe. He may give me a chance and if he’s had a couple of drinks... when I’m on alcohol, I’m extremely confident. (Sarah, 17)
Individual benefits. The individual benefits of binge drinking were notably diverse and were categorized as a means of escapism (and ‘forgetting problems’), the ‘buzz’, and for ‘something to do’. Escapism was commonly linked to exam stress, splitting up with a partner, generally feeling upset and/or distressed or just wanting to feel more relaxed and calm. For example:

If, I mean I’ve had a couple of times when I’ve been with one of my girlfriends, if we’ve split up. I go out with my mates and get bladdered. Stress. Exams, especially. If I’ve muffed up an exam I go out that very same night and I will get bladdered. (Richard, 17)

The unique ‘buzz’ of binge drinking was expressed as a sense of excitement, enjoyment and a feeling of difference. The enjoyment was frequently expressed as ‘having a laugh’ and achieving a level of enjoyment that could not possibly be reached when sober.

It’s just always funny. It’s like, you don’t really know what you’re doing most of the time and that’s what I find really funny, that’s why I like doing it. (Freddie, 14)

The expression of binge drinking as ‘something to do’ was associated with a sense of boredom and lack of opportunities for 14–17 year olds relative to different age groups. This was reported mostly by young people in rural areas.

Just something to do, it would just sort of ended up being, oh yeah, nothing to do tonight, get drunk. Between 13, when you are allowed to go out ‘til a bit later, and my age you don’t have anything to do, you go to clubs at 18, 12 and under you’re at home. 13 to 17, 13 to 16, whatever, you just go out on the streets and get drunk. (Karen, 17)

Social norms and influences. Social norms and influences were classified into wider social norms, peer influence, and respect and image. Wider social norms referred to the perceived acceptance and normality of binge drinking. Binge drinking was seen as a common pastime for most young people of equivalent age, and it was widely believed that all teenagers drink as part of the natural transition to adulthood.

Umm. I just, it seems to have happened really naturally to me and all my groups of friends and like everyone I know, it’s just so common to get drunk. It’s not a big deal at all. I wouldn’t think twice about it. So, I suppose that makes it kind of like a normal thing. (Sue, 17)

The influence of the peer group was commonly reported as a leading motivation behind young people’s binge drinking, but responses were notably mixed. Peer influence ranged from ‘peer pressure’ to ‘peer guidance’. Peer pressure was the only instance where binge drinking was undertaken involuntarily, and was reported mostly by the younger age groups.

Peer pressure, ‘cos I was hanging around the older kids and I thought, well, everyone else is doing it, why not. And it is a case if everyone else is doing it, you feel, I better do this one, or I’m not going to be in with the crowd… it was a case of having to ‘cos everyone else was doing it and you didn’t want to be out the group, you didn’t want to be out the circle. (Maisie, 16)

In contrast to peer pressure, the influence of the peer group was often expressed in a less overt manner. For example, it was often said that it is preferable to keep up with friends’ drinking, and that it is better and more fun to be at the same level of drunkenness. This type of influence, defined here as ‘peer guidance’, was not perceived as being particularly negative, because the element of personal choice remains.

Probably just because everyone else did it and I wanted to be a part of them. It’s not that I follow everyone else…it’s probably just because it’s something that everyone does, innit, really? (Pete, 14)

Lastly, getting drunk was also often seen as something that is forbidden and, therefore, was associated with an image of being older and ‘harder’ than others. This was coded as
a form of social norms and influences, as it appeared that this respect and image is judged by others’ opinions.

You're seen as sort of, if you're underage, you're seen as slightly sort of, dangerous and bad, and naughty and stuff, which can be good. (Kerry, 17)

Outcomes associated with binge drinking

It is clearly evident that the vast majority of young people in this sample have experienced harmful outcomes from binge drinking. These outcomes range from minor injuries and acts of vandalism, right through to life-threatening events. The harmful outcomes reported have been classified under two main themes: health outcomes and safety outcomes.

Health outcomes. Harmful health outcomes were the most frequently reported consequence of binge drinking. Of these, the most commonly mentioned was a regretted sexual experience. The magnitude of the sexual experience ranged considerably from regret over ‘pulling’ a person, to regret over having sexual intercourse. Reasons for regret included concerns over the type of person and possible embarrassment (if the person was not considered ‘a good pull’), and the negative impact upon a person’s reputation. This negative impact applied only to young women. Of more serious concern, regret was also apparent where contraception had not been used, and where young people were exposed to possible pregnancy and/or sexually transmitted infection. For example:

I've done not having safe sex and that before, and that was when I was drunk. It was like New Year’s Eve and I wished I never did that. I would never have done it if I was sober. (Ben, 17)

The second most commonly reported health outcome was sustaining injury through accidents or fighting. The vast majority of the injuries described occurred while being drunk outdoors, illustrating how these more unsupervised environments contributed to such incidents.

I tripped over a wall, I dislocated my kneecap went from the front right round to the back, I cut my chin open and think fractured my elbow or something, and I had to get rushed to hospital... I have done everything, and drinking is really bad. (Jane, 17)

Some guy down [name of town] punched one of my mates in the face. And I went after him and he just pulled a knife out. And if I hadn’t been drunk I probably wouldn’t have gone after him. So that was pretty awful. But, there is something about being drunk that does trigger you off, because I hate violence. I can’t stand it. But if I do see someone I don’t particularly like at all, and I’m very drunk...(Scott, 15)

All young people interviewed reported feeling at least some ill effects of being drunk in terms of hangover or nausea. Of more serious concern, a proportion of the sample reported experience of severe intoxication and collapse, followed by involuntary vomiting. For most, it was the speed of drinking, together with the mixing of drinks that seemed to increase the toxicity, and frequently caught people unawares.

I got really drunk... I was drinking all like bare spirits. And I got really, really drunk and ended up like being sick and couldn’t walk or anything. They left me, they like put me in my mum’s bed and left me, and they come home and I had been sick everywhere. (Steph, 14)

Safety outcomes. Binge drinking often led young people to compromise their personal safety in a number of ways. These safety outcomes, although not always resulting in actual harm, had the potential to result in the most serious of consequences. The most
commonly reported safety outcome was walking home alone. For some, drunkenness appeared to lead to an irrational judgement and an unrealistic optimism about the likelihood of danger.

I have walked home without getting a taxi when I’m drunk, sometimes if I’m low on cash I have been known to. It doesn’t scare me that much, I just thought ‘it wouldn’t happen to me’, which is stupid. (Debi, 17)

Some young people also recalled instances where being drunk had led them to engage in dangerous activities. All of these incidents occurred outdoors and were, therefore, a risk particularly associated with outdoor, more unsupervised locations.

We was out on some scaffolding, when you’re drunk everything’s all over the place and then, then it’s all of a sudden it hits you that you’re up on a high place and you’re drunk… Dangerous things, yeah, like just really being silly, like running about, um, just doing stupid stuff like. (Steve, 16)

Although reported by a minority of interviewees, dangerous and drunk driving was the potentially most serious of safety outcomes. This extremely risky behaviour was, again, the product of impaired judgment and an inability to recognize or manage a risky situation due to being drunk.

I couldn’t stand up properly… that night we actually got in the car with one of my friends who was drunk who was driving but we didn’t think about it until half way home. (Julie, 17)

There were some significant variations in the outcomes reported. First, although both genders reported equal incidence of drink-related harm, the nature of this varied. Young women were more likely to report a regretted sexual experience and intoxication, and men were more likely to report incidences of fighting. Also, young women were more likely to walk home alone and men were more likely to report daring behaviour. Second, the analysis showed that the youngest age groups, particularly those aged 14–15, and those drinking in the more unsupervised environments, such as outdoors, reported more harmful outcomes from binge drinking. It seems that making the transition to drinking in pubs/bars and clubs, closely correlated with age, offers a protective factor for a number of risky outcomes. This may be the product of drinking in a safer environment as well as a general ‘calming down’ with increased drinking experience. Young people often referred to more extreme and harmful behaviours when they first starting drinking and, with the access to licensed establishments, becoming intoxicated and the risk of being barred was no longer perceived as being ‘cool’. Also, note that women had a greater ability to access the more supervised environments at an earlier age, offering them this protective effect in advance of young men. Third, when relating the motivations to the outcomes, those seeking the ‘buzz’ from binge drinking reported more instances of harm, relative to those reporting social facilitation as their main reason.

Discussion

This qualitative research has generated a number of implications for the existing evidence base and practice and policy. These will be outlined in turn. From the description of young people’s leading motivations for binge drinking, the findings were not overly distinct from those documented by similar research (although not specifically in relation to binge drinking). Studies by Honess et al. (2000), Hughes et al. (1997), Kloep et al. (2001), Newcombe, Measham & Parker (1995), and Pavis et al. (1997) include the comparable themes of social facilitation, individual reasons and social influences. This similarity is most interesting and there are two probable explanations for this. First, that young people’s motivations for drinking alcohol, whether in moderation or excess, are relatively alike.
Second, although previous studies in this area were not specifically researching binge drinking, it may be the case that a significant proportion of young people sampled in these studies were drinking in this manner. This clearly ties in with Brain et al.'s (2000) work demonstrating the widespread and hedonistic pattern of consumption, which is far beyond a damaged core of young people, and nationally representative survey findings of consumption (Coleman & Cater, 2003). Relative to the motivations for binge drinking, previous research has rarely provided such extensive detail about the outcomes. The variety, prevalence and severity of these outcomes clearly supports the notion that binge drinking increases the risk of potential harm (Newcombe et al., 1995). This acknowledged close association between binge drinking and harm is illustrated by the recently implemented Youth Development Pilot Programmes (Roth, Brooks-Gunn, Murray & Foster, 1998), which aim to tackle generic risk taking, rather than focusing upon individual risks in isolation. For example, by tackling alcohol, drug taking and safer sex collectively because some young people have a greater propensity to take risks, in many different domains, compared to others.

This research has generated a number of implications for those working in alcohol-related practice and policy. These relate to some of the key issues raised in the Alcohol Harm Reduction Strategy for England (Cabinet Office, 2004) and will be of real interest to parents, teachers, youth workers, substance-misuse workers and a range of additional health professionals. The task facing practitioners and policy makers in curbing the prevalence and impact of binge drinking is clearly demanding. Considering that binge drinking is often perceived as a highly pleasurable experience, it would seem futile and unrealistic to encourage young people to abstain. In contrast, acknowledging a harm-minimization approach and the promotion of ‘safer’ or more ‘sensible’ drinking is the first step to reducing the harmful outcomes (DfES, 2004). It seems sensible to provide young people with the skills to prepare for, and manage, the effects of drinking. Although not a major theme of exploration in this study, some participants highlighted the importance of drinking in groups as well as eating adequately beforehand as a means of reducing harm.

Also, given that underage drinkers are more likely to drink in unsupervised, outdoor and potentially more harmful environments, this research would support the case for providing safer environments for underage drinking (Newburn & Shiner, 2001). These environments could provide an arena to empower young people with the skills to manage their drinking and learn how to deal with the effects of alcohol more safely (for example, how to look after friends who have become intoxicated). They could also provide a setting for young people to learn about sensible drinking messages. This has obvious implications about the legal age of drinking alcohol and, as such, these venues would currently be illegal. If a change in the law occurred in the future, and such venues were allowed, we acknowledge that there would be many issues and challenges around the practicalities. For example, there is the danger that such venues could create more risky drinking than unsupervised locations, or could encourage those who would otherwise be uninterested in experimenting with alcohol to drink at an earlier age. The idea for underage drinking venues stems from the fact that cultures where young people drink in a more civilized way allow children to drink more freely. However, it should be remembered that the very first experiences of drinking is usually within the family. Therefore, it could be an alternative idea to have more family-centred pubs, in order that young people can learn to drink sensibly and in a safe environment.

In addition, this research is particularly informative in identifying groups of young people that are in greater need of the harm-minimization strategies outlined previously.
It is clear that the youngest of binge drinkers, and especially males, were more prone to harmful outcomes. This appears to be a product of the drinking environment, in that they are less able to access more supervised venues, and the novelty value of binge drinking among these groups. It is clear that harm-minimization efforts need to take account of these differences, so that messages are delivered appropriately and to those in greatest need.

The accepted culture of binge drinking was evident throughout this research. Changing this culture, arguably the greatest of tasks, can only be hampered by the advertising and marketing of alcohol. Although there is a voluntary code of practice governing the marketing of alcohol, and that complaints can be made if this is seen to appeal to under-18s, there are currently no legislative powers to undertake enforcement. The harmful outcomes documented in this paper clearly support the case for a ban on the advertising of alcohol. Similarly, changing the binge drinking culture will require structural reform in ‘adult’ drinking behaviour. Young people can learn about drinking from adults, so it is clear that change is necessary across all ages. For example, by the restriction or banning of ‘happy hours’, through the clearer labeling and understanding of alcohol quantity, and in the reviewing of licensing laws. Furthermore, the findings from this research argue the case for the compulsory inclusion of alcohol education in schools. In more detail, this education must acknowledge the pleasures of drinking and include skills-based work (to resist peer pressure, to plan beforehand, to manage outcomes, etc.) as well as convey factual information. The findings also support the view that this alcohol education should incorporate the notion of personal responsibility. Bearing in mind that binge drinking is largely a product of one’s own choice, it should be emphasized to young people that they need to take control and be responsible for their own actions. Moreover, and perhaps most challenging of all, having identified some of the leading motivations for binge drinking, there may also be potential to promote alternative, safer activities that can offer equivalent stimulation. Given that the ‘buzz’ of drinking is likely to lead to the most harmful outcomes, promoting alternative leisure and sporting activities that can produce the equivalent excitement must be considered.

In addition to practice and policy, this research has highlighted three areas that warrant further investigation. First, given the importance of young people’s suggested techniques for avoiding harm (such as drinking in groups), a more detailed investigation into these behaviours would be useful for harm-minimization strategies. Second, it would be useful to have a more detailed insight into how parents, carers and siblings introduce alcohol to children, and how they monitor and control their drinking. The role of families in shaping young people’s drinking is well established (Cabinet Office, 2004). For example, what rules do adults enforce/try to enforce on young people’s drinking behaviour? What do adults perceive as acceptable or unacceptable drinking for their children? Third, this research suggests that it would be useful to explore young people’s views on the alcohol education that they receive. In order to keep up with changes in drinking styles and behaviour, it would also seem essential to consult with young people about the types of information and skills required, and how these should be delivered. This information could inform new training materials for parents, teachers and other professionals.

Having postulated some implications for practice and policy, and further research, we wish to close the paper by acknowledging the challenge ahead. Although the recent Alcohol Strategy (Cabinet Office, 2004) is a step in the right direction, it is likely that future investment and effort is required to transform the culture of binge drinking among young people. The steep challenge facing professionals is illustrated by the following
young person, who candidly considers the enjoyment of binge drinking relative to the perceived consequences.

...It was just so much fun, because we were doing so many things that we wouldn’t do if we were completely sober because we’d be worried about, you know, would I look like this, would I look like that? But we didn’t care, cause we were pissed... And because you’re drinking you don’t care about your worries, don’t care about being self-conscious, or anything like that. And you know, having a hangover in the morning is like minor compared to the fact you’ve had loads of fun the night before. (Nicola, 17)

Notes
[1] The rural/urban classification and index of multiple deprivation were derived from the specific census ward identified through a person’s postcode. These classifications were obtained from The Countryside Agency and the Department of Transport, Local Government and the Regions, respectively.
[2] This is a regularly updated document and provides information on protecting participants in research, informed consent, confidentiality and the use of information, feedback, disclosure, expenses and payment and organisational matters.
[3] All names have been changed in text.

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