

FINAL DRAFT: For submission to Health Education Research

“Binge drinking? It’s good, it’s harmless fun”: A discourse analysis of accounts
of female undergraduate drinking in Scotland

Guise, Jennifer M F

Gill, Jan S

Running title: **Discourse analysis: female undergraduate binge drinking**

Key words: alcohol abuse prevention, health promotion, qualitative research,
women's health

Word counts: Abstract - 200

Paper - 5,474

Abstract

Binge drinking in young people, particularly females and students, is a source of some concern to those engaged in health education. The concept is usually defined in terms of quantities of alcohol consumed within a relatively short space of time. Research suggests that reasons for drinking are varied, and are likely to be influenced by culture and context.

This study aimed to explore issues important to female undergraduate students in Scotland. Semi-structured interviews were carried out with 19 participants who were asked to describe what they understand by the term 'binge drinking', why they drink, and what might trigger excessive consumption. Discourse analysis was used to explore the possible *functions* of what was said, as well as the content.

Participants showed sensitivity to how others might interpret their responses. They described binge drinking in terms of its behavioural effects rather than quantities consumed. Crucially, they positioned themselves outside the categories of 'serious' or 'anti-social' drinkers.

These findings have important implications for our understanding of factors influencing drinking behaviour in this group of people, which in turn impacts on the potential design of health-enhancing interventions. The study also demonstrates the usefulness of a discourse analytic approach to accounts of drinking behaviour.

Introduction

Binge drinking in young people, particularly females, is a source of some concern to those engaged in health education^[1]. UK National statistics report a doubling of alcohol-related deaths between 1991 and 2005^[2]. In Scotland, the incidence of alcoholic liver disease is rising; among females, deaths attributable to this condition rose 424% between 1980 and 2003^[2]. A growing body of research supports links between early drinking patterns and higher levels of alcohol abuse in later life^[3-7]. In the UK, alcohol is considered a factor in 5,000 cancer deaths annually. The wider impact on the health service is estimated at 1 in 8 bed days and almost 35% of Accident and Emergency attendance and ambulance costs^[8]. Reported repercussions of acute intoxication include road traffic accidents and assault^[9] and increased risk of pregnancy and sexually transmitted disease^[10;11]. Perkins^[12] reviewed the effects of alcohol misuse in college populations in the USA. He concludes that drinkers cause a wide range of damage to themselves and others, and furthermore that there is only a modest correlation between students' experiences of negative alcohol-related consequences and their own perceptions of having a drink problem.

UK government guidelines advise a maximum consumption of 14-21 standard units per week¹, the limit depending on how their 'sensible drinking' report^[13] is interpreted. That is, it suggests that for women to consume 2-3 units of alcohol per day does not accrue any significant health risk. When women drink above this level, they should then abstain for 48 hours to allow tissues to recover.

¹ In the UK, a standard unit is equivalent to 8g or 10ml of absolute alcohol. This is approximately half a pint of beer, one measure of spirit or one small glass of wine

The 2003 Scottish Health Survey^[14] results report that 23% of those aged 16-24 exceed UK government guidelines. Evidence suggesting a level of 43% for university students^[15] is particularly worrying.

The term 'binge drinking' is usually used in the research literature to describe excessive alcohol consumption over a limited period. However, there is no general consensus regarding either the amount of alcohol or length of time involved. It has variously been defined as: more than eight units in one day^[16]; more than 11 units on one occasion^[17]; more than seven units for females, ten for males, in one session^[18]; more than five drinks on a single occasion^[19-21]. It is often defined solely in terms of quantity^[18], and this focus raises two particular problems. First, it can be extremely difficult for drinkers, or researchers, to estimate amounts consumed^[22]. Second, it is important to also consider the meaning that binge drinkers themselves attach to this concept, with a view to shedding light on *why* people might drink in this way.

Research focusing on the reasons for drinking and binge drinking points to the importance of culture in establishing norms and expectancies around alcohol consumption, and particularly in influencing the drinking behaviour of young people^[23]. In a review of research on student drinking^[24], Baer concluded that alcohol is consumed "for several different purposes for different psychological effects in different contexts." In their exploration of the drinking behaviour of 15-24-year olds in Scotland, MacAskill and colleagues^[25] found that drinking for pleasure was the norm, and that it was structured around other priorities, such as studying. Binge drinking was also structured; the aim was controlled intoxication to reduce inhibition and have fun.

A variety of approaches has been used to tackle the potential problems caused by excessive drinking, including measures to limit young people's access to alcohol, and instilling in them an awareness of its risks. In Scotland, the government sets out its strategic approach in its 'Plan for action on alcohol problems'^[26]. Two key priorities identified in relation to young people (defined by the World Health Organisation as aged 10-24^[27]) were to reduce harmful, and binge drinking. The plan identifies actions aimed at 'culture change' and 'prevention and education'. Among the key measures proposed by the UK government to combat binge drinking is the provision of a "sensible drinking" message, including recommended units, on bottles and cans^[28].

The International Center for Alcohol Policy^[23], a body funded by the US beverage alcohol industry, reports that no single strategy is successful in all contexts, and that it is therefore important both to target specific behaviours and groups and to use measures that are culturally appropriate. Qualitative research is necessary to provide a fuller account of current patterns and contexts of drinking.

In this study, we explore factors that are important for female undergraduate students in Scotland. Recent evidence suggests that the prevalence of UK female student binge drinking may be as high as 63%^[29]. The consequences of binge drinking among young people constitute a problem of shared international concern^[4;30;31].

We asked participants to describe what *they* understand by the term 'binge drinking', why they drink, and what kinds of things might trigger excessive consumption (Appendix I shows our schedule of questions). We use the method of discourse analysis, which involves an exploration of patterns in the data for an understanding of the actions that are achieved in talk.

This approach has its roots in a social constructionist perspective: language has a social function, and it is a medium of social action^[32] in that it is used to *construct* what is spoken or written about. Social constructionism takes a critical stance towards conventional knowledge, challenging the view that what we know is based on objective truths. Instead, knowledge is held to be highly dependent on social context, history and culture^[33]. Thus, there is no reason to expect that researchers' definitions of binge drinking, which are based on quantities consumed over time, would be shared by people who drink in this way. We gain our knowledge about people, objects in the world, ideas and so on, in the course of social communication, and therefore definitions of 'normal' or 'safe' levels of drinking are a product of social practices in which language plays a central role. A careful examination of the ways in which people talk about binge drinking is therefore a useful way to learn more about what it means to them, and why they might drink in this way.

The particular novelty of discourse analysis is that its focus is not exclusively on the content of discourse, but on the possible *functions* of what is said. An utterance may function, for example, as an excuse, or a defensive statement, without this being explicit in the words used. Researchers working within this tradition have systematically explored the use of particular conversational devices and the possible functions they might have. For example, 'extreme case formulations' (such as 'the greatest ever', 'the very worst') can be used to present the best possible case for something, in order to counter a potentially cynical uptake^[34]. Such formulations suggest that a particularly robust defence is being provided; and that, by implication, what was talked about was treated as accountable in that particular context. The function of an utterance can also be deduced by examining the speech that follows it for confirmation of the analyst's sense of what is happening.

How can we relate this close examination of discourse to a broader social context? Hutchby and Wooffitt^[35] note that speakers' utterances may be designed to respond not simply to the interviewer, but to the wider community. Thus, explanations or excuses are provided in a social context in which the function of utterances is understood because there is a level of shared social understanding. When they speak, participants draw on culturally available resources, and we can assume that these resources are not employed exclusively in the context of interviews but have a currency beyond that setting. We can also assume that the discursive resources found in these data are not specific to this community of speakers. Discourse analysis, then, affords a deeper understanding of *socially available* descriptions of and explanations for binge drinking.

Methods

During the second semester of academic year two, several female undergraduate classes from a Scottish university were approached, informed about the study and invited to participate. Information sheets and ethical consent forms were distributed. A week later, students were asked to complete a questionnaire^[22]. The final page asked respondents to provide contact details (to be entered into a £50 prize draw) if they were willing to take part in a semi-structured, taped interview. From the 40 who volunteered, 20 were selected. This was done by categorising the 40 in quartiles according to their self-reported levels of weekly consumption, and randomly selecting five participants from each quartile. One participant later withdrew, and 19 were interviewed.

In discourse analysis, the burden of evidence for researchers' claims is on the demonstration of participants' understandings as demonstrated in the data. Analysis should specifically not be motivated by researchers' *a priori* theories. We cannot assume that participant

characteristics (such as age, sex or ethnicity) are relevant in the immediate context of what is said, unless they make them so in their talk. Data regarding these characteristics are therefore not necessary for the purposes of analysis. However, in light of the different national laws relating to alcohol use, readers may wish to know that the mean age of our sample was 20.1 years (range 18.1-25.3), and that in the United Kingdom, drinking is legal from the age of 18.

Approval for this study was obtained from the participating university's Ethics Committee.

Interviews were conducted by two researchers. A semi-structured schedule was developed which explored issues raised by the questionnaire study. A third researcher listened to the tapes and analysed the transcripts. These findings were reviewed by both authors in an iterative process.

The analysis synthesised guidelines provided by Potter & Wetherell^[36] and Schegloff^[37].

First, transcripts were read through and inspected closely to identify recurrent patterns or features in the data. Next, the analysis of these broadly-defined constructions was facilitated by what Edwards^[32] refers to as the 'could-have-been-otherwise' quality of talk; every detail of what is said is treated as potentially significant because it was said in that way and at that particular time. When it appeared that an utterance had a particular function – such as constructing binge drinking in a certain manner – there followed an exploration of *why* the transcript was being read in such a way, and how this could be supported by what was in the text. Analytic points are illustrated by direct quotations.

Results

We explored responses to the following three questions. First, for participants in the study, what constitutes ‘binge drinking’? This question was worded in terms of number of drinks, in order to explore whether the traditional focus on this aspect was relevant to these participants. Second, what benefits do they associate with drinking alcohol? Third, what triggers excessive drinking? Our analysis shows that binge drinking is defined not by reference to units of alcohol, but rather in terms of its behavioural outcome (see also Gill *et al*^[22]). When asked to estimate the number of drinks normally consumed on a night out, and the time this might take, respondents showed some sensitivity as to how this might be interpreted by others. They stressed the frivolous nature of going out and having a lot to drink. When describing triggers, the social nature of drinking was emphasised throughout. These points will be discussed more fully in turn.

(i) What is ‘binge drinking’?

When asked what constitutes binge drinking, respondents in this study largely defined it by describing the effects that excessive alcohol consumption has on the body and on behaviour, *despite* the fact that the question was worded in terms of numbers of drinks consumed. This can be seen in the following extracts (interviewers’ talk is in bold type):

Q038

171 **How many drinks would you associate with the term binge drinking?**

172 I’ve got a friend who’s good at that. Enough to make you violently ill, but I

173 mean I suppose it depends on who you are how you would define binge

174 drinking.

Q074

299 **Okay, so how many drinks would you associate with binge drinking?**

300 I suppose as many drinks as it takes to get you drunk, I don’t know.

Q040

109 **If I said to you to define binge drinking first of all for girls and then for**

- 110 **boys, how would you do it, how many would you say?**
 111 How many?
 112 **Yes.**
 113 I wouldn't actually put a number on it, I'd put their actual state after drinking
 114 so much

In the first 2 extracts, although the interviewees are asked how many drinks they would associate with binge drinking, they avoid providing a number or quantity, and refer instead to consequences: “enough to make you violently ill” (Q038, line 172); “as many drinks as it takes to get you drunk” (Q074, line 300). In extract Q040, the question is posed slightly differently; the interviewee is asked to define binge drinking. She explicitly rejects the notion of quantity *per se*: “I wouldn't actually put a number on it” (line 113), then contrasts this with the way she would define it: “I'd put their actual state after drinking so much”.

Two other features of these extracts are of particular note. First is the expression of uncertainty about the response provided: “*but I mean I suppose it depends on who you are how you would define binge drinking*” (Q038, lines 172-174; emphasis added); “*I suppose as many drinks as it takes to get you drunk, I don't know*” (Q074, line 300, emphasis added).

The second interesting feature is participants' references to other people's behaviour (and, indeed, the fact that they do not refer to themselves directly). In extract Q038, this is explicit. The response begins “I've got a friend who's good at that” (line 172). The pronoun ‘you’ is used here (“enough to make *you* violently ill”) and in extract Q074: “as many drinks as it takes to get *you* drunk”. This allows the hearer to infer that this is generalised behaviour. The use of ‘I’, by contrast, would have made the response particular to that individual. We can see further examples of expressions of uncertainty and reference to other people in the following extracts:

Q013

216 **How many drinks would you associate with binge drinking**

[...]

219 I don't know, can't remember. Probably, maybe about ten drinks.

Q108

209 **How many drinks would you associate with the term binge drinking**

[...]

211 I would imagine it would be quite a lot, I don't know about well over twenty?

Q080

140 **So you would, would you put a number on it in the number of drinks that**

141 **would make a binge?**

142 I think it just depends on the individual to be honest with you because I think
 143 if people drink sort of most days or they're used to drinking quite a lot it's not
 144 abnormal for them to go out on a Saturday night and maybe have ten drinks
 145 whereas somebody that doesn't drink very often they maybe go out and have
 146 ten drinks, that's seen as being obviously more of a binge because they don't
 147 drink as much.

In Q013, there is a lengthy preamble prior to providing an estimated number: "I don't know, can't remember. Probably, maybe about 10 drinks" (line 219). Similarly, in Q086, the interviewee begins "I don't know, I think it's sort of, I think, you know". The respondent in Q108 uses the conditional tense – "I would imagine it would be quite a lot" and expresses her uncertainty by making the same direct claim "I don't know." Her earlier use of 'quite' and then 'about', 'well over' and a rising intonation at the end similarly denote imprecision and uncertainty.

We might conclude from this that participants are aware that there is a correct answer, that they do not know it and that they are therefore reluctant to 'own' a response that might be wrong. However, none of the interviewees indicated that this might be the case, for example by saying so explicitly, or by asking whether they had estimated correctly. An alternative interpretation of these expressions of uncertainty is that there is something problematic about

providing this kind of information. Respondents may be orienting to the ways in which ‘owning up’ to drinking in such large quantities might be interpreted by the hearer.

That participants might be avoiding negative inferences can be seen in their references to other people’s behaviour. This can be seen in extract Q080, where the respondent mainly uses the third person plural to describe binge drinking: “if people drink sort of most days or *they’re* used to drinking quite a lot it’s not abnormal for *them* to go out on a Saturday night and maybe have ten drinks whereas somebody that doesn’t drink very often *they* maybe go out and have ten drinks” (lines 143-146; emphasis added).

(ii) Why do these participants drink alcohol?

Participants in this study stressed the frivolous aspects of drinking alcohol, and this can clearly be seen in the following extract:

Q013

408 **Coming on now to drinking and behaviour, what do you personally get**
409 **out of drinking, what do you enjoy about it the most?**

410 I like going out and socialising, meeting new people, letting go of yourself,
411 you know, just doing stupid things and relaxing, just having fun basically.

One of the things that this interviewee enjoys most about drinking alcohol is “just doing stupid things”. This suggests that alcohol enables the drinker to engage in behaviour that is perhaps less inhibited than usual. Lee^[38] has explored the different ways in which the particle ‘just’ can function. Here, it has a deprecatory force, which further adds to the sense of activities that are light-hearted in nature. She provides a gloss summing up her response: “just having fun basically.”

It is interesting to note the pronoun shift in this extract. The respondent begins using the first person singular – “I like going out and socialising”, then moves to the second person – “letting go of yourself”. The effect, as discussed above, is to suggest that this behaviour is generalised, and this helps to deflect potential negative implications for the speaker. In the following extracts, we can see the same rhetorical devices being used to similar effect:

Q098

317 **What do you get out of drinking?**

319 Just a release and it's good fun, just a good night out, a good laugh.

Q023

331 **if somebody said to you what do you get out of drinking, I think you've**

332 **kind of referred to that already but how would you describe it?**

333 In the right situations, I just think it's good fun, like, I can have a night out

334 with the girls and like get really drunk and just be really, really rowdy, [

[...]

338 you're almost like pushing each other kind of seeing what you can do next,

339 what you're going to do, what you're going to make a fool out yourself doing

340 and it's good, it's harmless fun

Q116

275 **If I asked you to summarise what you got out of drinking, how would you**
276 **describe that?**

277 It's a sociable thing definitely, it's like, say the girls gathering round, having a

278 couple of drinks and just talking and I suppose drinking while you're talking,

279 to get drunk, to get happy and just to, not to forget things, there's nothing

280 really in my life to forget when I think like that so, it's just to have a dance

281 and do silly things and I think that would be it.

In extract Q098, the respondent provides a list of what she gets out of drinking, and these also suggest that alcohol simply has a disinhibiting effect, emphasised by the repetition of ‘just’: “Just a release and it's good fun, just a good night out, a good laugh”. The interviewee in extract Q023 also claims “it's good fun” (line 333), and then that drinking allows her to “be really, really rowdy”. She describes “mak[ing] a fool out of yourself” (line 339), and provides a similar gloss to that in extract Q013: “it's good, it's harmless fun.” In extract Q116, the

interviewee also uses ‘just’ and refers to light-hearted activities: “it’s just to have a dance and do silly things” (lines 280-281). By stressing the frivolity surrounding their drinking, these participants make an implicit contrast between what they are doing and what is commonly referred to as ‘serious’ drinking (which might legitimately cause some concern). We are left to infer that these people are not ‘serious’ drinkers, a description that would have quite negative implications for them. We can see here that functionally, what is being done is quite subtle and therefore powerful. Leaving the hearer to draw his or her own conclusions can be rhetorically more effective than making the straightforward claim “I am not a serious drinker”. Furthermore, such a statement might be open to challenge, or might involve further discussion of a problematic aspect of drinking in terms of its potential implications for the interviewees.

Another notable feature can be seen in extract Q023. When the respondent talks about drinking to this extent, she makes it clear that she is in the company of another or others doing the same thing: “I can have a night out with the girls and like get really drunk” (lines 333-334). The respondent in extract Q116 makes explicit the fact that drinking is “a sociable thing [...] it’s like, say the girls gathering round, having a couple of drinks and just talking” (lines 277-278). This emphasises that such practices are normal in this particular group of people, which works to counter any negative implications for the individual who is speaking.

(iii) What kinds of things trigger more excessive drinking than normal?

Participants stressed the social nature of factors that might cause them to drink more heavily than usual. These included the shared context in which this drinking takes place, and the effects that alcohol can have on social confidence.

The following extracts demonstrate that triggers involved shared events:

Q013

390 **so what sort of things apart from birthdays trigger you drinking most?**

391 Relaxing, if you've just handed in an assignment, just social, you want to go
392 out with your friends, catch up with them

Q035

230 **what situations would encourage you to drink the most?**

231 I usually drink a lot, like as I said I've got exams coming up, so usually we'd
232 go out the night after the last exam, so particularly stressful situations during
233 the day we would go out that night, celebration type things.

Q116

215 **What situations would you find yourself drinking the most?**

217 Before we go out say at weekend nights, celebrations as well, birthdays, end of
218 exams, that's about it really.

The triggers described here relate to general features of student life – “you’ve just handed in an assignment” (Q013, line 391); “we’d go out the night after the last exam” (Q035, line 232); “end of exams” (Q116, lines 217-218). Participants do not simply offer these examples, they also make relevant the fact that they are shared activities. This is explicit in Q013: “just social, you want to go out with your friends, catch up with them” (lines 391-392). In extract Q035, the interviewee uses the pronoun ‘we’ to the same effect: “we’d go out” (lines 231-232); “we would go out that night” (line 233). She provides a gloss at the end in which these types of events are categorised as “celebration type things”. Celebrations are culturally understood as social events. The pronoun ‘we’, and the same categorisation, are used in Q116: “we go out say at weekend nights, celebrations as well, birthdays, end of exams” (lines 217-218).

Participants in this study also made reference to the fact that alcohol can confer social confidence on the drinker:

Q101

263 what do you enjoy most about it?

264 I think the confidence, I don't necessarily have that much confidence but I
265 quite like, if I've had a few drinks I'll be more inclined to dance or something
266 which I don't really do if I haven't had a drink, I worry that everyone stares at
267 you, you know, so, but if I've a few drinks I'll quite happily get up and have a
268 dance so I like that side of it.

Q078

218 If you had to summarise it, what do you get out of drinking?

219 I don't know, I think you're obviously if you're with people that you wouldn't
220 usually socialise with, drinking helps you to socialise I think you feel a bit
221 more comfortable and confident and I like that feeling

Q115

237 how would you describe what you get out of drinking?

238 Probably a bit more confidence, quite sociable I think to a certain extent and
239 then I think there's some people that just go above that, it's anti-social then,
240 but I think for me it'd be sociable.

In extract Q101, the interviewee suggests that alcohol gives her the confidence to dance in front of other people. There are three points of interest here. First, she provides a description of herself that provides an inferential context, or a reason for using drink in this way: "I don't necessarily have that much confidence" (line 264); "I worry that everyone stares at you" (lines 266-267). Second, on two occasions she uses the phrase "a few drinks" (line 265 and line 267) to suggest some level of moderation. The third point of interest is that drinking enables her to engage in dancing, a normal, social activity, and not, for example, more riotous behaviour. Thus, the use of alcohol to enhance social confidence is set in a context in which, in moderate amounts, it helps the drinker to engage in everyday social activities.

The respondent in Q078 also provides a context that offers a reason for drinking: “obviously if you’re with people that you wouldn’t usually socialise with, drinking helps you socialise” (lines 219-220). With ‘obviously’, she sets this up as something that can be taken for granted, and the use of ‘you’ also suggests that this behaviour is generalised.

When respondents describe alcohol as useful in enhancing social skills, they allow the hearer to infer that their drinking is not ‘anti-social’, a term that is commonly used in connection with excessive consumption of alcohol. In extract Q115, the interviewee makes this contrast explicit. Drinking gives her “a bit more confidence”, allowing her to be “quite sociable”. However, she points out “there’s some people that just go above that, it’s anti-social”. We can see, then, that to describe alcohol in terms of its social benefits also allows the speaker to suggest that these people do not engage in the kind of drinking that might have negative connotations.

These extracts also share a characteristic that has already been discussed in relation to respondents’ descriptions of binge drinking. This is the expression of uncertainty or imprecision. Responses begin “I think” (Q101), “I don’t know, I think” (Q078; “I think” is repeated in line 220), “[p]robably ... I think to a certain extent” (Q115; “I think” is repeated twice in the following two lines). We argued above that this feature might indicate some reluctance to ‘own’ behaviour that may have negative implications for the speaker. Our interpretation here is that it may be somewhat problematic for these participants to respond to a question that asks them to say what they enjoy about or “get out of” drinking. To put the question in this way may suggest that the benefits are personal, and we have seen throughout this analysis that participants work to *generalise* their drinking behaviour, to present it as part of the normal, social activities in their group.

Discussion

Discourse analysis of interview extracts has revealed three main areas of interest in participants' responses. First, binge drinking is explicitly defined in terms of its effects, and not quantities consumed. Second, it is characterised as an enjoyable activity. Third, it helps people to socialise.

Close examination of the ways in which participants talked about binge drinking, and in particular the focus on function as well as content, demonstrates participants' orientation to others' views of the amounts they consume, and sensitivity to potential negative inferences. For example, they used expressions of imprecision or uncertainty about how much drink constitutes a binge, and what they get out of binge drinking. They used 'you' rather than 'I' when talking about this behaviour, which suggests it is generalised. This worked to shift responsibility from the individual. Similarly, participants used the pronoun 'we' rather than 'I', and provided social context in their descriptions of binge drinking, to suggest that this is a social activity. The implicit claim here is that this behaviour is, therefore, not 'anti-social'. Participants talked about binge drinking as a frivolous pursuit, and this functions to set up an implicit contrast between their consumption of alcohol and 'serious' drinking, in a way that is subtle and therefore less likely to be challenged. Thus, binge drinking is carefully constructed as a harmless activity that can enhance social interaction, and is therefore strategic. From the point of view of participants, it takes place within certain socially acceptable boundaries.

Potter & Wetherell^[36] suggest that "a set of analytic claims should give coherence to a body of discourse" (p170) and that an analysis can be considered valid to the extent that it is fruitful, or useful in helping us to understand an area of research. Our analysis provides a

coherent picture of the ways in which participants talk about their alcohol use. At the level of content, our results are similar to those described in MacAskill's^[25] report on young people in Scotland. In addition, our analysis of the function of talk brings out some of the complex issues that may be at stake when people are asked about their drinking patterns.

This research highlights four important features that are relevant to the literature relating to binge drinking in a group of people who are the object of some concern with regard to their future health. These will be discussed below, along with their implications for future health education in this area.

First, participants did not describe binge drinking in terms of quantity, but rather in terms of its intended effect. This suggests that it is indeed fruitful to broaden the focus of research beyond descriptions of quantities consumed, as we argued in our introduction. In terms of health education, the UK government has proposed that information on recommended units be provided on bottles and cans in order to encourage "sensible drinking"^[28]. Our findings suggest that knowledge of recommended units may be of limited relevance to this group, whose binge drinking is at times quite deliberate and strategic.

The second important feature is linked to the first. To the extent that people reject the category of 'serious drinker' as a self-description, they may well reject any "sensible drinking" messages aimed at such a group. It is notable that attempts in Scotland to raise awareness of the risks of drinking have been *least* successful with heavy drinkers, the majority of whom described themselves as 'light to moderate' consumers of alcohol^[39]. Furthermore, evidence suggests that the effectiveness of labelling is modest and while it might increase awareness it does not significantly change behaviour^[40]. If binge drinkers do

not see their drinking as serious, then health education is challenged to present a message that seems relevant to ‘social’ drinkers. An appreciation of what binge drinking means to those who do it is therefore necessary.

The third feature of note is that, in participants’ descriptions, binge drinking helpfully lessens inhibitions and takes place within socially acceptable boundaries. This is similar to MacAskill and colleagues’^[25] findings that, among 15 to 24-year olds in Scotland, the aim of binge drinking was to reduce inhibitions and have fun in a controlled way. It confirms the importance of culture in establishing norms and influencing behaviour^[23], a notion that is reflected in the UK government’s strategic approach to reducing binge drinking, which includes ‘culture change’. Our study also supports the value of a qualitative approach to research in this area, for the insights it can provide into drinkers’ own perceptions of their behaviour. Such insights can be used to tailor health education so that it has some relevance to particular groups.

As well as providing us with valuable insights into the culture of young, Scottish female students, our research also shows how their views are located in the wider social context. The fourth important feature of our findings is that, throughout their talk, respondents displayed sensitivity to the ways in which their drinking behaviour might be judged by others. This demonstrates the usefulness of discourse analysis, which explores the function as well as the content of data. In terms of health education, it suggests that this group does not act out of ignorance of more widely accepted (“sensible”) drinking behaviour, and that provision of this type of information might therefore be of limited relevance.

Acknowledgements

The authors wish to acknowledge the work of Pam Warner, who was involved in designing the questionnaire schedule, and Marie Donaghy, who carried out a number of the interviews.

References

- (1) Plant MA, Plant ML. *Binge Britain: Alcohol and the National Response*. Oxford: OUP, 2006.
- (2) *Society: Drinking*. UK Office for National Statistics. 2006.
- (3) Jefferis BJ, Poer C, Manor O. Adolescent drinking level and adult binge drinking in a national birth cohort. *Addiction* 2005; **100**:543-549.
- (4) Jennison KM. The short-term effects and unintended long-term consequences of binge drinking in college: A 10-year follow-up study. *American Journal of Drug and Alcohol Abuse* 2004; **30**:659-684.
- (5) McCarty CA, Ebel BE, Garrison MM *et al*. Continuity of binge and harmful drinking from late adolescence to early adulthood. *Pediatrics* 2004; **114**:714-719.
- (6) Bonomo YA, Bowes G, Coffey C *et al*. Teenage drinking and the onset of alcohol dependence: A cohort study over seven years. *Addiction* 2004; **99**:1520-1528.
- (7) Newbury-Birch D, Lowry RJ, Kamali F. The changing patterns of drinking, illicit drug use, stress, anxiety and depression in dental students in a UK dental school: A longitudinal study. *British Dental Journal* 2002; **192**:646-649.
- (8) The Prime Minister's Strategy Unit. *Interim Annual Report*. 2003. London, The UK Cabinet Office.
- (9) Turner JC, Shu J. Serious health consequences associated with alcohol use among college students: Demographic and clinical characteristics of patients seen in an emergency department. *Journal of Studies on Alcohol* 2004; **65**:179-183.
- (10) Mohler-Kuo M, Dowdall GW, Koss MP, *et al*. Correlates of rape while intoxicated in a national sample of college women. *Journal of Studies on Alcohol* 2004; **65**:37-45.
- (11) von Ah D, Ebert S, Ngamvitroj A, *et al*. Predictors of health behaviours in college students. *Journal of Advanced Nursing* 2004; **48**:463-474.

- (12) Perkins HW. Surveying the damage: A review of research on consequences of alcohol misuse in college populations. *Journal of Studies on Alcohol* 2002; **14**:91-100.
- (13) Department of Health. *Sensible Drinking: The Report of an Inter-Departmental Working Group*. 1995. Wetherby.
- (14) *The Scottish Health Survey: Adults*. Vol 2. 2005.
- (15) Gill J. Reported levels of alcohol consumption and binge drinking within the UK undergraduate student population over the last 25 years. *Alcohol and Alcoholism* 2002; **37**(109):120.
- (16) Wright NR, Cameron D. A pilot study of prospectively recorded drinking patterns among British men who habitually drink 1-4 units of alcohol per day. *Alcohol and Alcoholism* 1997; **32**:777-778.
- (17) Measham F. The big bang approach to sessional drinking: Changing patterns of alcohol consumption amongst young people in North West England. *Addiction Research* 1996; **4**:283-289.
- (18) Moore L, Smith C, Catford J. Binge drinking: Prevalence, patterns and policy. *Health Education Research* 1994; **9**:497-505.
- (19) Alcohol Concern. *Young people's drinking: Fact sheet 1*. 2004. London, Alcohol Concern.
- (20) British Medical Association. *Adolescent health*. 2003. London, British Medical Association.
- (21) Hibell B, Anderson B, Bjarnson T, *et al*. *The ESPAD report 2003: Alcohol and other drug use among students in 35 European countries*. Stockholm. Modin Tryck AB, 2004.
- (22) Gill JS, Donaghy M, Guise J *et al*. Descriptors and accounts of female undergraduate drinking in Scotland. *Health Education Research: Theory and Practice*.(in press).
- (23) International Center for Alcohol Policies. *ICAP blue book: Practical guides for alcohol policy and prevention approaches*. International Center for Alcohol Policies . 2005.
- (24) Baer JS. Student factors: Understanding individual variation in college drinking. *Journal of Studies on Alcohol* 2002; **14**:40-53.
- (25) MacAskill S, Cooke E, Eadie D *et al*. *Perceptions of factors that promote and protect against the misuse of alcohol amongst young people and young adults: Final report prepared for the Health Education Board on behalf of the Scottish Advisory Committee on Alcohol Misuse*. 2001. Glasgow, Centre for Social Marketing.
- (26) Scottish Executive. *Plan for action on alcohol problems*. 2002. Edinburgh, Scottish Executive.

- (27) World Health Organisation. *Young people's health - a challenge for society: Report of a WHO study group on young people and 'health for all by year 2000'*. 1986. Geneva.
- (28) UK Government. *Plan confronts heavy-drinking culture*. UK Government . 2005.
- (29) Pickard M, Bates L, Dorian M, *et al.* Alcohol and drug use in second-year medical students at the University of Leeds. *Medical Education* 2000; **34**:148-150.
- (30) Wechsler H, Davenport A, Dowdall G, *et al.* The adverse effect of heavy episodic drinkers on other college students. *Journal of Studies on Alcohol* 1995; **56**:628-634.
- (31) Hingson R, Heeren T, Winter M, *et al.* Magnitude of alcohol-related mortality and morbidity among US college students aged 18-24: Changes from 1998 to 2001. *Annual Review of Public Health* 2005; **26**:259-279.
- (32) Edwards D. *Discourse and Cognition*. London: Sage, 1997.
- (33) Gergen KJ. The social constructionist movement in modern psychology. *American Psychologist* 1985; **40**:266-275.
- (34) Pomerantz A. Extreme case formulations: A way of legitimizing claims. *Human Studies* 1986; **9**:219-230.
- (35) Hutchby I, Wooffitt R. *Conversation Analysis: Principles, Practices and Applications*. Cambridge: Polity, 1998.
- (36) Potter J, Wetherell M. *Discourse and social psychology: Beyond attitudes and behaviour*. London: Sage, 1987.
- (37) Schegloff EA. Confirming allusions. *American Journal of Sociology* 1996; **104**:161-216.
- (38) Lee J. The semantics of just. *Journal of Pragmatics* 2005; **11**:377-398.
- (39) Health Education Board for Scotland. *Health Education Population Survey*. 2002.
- (40) International Center for Alcohol Policies. *Alcohol education and its effectiveness: ICAP reports 16*. International Center for Alcohol Policies . 2004.