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Perception of Excessive Drinking Among Irish College Students: A Mixed Methods Analysis

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Abstract

This paper examines students' perceptions of excessive drinking using statistical vignettes based on standard alcohol misuse markers used in the WHO Alcohol Use Disorders Identification Test (AUDIT). Quantitative analyses revealed stark heterogeneity in students' perceptions of alcohol excess both in terms of their own self-rated excessiveness and in terms of their general conceptions of excessiveness. Interpretive Phenomenological Analysis (IPA) of focus group data with student drinkers revealed four themes mediating perception of excess: Perception of Normal Drinking; Perceived Indicators of Excess; Reactions to Alcohol Guidelines; Justifications for Excessive Alcohol Consumption.

Key Words: Mixed Methods, Alcohol, Vignettes, Student Health, Focus Groups.* [a] UCD Geary Institute

1. Introduction

Objective definitions of excessive alcohol consumption have been heavily debated in recent years in the epidemiological literature. Of equal importance is the subjective definition of excessive drinking used by individuals in their normal environments. This paper combines quantitative and qualitative approaches to explore lay conceptions of excessive drinking and compare these to those used in the alcohol epidemiological literature. Specifically, the paper examines Irish college students, who now represent the majority of the age-cohort in the Republic of Ireland and are a particularly important group with respect to addiction and mental health problems.

The existing evidence on Irish student alcohol consumption comes mainly from a number of health studies conducted during the last decade. The most systematic attempt, to date, so far to examine Irish college drinking patterns comes from the College Lifestyle and Attitudinal National (CLAN) Survey (Hope, Dring & Dring, 2004). The CLAN Survey suggested that binge drinking (defined as drinking 75 grams of pure alcohol in one sitting) at least once a week was common among both male (61 per cent) and female (44 per cent) students. Out of every 100 drinking occasions, 76 ended in binge drinking for male students and 60 for female students (Hope et al., 2004). Being sociable, drinking for enjoyment and drinking for relaxation were the reasons most students cited for consuming alcohol. One in ten students used alcohol to forget worries and one in twenty used alcohol when anxious or depressed.

The main measure that we used to assess excessive alcohol consumption in this study was the Alcohol Use Disorders Identification Test (AUDIT), which was developed by the World Health Organisation as a screening instrument for excessive drinking and early alcohol problems (Babor, Higgins-Biddle, Saunders & Monteiro, 2001). It was designed for use in a variety of

healthcare settings, to identify whether an individual's drinking patterns in the previous year could be considered hazardous (or risky) drinking, harmful drinking or alcohol dependence, and intervention could thus be tailored to the degree of excessive drinking. The 10-item AUDIT has been standardised for international use and was validated in six countries on a primary healthcare population. Babor et al. (2001), in their guidelines for AUDIT use, proposed that scores between 8-15 should be seen to reflect possible hazardous drinking, or a medium level of alcohol problems, while scores of 16 or higher tend to reflect a high level of problems. However, the authors also point out that lowering or raising these cut-off scores often depends on the population under study.

In terms of the specifics of the AUDIT scale, excessive alcohol consumption is indicated by 10 markers: frequency; volume; binge drinking frequency; inability to stop drinking having started; failure to meet work expectations due to drinking; feelings of remorse following drinking; use of drinking to get started in the morning; memory blackouts; doctor or family warnings; and injury. Kokotailo, Egan, Gangon, Brown, Mundt & Fleming (2004) tested the psychometric properties of the AUDIT with university students, against a detailed interview and timeline follow-back of recent drinking history. A cut-off score of 6 or more on the AUDIT was found to predict high-risk drinking and in this sample the AUDIT was found to be better at predicting high-risk drinking than predicting alcohol dependence. O'Hare & Sherrer (1999) also examined the validity of the AUDIT with students, against the Drinking Context Scale and the College Alcohol Problem Scale, which measure hazardous and harmful drinking respectively. The use of the AUDIT was supported as a screening measure for problem drinkers in a university population.

Having a taxonomy such as the AUDIT allowed us to (a) assess the individuals in terms of their own drinking (b) examine the extent to which individuals' own drinking as assessed by the AUDIT corresponds with their own self-rated judgments of excessiveness and (c) examine the extent to which the respondents view different types of behavior described by AUDIT items as being actually excessive. The use of programmed surveys is particularly instructive in this regard as it enabled us to randomly assign different levels of each of the AUDIT items to the vignettes and thus, for the first time, we were able to examine the thresholds for excessive consumption used by lay-people in their own evaluations across several dimensions of drinking. However, to understand the quantitative results of this paper, it is vital to understand that markers of alcohol use disorder are generally conceived of as discrete, with the presence of a marker being considered indicative of underlying dysfunction even it occurs rarely. Thus, a student who claimed that, for example, memory loss after drinking is mild if it occurs once a year is misaligned with standard epidemiological views. Indeed, the AUDIT and other measures generally will only assess whether the marker happened within the last year or before the last year.

Using a standardised scale as the benchmark for evaluations of excess allowed little room for exploring in-depth aspects of students' perceptions that may not have been known to the researcher in advance. Qualitative analysis of focus-group data enabled us to examine in more detail the context in which these evaluations are set and to construct a more complete picture of the assumptions students hold about excessive alcohol consumption.

2. Survey, Focus Groups and Method

The sample for the quantitative survey in this study was recruited on-line from a large Irish university. A considerable incentive was offered for participation (10 prizes of 1,000 euro). In total, 3450 students completed the survey. The mean age of the sample was 21.5 years, and 90 per cent of the sample was below the age of 25. The male to female ratio of respondents was 45 per cent to 55 per cent. Students who drank alcohol were administered a number of alcohol screening measures including the AUDIT. Participants were then asked whether they rated their own drinking as "mild", "moderate" "a cause for concern", "excessive", or "extreme". Each respondent also rated the drinking behaviour of a hypothetical peer in nine vignettes corresponding to the first nine items on the AUDIT scale, with randomly assigned levels of severity according to frequency. The vignette questions are contained in the Appendix A.

As previously stated, focus groups with student drinkers from the same university provided the qualitative data for the study. To recruit for these focus groups two researchers approached students on campus that were either alone or in groups, briefly explained the background of the study and asked if they were willing to participate for an incentive of €10. In total, 32 students participated in five separate focus group discussions (mean age 20 years, range 18-23 years). Each participant completed a demographic profile and consent form at the beginning of the group discussion. Students from all academic years and from a variety of faculties (Arts, Engineering, Business and Science) were represented. Twenty students lived at home with their families during the college year, while 10 lived in rented accommodation and 2 lived on campus.

An interview schedule regarding several different aspects of the alcohol environment was initially piloted on two focus groups. The interview schedule was then used in five focus group

discussions which provided the qualitative data for the study (see Appendix B for interview schedule). As the discussions were semi-structured the researcher often used probing questions which were not common to all groups. The focus groups, each approximately one hour in length, were conducted separately at various times and over a number of days, in a room at the Geary Institute and moderated by a trained facilitator and assistant. The number of participants per group ranged from five to eight.

The focus group discussions were electronically recorded. The recordings were transcribed by a professional service and the researchers subsequently checked the transcribed data. Interpretive phenomenological analysis (IPA) was chosen to analyse the focus group data. This method seeks to explore in detail the account of subjective experience, identifying shared themes in perceptions and attitudes across focus groups in order to bring meaning to the account (Smith, Jarman & Osborn, 1999). As this study sought to gain insight into student perspectives on alcohol consumption and the factors underlying these views, IPA was deemed the most suitable qualitative method of analysis for the data. Two researchers separately conducted an IPA on the transcribed focus group data following the method described by Smith et al. (1999). Each transcript was thoroughly read a number of times and notes and comments regarding preliminary interpretations were made alongside the participants' statements, thus ensuring a clear link between the researcher' interpretation and the actual data. Next, emerging themes from these interpretations were given titles and similar themes were clustered together. Proposed themes were then discussed and brought together meaningfully into an IPA structure.

3. Results

3.1. Quantitative Assessments of Excessiveness

Self-Rated Excessiveness

Mean score of respondents on the AUDIT was 12.25 with a standard deviation of 5.97. In their self-ratings of drinking behaviour, 26.92 per cent of respondents described their own drinking as mild. 43.86 per cent described their own drinking as moderate. 18.5 per cent described their drinking as some cause for concern. 9.62 per cent described their drinking as excessive and 1.51 per cent described their drinking as extreme. Of those who described their drinking patterns as mild the mean AUDIT score is 6.62, followed by 11.55 for those who describe their drinking as moderate, followed by 17.04 who describe their drinking as some cause for concern, followed by 20.2 for those who describe their drinking as excessive and 25.49 for those who describe their drinking as extreme.

While, on average, students' assessments were roughly in line with several papers that have recommended cut-off points for the AUDIT scale, it is clear that there is substantial heterogeneity in student's assessments of their own drinking as evidenced by the wide standard deviation in the AUDIT score of students who describe themselves as being in the different categories. For example, for those students who described themselves as moderate the standard deviation is 4.28 units, with over 20 percent of "moderate" drinkers in fact scoring more than 20 on the AUDIT scale.

Evaluation of Quantity and Frequency Markers of Excessiveness

The results from the anchoring vignettes responses are contained in Table 1 below, showing the individual breakdown of responses according to each situation presented. With

regards to drinking frequency, 83.81 per cent of students perceived twice weekly drinking to reflect a mild drinking habit, but the figure for perceived mild drinking dropped to 39.5 per cent when the number of drinking sessions per week was four. This was the largest change in response percentages for this category when the frequency was changed. With regards to daily drinking 27.04 per cent of students believed that it was of some cause for concern, 13.7 per cent believed it to be excessive and 9.98 per cent felt it was extreme.

It is difficult to judge from frequency markers alone whether students are misaligned from expert judgments as it possible that frequent drinking is not necessarily excessive if the quantities are small. However, the responses to vignette questions related to number of drinks consumed reveal substantial ambivalence about guidelines related to excessive consumption. While the majority of students (62 per cent) perceive drinking 10 or more drinks as being excessive or extreme, a substantial minority (12 per cent) perceived this to be mild or moderate drinking and 26 per cent indicated that it was some cause for concern. This is more pronounced for the case of six or seven drinks, where the majority of respondents consider this to be mild or moderate despite the fact that it exceeds WHO guidelines. A separate vignette aimed to assess students' perception of heavy single occasion drinking through their attitude towards drinking six or more drinks in one drinking session. On a weekly basis, more than half of students surveyed (51.61 per cent) believed that this was still moderate drinking, 30.79 per cent felt there was some cause for concern and only 8.21 per cent perceived it to be excessive. When it happened more than once a week, 23.6 per cent of students still believed it to be moderate drinking, while 43.58 per cent felt it might be some cause for concern and the figure for those who perceived it to be excessive rose to 24.16 per cent.

Evaluation of Outcome Markers of Excessiveness

In addition to quantity/frequency markers, outcome markers are also commonly used to assess alcohol use disorders. As with the frequency markers, there was considerable ambivalence among respondents about whether outcome markers indicated excessive drinking with opinions varying across outcomes and across the frequency of outcomes rather than being explicitly negative toward each outcome. The first thing of note is that, with the exception of injuring oneself or needing to drink to "get going" in the morning, less than fifty percent of the students perceive each of the remaining markers to be excessive provided they only occur once a year. While many of the remaining students do perceive the behaviours to be a source of concern, it is also clear that a substantial minority consider these behaviours to be mild or moderate. The most serious markers, according to student assessments, are needing a drink to get going and injuring oneself with memory loss and feelings of guilt generally viewed as less excessive.

3.2 Qualitative Assessments of Excessiveness

The above analysis allowed us to quantitatively benchmark students' subjective perceptions of excessive alcohol consumption against a structured model of alcohol problems. The qualitative work allowed for a deeper examination of the subjective structure of the students' alcohol attitudes. From the analysis of the focus group data the four super-ordinate themes that were believed to reflect how students conceive excessive consumption are:

1. Perceived Normal Drinking Behaviour
2. Perceived Indicators of Alcohol Excess
3. Reactions to Guidelines of Excessive Consumption

4. Justifications for Excessive Alcohol Consumption

Three of these super-ordinate themes contain a number of sub-themes. For structure purposes the themes below will be numbered, although these numbers have no bearing on the importance of each theme or its weighting in the data. Each theme and sub-theme is presented alongside the participants' quotes from which it was formed.

Theme 1: Perceived "Normal" Drinking Behaviour

This theme emerged from references the participants made to drinking patterns and behaviours which they perceived as normal and commonplace among their peers, particularly regarding assumed normal levels of alcohol quantities. Interpretation of perceived normal drinking behaviour should be considered an important prerequisite to examining what the participants perceive as excessive.

"Well six cans is the normal like, so that's 12 units before you've even hit the nightclub. Then you go in and you have a few drinks [inaudible], to get into the mood of the nightclub, or whatever. So you could have three pints. So you're up to 18 units. And then you have a few other drinks and stuff so like. Like it's a typical college night and stuff like that, and I just think that the terminology of 'binge drinking' is ridiculous pretty much. It's sort of, that's taking like an average of all ages rather than college life or people between 18 and 25 and stuff like."

(Male, FG2)

Female 1 (FG3): ***"And like bad as it sounds, I'd have a naggan[i] of vodka probably."***

Female 2 (FG3): ***"How is that bad? How is that bad?"***

Female 3 (FG3): ***"I had it last night."***

Female 2: ***"That's grand."***

Female 3: ***"That's normal, I know people that have a shoulder[ii]."***

Notably, the statements relating to perceived normal quantities of alcohol consumed on a ***"typical college night"*** exceed the recommended guidelines for alcohol consumption in a single-occasion drinking period, including those of the WHO AUDIT. Additionally it is interesting to note that the students reveal certain rules of thumb used in recalling the quantities which they mention are typically consumed- i.e., ***"six cans", "a naggan"-*** indicating that these amounts are common and standard within their peer group.

The perception of a normal quantity was also claimed to be context-dependent, specifically depending on whether it is consumed in a social context or alone:

"…if you're going down to the pub and you're watching a match and you're staying there for the evening and you have five pints, that's grand. But then like if it's a Monday night and no one wants to go out with you so you go down to the shop and buy six cans and sit at home and drink them by yourself like then that's a bit of a problem then."

(Male, FG1)

Implied in this statement and those above is the idea that judgements of normal or excessive drinking behaviour are often based on social acceptance of a drinking context or quantity.

Theme 2: Perceived Indicators of Alcohol Excess

The six sub-themes contained below are those which emerged from participants' discussions of how they conceive alcohol excess.

Theme 2(a): Excess dependent upon individual differences

Some participants claimed that judgements of alcohol excess are often person-specific, i.e. how an individual reacts to the amount they have consumed will determine whether they are perceived by others, or by themselves, to have drank excessively:

"there's no standard like how much units people can drink. Like some people can drink like, a couple of pints and they're wasted and some people can just drink so much more."

(Male, FG2)

"But it's totally on how you react to the alcohol because like, like I could have the same drink, amount of drink as her and just say if I was acting fine but she was getting sick like everyone would be like, "oh last night, the state of her" and no one would actually care that I drank loads, it'd be more like "fair play"… they wouldn't really care."

(Female, FG3)

Such statements imply that students often do not view the concept of alcohol excess in the fixed terms it is typically referred to by health experts, but rather it is the reaction of each individual to the alcohol that can determine whether the drinking is perceived as excessive. From this perspective, each person is assumed to have a different level of alcohol that they can consume before they experience adverse consequences and it is this individual limit or tolerance which influences how their drinking behaviour is perceived. Notably, when one student questioned whether there was universal health damage from a fixed amount of alcohol, the other students in the group responded that this was not the case:

Female, FG4: ***"But does it not, the same amount of alcohol not do the same amount of damage to everyone's liver kind of universally? Do you know what I mean?"***

Multiple, FG4: ***"No."***

Perceiving excessive alcohol consumption in terms of individual alcohol tolerance levels will undoubtedly influence how the students process and act upon government health recommendations for alcohol consumption, which instead propose specific limits for all. Therefore this way of thinking should be considered in the development of alcohol intervention policy.

Theme 2(b): Behavioural/physiological indicators of excess

Participants offered definitions of excessive drinking based on various behavioural and or/or physiological and cognitive reactions to alcohol intake- these included vomiting, motor and co-ordination impairment, memory loss and aggression.

"I don't know, excessive is when you're stumbling all over the place and you can't get your words out."

(Male, FG2)

"…if you don't remember it, you kind of, it is a bit much."

(Female, FG3)

"To the point where you're puking. You have to be brought home."

(Female, FG5)

From the students' accounts emerged a sense that they perceive a certain behavioural threshold with alcohol consumption beyond which such extreme reactions occur and it is the crossing of this threshold which qualifies as excess. The gulf between this perceived threshold and the consumption limits viewed by health experts should be of particular relevance to intervention policy.

Theme 2(c): Frequency of drinking

A high frequency of alcohol consumption was mentioned as an indicator of excessive drinking, but these definitions tended to be vague and inconsistent, e.g.:

"That someone is drinking a lot a lot. They're drinking… consuming an awful lot of alcohol very often."

(Female, FG5)

Only one participant offered a more specific frequency level which he believed would indicate excess; which was someone who drank his typical level of alcohol on a more regular basis (four times per week). This statement implies that he regards his level of consumption as safe because it occurs less frequently:

"I suppose you could say it's people who like drink on a more regular basis and drink the same amount as I would you know four times a week."

(Male, FG1)

In references to drinking frequency as an indicator of excess, it was always connected with alcohol quantity. Thus, it appeared the students in these focus groups might not have viewed number of drinking episodes per week as an indicator of excess, but rather if there was a lot consumed on each of these occasions it would qualify as excessive.

Theme 2(d): Quantity of alcohol consumed

The issue of excessiveness was probed in the focus group discussions by asking participants whether they ever viewed excessiveness in terms of quantity. The participants then proposed various amounts which they considered to be indicative of excessive consumption.

"You don't have to puke for it to be considered excessive. If you have like whatever, 10 drinks in four hours"

(Female, FG3)

Male 1, FG3: ***"But sometimes I can see a fixed amount like I mean 15 pints or 15 drinks or whatever, that would be kind of excessive alright"***

Female 1, FG3: ***"Because you know its wrong."***

Male 1: ***" … yeah, 'cause it's not …"***

Female 1: ***"It's not standard"***

Male 1: ***"… Exactly. It's not standard. Like something like I suppose over 15 would be just way off to the meter there you know."***

Male 2: ***"Even over, what we drink, 12 yeah."***

The amounts mentioned by participants all exceeded the recommended number of drinks for any one drinking period according to WHO guidelines discussed above of 6 or more drinks. The students in these focus groups who referred to quantity clearly do not hold a view in line with that of the epidemiological guidelines. There are also other issues worthy of consideration. Firstly, some of the participants mentioned alcohol quantities in terms of bottles, highlighting how the students use such measurements as heuristics when thinking about different alcohol levels- ***"two bottles of wine", "bottle of vodka", "half a bottle"***, etc. This differs from how levels of alcohol excess are conveyed in health warnings and guideline amounts, where the concept of alcohol units or a specific number of drinks is pervasive.

Secondly, students in the focus group conversation quoted above proposed that 12-15 drinks would be an excessive amount and they concluded that this judgement was based upon how it differs from their own levels, which they perceived to be standard. Thus, as previously discussed, these students are using their own conception of normal drinking patterns to decide on safe and unsafe levels of alcohol consumption. Thirdly, contrary to statements in the previous theme about behaviour as the main indicator of excess, some students felt that in some cases the quantity of alcohol consumed can be considered excessive and harmful, regardless of how the person reacts. However, this was in relation to quite a large quantity- in one case a litre of vodka:

"Well like I think even if it doesn't hit someone, like if someone can handle a lot of alcohol, like I've known some people that have had, like at Oxegen[iii] or whatever you know, like a litre of vodka and just, I think that's like just far too, it doesn't matter whether they're falling around the place or not, that's dangerous like. So I think that would be too much."

(Female, FG5)

Additionally, the time frame in which the alcohol was consumed was also considered important in determining whether a quantity was perceived as excessive.

Female 2, FG3: ***"Yeah definitely yeah. Like 15 drinks would be ridiculous."***

Female 1, FG3: ***"You would easily do that when you're on holidays and stuff because you're out for so long, you'd easily do that."***

This highlights that students sometimes may not see a fixed amount as excessive, but rather they may focus on the rate of consumption of this amount.

Theme 2(e): Alcohol use interfering with general functioning/ life

Some participants talked about how alcohol excess could be reflected through its effects on an individual's life or their general functioning,

"then maybe if you're missing out on stuff that you wouldn't usually because of alcohol, then you're drinking too much."

(Male, FG1)

Additionally if it became a feature in all areas of life then it was viewed as excessive:

"There's just some people no matter what they do they drink."

(Female, FG5)

For some this view was based on examples of these effects they have seen in others known to them, specifically that drinking behaviour had been chosen as an alternative to college attendance:

"How it affects the rest of your life really. There's people in the class, in our year who like disappear for weeks and just go on the piss for a few days straight. That's affecting their life."

(Male, FG1)

The above statements indicate that some students have acknowledged a connection between heavy drinking they have seen in others and negative life outcomes. However, the examples recalled by the participants regarding negative effects on college attendance could be interpreted as quite extreme, they are in reference to people who failed to attend a considerable amount of college due to their alcohol consumption.

Theme 2 (f): Negative health consequences

The issue of negative health consequences arose in some participants' discussions of alcohol excess. The immediate negative result of having the stomach pumped was mentioned:

Male, FG4: ***"I mean your, like, understanding of excessive drinking just changes as it goes up. Because like you always judge it on yourself or like your friends, or like some guy's, somebody like had to get his stomach pumped that you know … "***

Female1, FG4: ***" That's excessive."***

Female2, FG4: ***"…Yeah that is."***

In the longer term, weight gain and problems with skin, liver and kidneys were referred to and once again, examples were based on people the participants knew who have experienced such negative consequences:

"Some guys I was in school with say that I wouldn't really see, maybe once every couple of months, compared to the way they were years ago now they would have put on say two or three stone and just from probably drinking all the time. So I suppose putting on weight would be one thing from drinking for a few years heavy."

(Male, FG5)

No student in any of the focus groups mentioned any particular health outcomes for themselves and all of the people they had observed experiencing such outcomes were indicated to be heavy drinkers. This shows that although some of the students do recognise a connection between drinking behaviour and health outcomes, this is possibly only in the context of visible health consequences in those with higher consumption levels. The students did not speculate that their own rates of drinking may have cumulative health outcomes.

Theme 3: Reactions to official guidelines for alcohol consumption

The students in all focus groups were asked whether they ever think about their drinking in terms of the health recommendations and guidelines regarding an appropriate number of alcohol units. The six sub-themes below emerged from their reaction to recommended consumption levels and also the relevance they attribute to these health guidelines for alcohol use in their lives.

Theme 3 (a): Disregard for consumption guidelines

Firstly, some students seemed to be aware that certain recommendations exist but they claim to not take these into consideration in their drinking behaviours and many of their statements imply a clear disregard for the concept of alcohol guidelines:

"I know what the units are but I wouldn't consider them on a night out."

(Female, FG3)

"It's down to each person individually like to take some responsibility rather than having some, somebody saying "oh this, if you're drinking more than that then that's bad for you, this is bad for you". But sure if you're happy enough drinking more than that like should it not be down to yourself more so than someone like with a big stick at you."

(Male, FG1)

Theme 3(b): Disagreement with official definitions of binge drinking

In light of their disregard for consumption guidelines, some students offered their own definitions of what they believe does or does not constitute binge drinking, which contrasted significantly to those contained in official recommendations:

"Let's say if you have six bottles like you'd go down to the pub and lash in two more into you I wouldn't say that was binge drinking."

(Male, FG1)

"Binge is just like, say, like two or three nights in a row like. I wouldn't think of a night going into the double figures that's, if you do like four nights in a row I would call that binging."

(Female, FG1)

Theme 3(c): Harmful drinking only perceived as intoxication

It emerged that students often directly equate excessive alcohol consumption with intoxication and therefore they feel the recommended levels of safe drinking are unrealistic, as they believe that once you are not feeling drunk you are still within the range of safe drinking.

"And like you'd had nights out where you go home and you're perfectly sober yet you've had like three or four pints down the pub and stuff and that's, that's 8 units or 10 units or whatever… I think like cause it says binge drinking three pints or more, I just honestly think that's a joke… I wouldn't know one person, even from like the age of 16 or even 15 that would be like absolutely pissed drunk after drinking 6 units…It's a load of crap."

(Male, FG2)

If, as such statements would imply, students do not comprehend that the levels recommended by health experts relate to increased risk and not simply intoxication, they will continue to decide upon their own safe ranges of consumption.

Theme 3(d): Representation of alcohol guidelines

Furthermore, it emerged that reference effects influence the processing of alcohol recommendations for some students. Their understanding of consumption limits appears to be

conditioned by the behaviour of family and friends, which subsequently influences how they construct the meanings of alcohol recommendations for their lives:

"It's like those like … It's like those pamphlets that say alcoholism, it's like "if you drink more than this in a week you're an alcoholic", it's like "well I don't know anyone who drinks less than that in a week", whatever, so no, like you never think in units."

(Male, FG4)

"But even our parents culture, I think like, my parents are hard like pushed like getting that units thing. They'd be over that. They'd be over it but they're not like excessive drinkers. They just like their wine at the end of a night like."

(Female, FG5)

Frequently observing consumption in others which exceeds that of recommended levels, but in whom the students do not perceive to be particularly heavy drinkers, has undoubtedly undermined the validity of these warnings and their relevance to the students' view of real life.

Theme 4: Justifications for excessive alcohol consumption

Four sub-themes emerged under the general theme of the ways in which the participants attempted to explain or justify their own and others' excessive alcohol consumption.

Theme 4(a): Assumptions of medical knowledge

Firstly, assumptions of medical knowledge safeguarded some of the students against possible cognitive dissonance from drinking above recommended alcohol levels:

"if you're a student like why bother saying it could damage your health". You could drink like that for three years and I don't think it would damage your health."

(Male, FG1)

"The liver is the fastest healing organ."

(Male, FG4)

Theme 4(b): Social facilitation effects

Some students referred to how social facilitation effects justify their levels of alcohol consumption, indicating that personal accountability for drinking levels is reduced by a perceived collective experience in any outcomes that arise:

" The way I look at it is everyone else drinks about the same as I do or more in some cases … So there's safety in numbers. If I'm screwed everyone else is as well."

(Male, FG1)

Theme 4(c): Calendar effects

Calendar effects such as holidays, birthday and exam celebrations, emerged as a predictor and justification for excessive consumption among some students.

"And if it's someone's birthday then you just go crazy like. Everyone's buying them drink."

(Female, FG3)

"I think pretty much it levels itself out because like there's so many different nights you'll go on a ripper, like going away parties or like finishing up like exams or you just like finish an essay, and your like "I feel so proud of myself, I'm going to get absolutely messed".

(Male, FG4)

Implied in these and similar statements is that there are certain occasions where excessive alcohol consumption is almost expected to occur and in some cases is believed to have been earned. Thus it appears that for these students the perception of an appropriate level of consumption is mediated to a greater extent by the context of the drinking occasion, rather than recommended consumption guidelines.

Theme 4(d): Optimism regarding future drinking

Optimism about future drinking behaviour emerged from some participants. They justified current excessive consumption by placing it in the context of a particular time in their life where they believe heavy drinking is common and there was a presumption that drinking patterns would become more moderate with increasing age and lifestyle changes.

"When you get older, it's less acceptable to get drunk off your face like we do these days. So like when you're working in a job you don't want to get hammered in front of the boss. He'll think you're an alcoholic. So these days it doesn't matter. Like there's no lecturers out with us drinking so… I think you can handle it a lot better at this age like the hangovers and stuff. So when you get older you won't be able to drink like that again so. You'll probably drink more responsibly"

(Male, FG2)

"The thing is, you don't consider these things when you're in college. Well college is like sort of a period where it doesn't matter what you do… you're not going to think about it now, it would be like you've seen that how many generations before you, well one generation before you all got trashed in college… I've heard like plenty of stories of that so, I don't think it's any sort of, I don't think people are drinking more than they are, more now than they were then."

(Male, FG4)

Of particular note is the statement above directly referring to how the drinking patterns of previous generations are presumed to be an indicator that the students' excessive alcohol patterns will change. The rate of alcohol consumption in Ireland in the last number of years has surpassed that of previous generations and the environment in which these students began drinking was considerably more alcohol-fuelled. Thus, the significant changes in consumption levels between the current and previous generations of 18-25 year olds may affect the validity of such an expectation.

<u>Theme 4(e): Ireland's drinking culture</u>

Some participants accounted for excessive drinking on the grounds that it is an integral part of Irish culture:

"It is weird though that there is a certain thing in Ireland that people are proud of the amount they drink even though everyone says "oh it's terrible that I drank so much", there is a certain sense of national pride."

(Male, FG3)

It was felt that when abroad or in the company of people from other countries, this attitude appears quite strongly:

"I found myself saying "oh sure you're in Ireland, you have to get drunk". I said that last night to a German girl."

(Female, FG3)

Similar to the previous sub-theme, blaming an Irish drinking culture for high consumption levels implies an assumption of historical or traditional excessive drinking. As explored above it is clear that current drinking patterns in Ireland are starkly different to those of previous generations, contrary to the idea that current excessive drinking in Ireland can be solely attributed to a continuation of traditional patterns. The use of these external factors to justify consumption levels may be demonstrating a lack of personal accountability for drinking to excess.

Theme 4(f): Lack of alternatives to drinking

A perceived lack of alternatives to drinking during free time was also proposed by some as a reason for high rates of excessive alcohol consumption:

"But even, even if you do do something during the day you're probably just going to end up drinking at night anyway because that's what happens in this country when it gets dark. Everyone just goes and get booze. All you do is you eat during the day, there's, that's all there is to do in this country, eat and drink …"

(Male, FG4)

The above statement in particular implies a sense of perceived inevitability regarding excessive drinking, due to a presumed lack of alternative options, which are claimed to result in collective engagement in drinking as an activity.

4. Conclusions

Quantitative analyses revealed stark heterogeneity in students' perceptions of alcohol excess both in terms of their own self-rated excessiveness and in terms of their general conceptions of excessiveness. For example, a substantial minority of students do not perceive drinking 10 or more drinks on a given occasion as being excessive or extreme. While most of these people do recognise that it is some cause for concern, there is a clear ambivalence about binge drinking that indicates that health warnings are certainly not viewed as absolute among this group. This same finding applied to several other standard markers of alcohol use disorders such as blackouts. While the majority of students do perceive the presence of these markers as being excessive, large minorities of students do not, or are ambivalent. This ranged from 'needing a drink to get going in the morning'- which is perceived as excessive/extreme by over 50 per cent of students even if it occurs once a year- to binge drinking once a year which is perceived as excessive by just over two per cent of students.

It is clear that excessiveness is a conditional concept for students. The IPA revealed several dimensions that defined excessiveness in given contexts. Factors that mediate excessiveness for students include optimism about future drinking trajectories, perceptions of individual differences in tolerance, calendar effects, lack of awareness of health consequences, assumption of shared experience with peers and belief that excessive drinking is part of Irish and student tradition. All of these themes condition scepticism about alcohol guidelines and can be

seen as contributing to the gap observed in the quantitative results between lay and expert perceptions of excess.

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Appendix A. Anchoring Vignette Questions Re. Alcohol Excess

1. Mild
2. Moderate
3. Some cause for concern
4. Excessive
5. Extreme

[John/Mary] has a drink containing alcohol [2/4/6/7] times a week. Is [John/Mary]'s drinking habit-

[John/Mary] is out on a given night and has [1 or 2/ 3 or 4/ 5 or 6/ 6 or 7/ 10 or more] drinks containing alcohol. Is [John/Mary]'s drinking habit-

[John/Mary] has six or more drinks in a session [once a year/less than once a month/ on a monthly basis/once a week/more than once a week]. Is [John/Mary]'s drinking habit-

Once [John/Mary] is out, [John/Mary] has found [himself/herself] unable to stop drinking once [he/she] has started. This happens [once a year/less than once a month/on a monthly basis/on a weekly basis/pretty much everyday/pretty much every time]. Is [John/Mary]'s drinking habit-

[John/Mary] fails to do what is normally expected of [him/her] because of [his/her] drinking habits [once a year/less than monthly/on a monthly basis/on a weekly basis/after every night out]. Is [John/Mary]'s drinking habit-

[John/Mary] has experienced feelings of guilt or remorse after drinking [once a year/less than monthly/on a monthly basis/on a weekly basis/after every night out]. Is [John/Mary]'s drinking habit-

In the last year [John/Mary] needs a drink to get [himself/herself] going in the morning after a heavy session drinking [once a year/less than monthly/on a monthly basis/on a weekly basis/after every night out]. Is [John/Mary]'s drinking habit-

During the last year [John/Mary] is unable to remember what happened the night before because of [his/her] drinking [once a year/less than monthly/on a monthly basis/on a weekly basis/after every night out]. Is [John/Mary]'s drinking habit-

[John/Mary] has injured [himself/herself] or somebody else as a result of [his/her]

Appendix B. Question Schedule for Focus Groups

1. Give name & one thing about yourself

2. What do you usually drink/what is your drink(s) of choice? [spirits/wine/beer/mix]

3. Approximately how any days of the week would you drink alcohol – any quantity – either in licensed premises or in your own home or someone else's home?

4. Thinking about your typical night out at a pub or club would you usually have a limit in mind before going out about how much you were planning to drink? Would you normally stick to this limit?

5. How (if at all) would you monitor your intake of alcohol?

6. Now think about occasions when you drink in unlicensed premises, such as at home, in a friend's house or at a house party. Would your pub/club limit apply to house drinking or would you have a different limit? [would you simply go with the flow?]

7. How (if at all) would you monitor your intake of alcohol?

8. Would your choice of drink differ depending on whether you were in a licensed premises or drinking in a house?

9. When buying alcohol to drink at a house party would you ever pitch in with friends and share a bottle?

10. If so, how do you keep track of how much each person is drinking?

11. In general, how is drink measured out at parties? (Do you measure your drink?)

12. Have you ever seen an effort being made to measure out spirits accurately?

13. If someone else poured your drink would you tell them how much alcohol to put in?

14. If you were pouring a drink for someone else would you ask them how much alcohol they wanted in it?

15. Would you take into consideration the alcohol content when choosing your drink or deciding how much to drink?
16. How would you define "a drink"?/What would you consider to be "a drink"?

17. Does the shape of the glass influence how you measure out your drink or recall how many drinks you had the night before?

18. Does the alcohol content influence how you measure out your drink or recall how many drinks you had the night before?

19. What would you consider excessive alcohol consumption? (How would you define excessive?/What would be an excessive number of drinks?)

20. Do you ever think about your drinking in terms of units?

21. I'd like you to consider the government health warnings that advise how many units of alcohol are safe to drink. Do you think these campaigns are easy to understand? If not, how do you think the public could be better informed?

Table 1: Results of Rated Excessiveness at Different Levels of Intensity

No. of Drinking Occasions Per Week	**2**	**4**	**6**	**7**		
Mild	83.81	39.5	22.91	20.07		
Moderate	14.35	31.22	30.81	29.21		
Concern	1.49	20.99	24.04	27.04		
Excessive	0.23	7.86	14.56	13.7		
Extreme	0.11	0.43	7.56	9.98		
No. of Drinks Consumed on a Given Night Out	**1**	**2 or 3**	**4 or 5**	**6 or 7**	**10 or more**	
Mild	92.48	44.81	11.53	6.18	3.3	
Moderate	6.95	47.98	61.87	47.94	9.17	
Concern	0.28	5.91	22.12	32.5	25.36	
Excessive	0	1.15	3.39	12.35	35.39	
Extreme	0.28	0.14	1.09	1.03	26.79	
Frequency of Consuming Six or More Drinks in One Session	**Once a year**	**Less than once a month**	**Monthly**	**Once a week**	**More than once a week**	
Mild	63.41	42.5	26.74	8.5	4.89	
Moderate	23.8	38.38	46.37	51.61	23.6	
Concern	10.32	15.27	21.45	30.79	43.58	
Excessive	1.79	3.16	4.38	8.21	24.16	
Extreme	0.69	0.69	1.06	0.88	3.77	
Frequency of Being Unable to Stop Drinking	**Once a year**	**Less than once a month**	**Monthly**	**Once a week**	**Every day**	**Every time**
Mild	14.01	4.56	1.66	0.35	0.86	0.54
Moderate	18.51	13.03	7.99	3.86	2.23	0.89
Concern	47.58	53.75	43.43	26.32	20.96	8.77
Excessive	10.21	16.45	29.12	33.33	32.47	16.99
Extreme	9.69	12.21	17.8	36.14	43.47	72.81
Frequency of Failing to Do What is Normally Expected	**Once a year**	**Less than once a month**	**Monthly**	**Every day**	**After every night out**	
Mild	28.5	7.08	1.39	1.07	1.35	
Moderate	23.66	20.33	5.09	2.32	6.9	
Concern	29.53	45.92	33.06	16.43	33.5	
Excessive	12.09	20.51	36.01	31.96	34.34	
Extreme	6.04	6.17	24.45	48.21	23.91	
Frequency of Feeling Guilt or Remorse	**Once a year**	**Less than once a month**	**Monthly**	**Every week**	**After every night out**	
Mild	44.03	22.11	6.48	2.31	2.81	
Moderate	24.03	26.34	17.72	12.54	7.98	
Concern	25	40.56	51.44	52.02	40.47	
Excessive	4.72	7.61	20.17	25.5	34.71	
Extreme	2.22	3.38	4.18	7.49	14.03	

Frequency of Needing a Drink to Get Going	**Once a year**	**Less than once a month**	**Monthly**	**Every week**	**Every session**	
Mild	6.38	1.48	0.87	0.7	0.72	
Moderate	12.07	6.79	4.23	2.09	3.01	
Concern	28.85	28.8	19.68	15.08	16.48	
Excessive	23.72	26.59	31.49	28.21	28.94	
Extreme	28.99	36.34	43.73	53.91	50.86	
Frequency of Being Unable to Remember what Happened the Night Before	**Once a year**	**Less than once a month**	**Monthly**	**Every week**	**Once**	
Mild	15.66	3.35	1.1	0.54	5.53	
Moderate	26.94	14.86	9.34	4.32	18.48	
Concern	33.5	40.42	31.32	21.08	31.26	
Excessive	17.17	26.52	38.28	34.77	25.73	
Extreme	6.73	14.86	19.78	39.28	19	
Frequency of Injuring Themselves or Someone Else	**Once a year**	**Less than once a month**	**Monthly**	**Every week**	**Once**	
Mild	1.86	0.96	0.92	1.27	1.38	
Moderate	6.43	4.79	4.03	4.16	8.29	
Concern	36.04	32.27	34.43	27.67	31.78	
Excessive	31.64	32.11	33.7	37.97	31.61	
Extreme	24.03	29.87	26.92	28.93	26.94	

[i] A “naggan” refers to a 250ml bottle of spirits
[ii] A “shoulder” refers to a 350ml bottle of spirits
[iii] “Oxygen” is an annual music festival in Ireland