

## INTRODUCTION

Alcohol consumption is considered a social activity in Australia, and it is often an integral component of social interaction on occasions, such as barbeques, sporting events, and communal dining (Shanahan, Wilkins & Hurt, 2002; Lewis, 2006; Freeland, 1966). Many Australians are passionate about drinking, and many of them drink heavily. This heavy use of alcohol is recorded in the National Drug Strategy Household Surveys (NDSHS) (e.g. NHMRC, 2008; Single & Rohl, 1997; Adhikari & Summerill, 2000). While heavy drinking is prevalent in many settings in Australia, one particular environment that embraces the excessive use of alcohol is the university.

Studies have indicated that university students tend to see drinking as a part of their university experience. They frequently incorporate drinking into many events, such as orientations, initiations, and sports (Harper, 2005; Pierce, 2002; Roche & Watt, 1999). Although the moderate use of alcohol can offer some benefits, such as relaxation and sociability, drinking excessively generates a number of unfavourable consequences, such as alcohol-related crime and violence, and health-related issues (e.g. alcoholism, and liver failure). Despite these negative associations, a number of studies (e.g. Roche & Watt, 1999; Davey *et al*, 2002; Polizzotto *et al*, 2007) have reported that university students in Australia often consume massive amounts of alcohol. In other words, they are considered to ‘binge drink’.

The term ‘binge drinking’ has several definitions. For example, some studies consider it as consuming eight standard drinks in a day (International Center for

Alcohol Policies, 2005), and some others define it as more than five standard drinks in one sitting (Hanson, 1995). Notably, Henry Wechsler's research refers to binge drinking as 'consuming five or more drinks for a man, and four or more drinks for a woman in a single sitting', which is often shortened as, the '5/4' measurements (Wechsler *et al*, 1995). In this study, the '5/4' measurements is also utilised as a cut-off mark for binge drinking. Wechsler's definition has become the official measure by which to define binge drinking, being adopted in numerous policy documents in Australia and internationally.

Many university students often see binge drinking as an opportunity to socialise, lose inhibitions, to feel accepted, and to have fun. Other rationales, such as peer pressure, environmental, and social factors also influence students to engage in binge drinking (Wechsler & Kuo, 2000; Harper, 2005). While studies (e.g. Roche & Watt, 1999; Davey *et al*, 2000) indicate that heavy drinking is relatively high among university students, some research reports binge drinking to be increasing among young women in Anglophone nations (see: Guise & Gill, 2007; Fleming, 1996). In Australia, Johnston and White's (2004) study is the only study that explored binge drinking solely among Australian female university students, indicating a lack of research in the area of binge drinking and female university students.

This thesis explores the perception of binge drinking amongst female university students from the University of New England (UNE). A qualitative approach (in-depth interviews) was used to examine the female students' consumption patterns, drinking rationales and perceptions of binge drinking. By comprehending the

students' viewpoints on binge drinking, this study offers an insight into why binge drinking is still a prevalent activity in universities. The thesis examines the following research questions:

1. Why is drinking prevalent among the female university students?
2. What does the term 'binge drinking' mean to these students?
3. Do these students regard themselves as binge drinkers?

These research questions sought to understand the female students' use of alcohol and self-perception of binge drinking.

This thesis is comprised of seven chapters. Chapter one presents the theoretical considerations, reviewing interpretive approaches to understanding binge drinking. The interactionist theory observes the uses of meanings in everyday life, for instance, an individual's personal construction of the term 'binge drinking'. Extending from these perspectives, labelling theories help to explain the uses and power of labels in society. For example, who labels a certain drinking pattern as binge drinking? In summary, these approaches are useful in addressing questions associated with the consumption of alcohol, and the perception of binge drinking. They are directed at the level of meaning and interpretation, addressing self perception and audience reactions to specific social actions. These perspectives are particularly useful in addressing the second and third research questions, which were outlined above.

Chapter two addresses the uses of alcohol. Alcohol in many societies has played an important role in a number of socio-cultural activities, such as festivities and socialising. On the other hand, alcohol consumption, especially excessive

drinking, has been classified as deviant behaviour. For instance, alcoholism, alcohol-related crime and violence (e.g. drink driving, and street fights) have been constructed as socially and morally problematic, and /or as pathologic behaviours. Overall, this chapter presents a general overview of the uses and misuses of alcohol around the globe.

Chapter three provides the context for the study, detailing binge drinking in a national context. Firstly, it presents the historical use of alcohol and the prevalence of drinking in Australia. Secondly, it examines drinking in Australian universities. It not only discusses alcohol use among students in Australian universities, but also among university students from the United States of America, the United Kingdom, Canada and New Zealand. This is because the collegiate drinking patterns in these four nations were considered to be similar to Australia. In summary, this chapter offers an insight into the rationales, frequency and harms related to collegiate drinking.

Chapter four is the methodology chapter, which describes the design of the project, such as overview of previous studies, the research setting, and what materials, data collection and analyses were utilised. The study primarily employs a qualitative approach, utilising semi-structured interviews to understand how binge drinking is popularly defined among female university students.

The findings from the interviews with twenty UNE female students are presented in chapters five and six. Chapter five provides a descriptive analysis of the drinking experiences among the female students, such as the students' frequency of alcohol intake, types of beverage consumed, and rationale for alcohol

consumption. Chapter six analyses the drinking games and students' self-perception of binge drinking. Drinking games allows us to comprehend the reasons for partaking in such activities. The students' perception of binge drinking aids us to comprehend their understandings of the phenomenon.

Chapter seven discusses the findings, and makes references to the literature review to point out the notable similarities and variations with the results from the interviews and previous studies. This chapter also highlights the significant findings that derived from the data, and the future implications.

Through this study two central findings will be revealed: first, the motivations, why drinking plays a central role among female UNE students, and what are their reasons for engaging in binge drinking; and second, their understanding of binge drinking. While there are several campaigns and reports on the perilous effects of binge drinking, the culture of binge drinking is still prominent among Australian university students. As such, by comprehending the female UNE students' perception of binge drinking, it provides an understanding to why heavy drinking is popular among UNE students.

## CHAPTER ONE: COMPREHENDING ‘BINGE’ DRINKING

### Introduction

This chapter employs the interactionist and labelling theories to explain the phenomenon of ‘binge drinking’. Interactionist theories allow us to understand the uses and constructions of meanings. Symbolic interactionism also explains why meanings may differ among individuals. For example, why the perception of ‘binge’ drinking may vary from one person to another. Labelling theories, on the other hand, which developed from the interactionist approach, assist in understanding the power of labels in society. In relation to this study, labelling theories offer an explanation as to why the act of binge drinking is perceived as a deviant among some members of society. There are no sociological theories that apply directly to binge drinking, however, these theories are found to be the most fitting to address the research questions documented in the previous chapter.

The chapter also addresses contemporary issues associated with binge drinking in Australia. It highlights the current anti-binge drinking strategies adopted by the Australian government. It examines the way in which these policies are grounded in pseudo-medical framework which defines the phenomenon of binge drinking quantitatively, providing a universal measure of binge drinking which has become the normative framework by which binge drinking is defined and binge drinkers identified in official discourse. This universal framework ignores the contextual aspects of drinking which shape popular and individual meanings associated with drinking.

## **Symbolic Interactionism**

Symbolic interactionism is used by social scientists to study how people shape the world, and create selves. This theory is concerned with the link between individual behaviours and forms of social organisation. Symbolic interactionism focuses on person-to-person and group(s) interactions during daily life (O'Leary, 2007; Wilson, 1983; Denzin, 1969; Schneider & Heise, 1995; Landis, 1992; Germov, 2002). Symbolic interactionism uses the concepts of 'symbol' and 'self' to describe social behaviours and actions. The symbol refers to anything that represents something else, which can take on an infinite range of forms, such as a gesture, concept, sound, or word. The 'self' is a social construction on how individuals see themselves (Shepard, 1990; Landis, 1992; White, 1969; Waters & Crook, 1993). Symbolic interactionists tend to focus on the subjective aspects of social life and view people as active, creative participants with the potential to make their ideas and activities objects of interpretation (McClelland, 2000; Denzin, 1969; Landis, 1992). In other words, as Denzin (1969, p.923) writes:

They can routinely, and even habitually, manipulate symbols and orient their own actions towards other objects. A great deal of human conduct is of this routine nature. Once the meanings of objects have been agreed upon, conduct can flow along lines of custom, tradition, and ritual.

Individuals interpret and define the symbols, gestures and words of other individuals around them, and they adjust their behaviour accordingly (Denzin, 1969; Landis, 1992).

Some theorists argue that symbolic interactionism is too 'micro' in focus and that it ignores important macrosociological issues, such as the function of culture.

Symbolic interactionism is also criticised for relying heavily on qualitative methodologies and failing to involve quantitative approaches. It is also criticised for not accounting for power relations (Meltzer *et al*, 1975). Despite these criticisms, symbolic interactionism is an approach that assists the sociologist's focus on the positions which individuals occupy in society and the behaviours associated with these positions. It also helps us understand how 'selves' are constructed through meanings and interactions (Boguslaw & Vickers, 1977; Gingrich, 2000; Waters & Crook, 1993; O'Leary, 2007; Strachan, 2008).

The following section highlights the key theorists and concepts of symbolic interactionism.

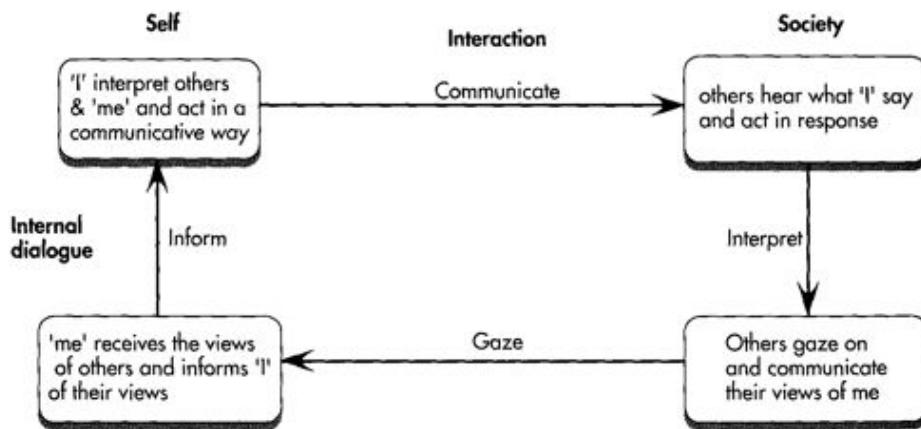
### Key Theorists

When tracing back to the roots of symbolic interactionism, most sociology texts direct us to two theorists, George Herbert Mead and Herbert Blumer (see: Alix, 1995; Applebaum & Chambliss, 1995; Newman, 2002).

The widely read work of George Mead is '*Mind, Self and Society*' (1934). Mead's method is known as 'social behaviourism', which focused on the effects of external motivations on individual behaviour. In other words, he emphasised 'the conscious mind, self-awareness and self-regulation of social actors' (Mead, 1934). In Mead's theory, the 'self' holds a central place, and it is neither a thing nor a fixed attribute of an individual (Strachan, 2008; Mennell, 1974; Longmore, 1998; The Society for More Creative Speech, 1996; Wilson, 1983). In using the term 'self', Mead's primary idea was that:

...the human being can be the object of his own actions. He can act towards himself as he might act towards others. Each of us is familiar with actions of this sort in which the human being gets angry with himself, rebuffs himself, takes pride in himself, argues with himself, tries to bolster his own courage, tells himself he should 'do this' or not 'do that', sets goals for himself, makes compromises himself, and plans what he is going to do. That the human being acts towards himself in these and countless other ways is a matter of easy empirical observation (Blumer, 1962[b], p.239).

Mead argues that the way in which an individual chooses to behave is shaped by the social context of the behaviour. In addition, Mead denotes two self-awareness conditions of a person's behaviour - 'I' and 'Me'. The 'I' is based on biological desires, while 'Me' is shaped by one's understanding of how others respond to the 'I', which may lead the individual to change their behaviour. The 'I' and the 'Me' are parallel branches of what Mead calls 'the self' (see figure 1).



**Figure 1. Relationship between Self and Society**

(Source: Waters, M., & Crook, R., 1993, p. 102)

Mead says human beings' gift to develop a 'self-concept' makes them different from most animals (Boguslaw & Vickers, 1977; Mead, 1934). Mead considers the

potential for humans to act towards themselves as the fundamental mechanism by which individuals face and deal with their world. Through this mechanism, human beings are able to consider indications about certain elements in their surroundings as well as guide their actions according to their observations (Blumer, 1962).

The construction of an individual's action (through a process of self-indications) always occurs in a social context. A group action is chiefly constructed by conjoining individual lines of action, and each individual supports his or her action through the action of others. According to Mead, this is achieved by the individual via 'taking the role' of others (Blumer, 1962). By 'taking the role' one attempts to determine the intention or direction of an other individual's acts. Individuals create and position their own action on the grounds of the interpretation of the acts of others. In essence, this is how group actions occur within human civilisation (Blumer, 1962).

Although Mead was generally credited with developing the basic ideas of symbolic interactionism, many of his ideas were never published. Mead's ideas only made an impact on sociology after his death when one of his well-known students, Herbert Blumer, compiled Mead's lecture notes and published them (Boguslaw & Vickers, 1977; Mennell, 1974). Blumer was the theorist responsible for coining the term 'symbolic interactionism'. He adopted Mead's ideas and formulated them into a more organised sociological approach (Blumer, 1969; Gingrich, 2000; McClelland, 2000).

There are a number of principles emphasised in Blumer's (1969) work. A key emphasis of his theory is the 'three core principles' - meaning, language and thought. Blumer argues that people tend to communicate with others based on the 'meanings' which have been given to them: 'language' allows individuals to negotiate meanings via symbols, and 'thought' alters one's interpretation of symbols (Nelson, 1998). The following scenario illustrates the three core principles in practice.

A boy and a girl broke up a year ago. Some day thereafter, the girl received an email from the boy asking if she wanted 'to go out' with him. On the day of the outing, he picked her up 'to go out' and took her to a bar with three other mates. The girl became frustrated and the boy could not understand why (Nelson, 1998).

By applying the three core principles to the above situation, we can identify what went wrong. First, 'meaning', it is obvious that both of them had a different understanding of the symbol 'to go out'. To the boy, it was purely platonic, while the girl thought of the boy as a potential partner. Second, 'language', the boy's interpretation of the phrase 'to go out' entailed a casual outing, but the girl expected a romantic date. Third, 'thought', the girl assumed that both of them were going to spend some quality time alone, however, the boy went out with her only as a friend (Nelson, 1998).

The main point of the problem portrayed in the above situation was a completely different understanding of a same phrase (e.g. 'to go out'), and this can offer an explanation why an individual might respond to or act differently from other

individuals. Every individual has meanings that can alter anytime, and they are also free to discover their own new meanings (Nelson, 1998).

### *Application to Binge Drinking*

Since symbolic interactionism is interested with meanings, it is also applicable to this research because it studies the students' meanings of 'binge' drinking. Blumer's 'three core principles' illustrate that an individual is able to construe his or her own meanings, and such meanings can change any time. Therefore, by adopting the interactionist theory in this study, it helps us to understand how meanings change from one person to another. That is, why the students' understanding of 'binge' (may) differ from the existing medical definitions.

The next part of this chapter explores the concepts of labelling theory. Labelling theories are normally considered as the main symbolic interactionist approach to deviance, and sometimes known as the 'interactionist theory of deviance' because they make use of concepts such as 'self' and 'symbols' in order to describe social behaviour and actions. Labelling theories help to identify issues, such as why certain behaviours or activities (e.g. binge drinking) are labelled as deviant among some people and not others.

### **Labelling Theories**

Labelling theory is concerned with meaning and processes of interpretation. The processes by which labels are produced, maintained and mobilised involve interaction at a group and individual level. Labels in this sense are 'social constructs', rather than 'social facts' (Schneider 1985). Labelling theories explore

the power of labels, which allows one to comprehend how labels are instilled with symbolic meaning through communication. Labelling theories are also used by symbolic interactionists to provide insights into the categorisation of secondary identities through institutions/organisations (Wellford & Triplett, 1993; White & Haines, 2004; Becker, 1963; Kitsuse, 1962; Schur, 1971; Pfuhl & Henry, 1993). While labelling theories are only concerned with the effects to deviant actions, and not the initial cause of such deviancies, they offer an insight how one is labelled and described by ‘conventional’ members of a society (Scheff, 1974; Gibbs, 1966, 1972; Goode, 1984).

In common sociological terms, ‘deviance’ refers to a breach of the norm or rules, especially those violations considered to be abnormal or unfavourable by the conventional members of a society (Best, 2004; Clinard & Meier, 1975; Douglas & Waksler, 1982; Paton-Simpson, 2001; Liska, 1981; Goode, 1984; Lemmens, 1993; Aggleton, 1987). Deviant behaviours are usually negatively judged, stigmatised, or punished because they are different from traditional and conventional behaviours (Goode, 1984; Karmen, 1983). Certain actions, such as prostitution, reckless driving, cheating, lying, betrayal, corruption, dishonesty and graft are considered to be ‘deviant’ (Cohen, 1966; Liska, 1981; Birenbaum & Lesieur, 1982; Lemmens, 1993; Thio, 1978; Walton, 1993).

The following passage explores the main theorists and concepts of labelling theories.

### Key Theorists

Frank Tannenbaum is considered as the pioneer of labelling theory, and his model focused on the ‘dramatization of evil’ (see: Tannenbaum, 1938). His theory suggests that:

The process of making the criminal, therefore, is a process of tagging, defining, identifying, segregating, describing, emphasizing, making conscious, and self conscious; it becomes a way of stimulating, suggesting, emphasizing, and evoking the very traits that are complained of...The person becomes the thing he is described as being (Tannenbaum, 1938, pp.19-20).

Although Tannenbaum developed the foundation, labelling theory did not make its impact in criminology until the 1960s. Howard Becker (who was responsible for formulating the most influential perspective of labelling theory) expanded on Tannenbaum’s ideas stating that the process of ‘tagging’ and ‘defining’ was important to the comprehension of deviance. The term ‘labelling theory’ is derived from Becker’s interpretation of the relativistic description of deviance (Hawkins & Tiedeman, 1975; Orcutt, 1983; Anleu, 2006; Simpson & Agnew, 2000). To Becker (1963, p.9), deviance is:

...not a quality of the act the person commits, but rather a consequence of the application by others of rules and sanctions to an ‘offender’. The deviant is one to whom that label has successfully been applied; deviant behaviour is behaviour that people so label... Social groups create deviance by making the rules whose infraction constitutes deviance, and by applying those rules to particular people and labelling them as outsiders...

According to Becker (1963), the main reason why individuals are placed on the ‘outside’ is because their particular behaviour has been labelled deviant by a more powerful and influential public interest group. Becker also argues that whether a particular act is deviant or not depends upon the characteristic of that act, that is,

to say if the act breaches some regulations and how others react to it (Becker, 1963).

### *Labelling and Impacts*

Labelling theories examine the influence that labels have on the shaping of an identity. Like interactionist perspectives generally, these theories are based on the belief that individuals are influenced by other peoples' views of them and their behaviour (Rosenberg; Stebbins & Turowetz, 1982; White & Haines, 1996; O'Leary, 2007; Landis, 1992; Douglas & Waksler, 1982; Goode, 1984; Glassner, 1982). Labelling theories are concerned with social reaction, rather than why an individual participates in certain (deviant) activities, or behaviour. Social reaction refers to the response of other people like convention citizens of society, police, courts or legislative organisations who recognize and interpret certain actions or individuals as deviants (Anleu, 2006; Becker, 1963; Kituse, 1962; Schur, 1971).

Another key concern of labelling perspectives is with the relationship between the offender and those with the authority to label (White & Haines, 2004; Traub & Little, 1994; Glassner, 1982). The criminal justice system and its officials are the people who decide what signifies a 'crime', and the classification of certain behaviour or an individual as a criminal depends upon who does the labelling. Those with the power to label (e.g. law enforcement officers and psychiatrists) are the ones conferring the official designations of 'crime' (White & Haines, 2004; Traub & Little, 1994). With respect to 'binge drinking' as a label, it will be discussed here how this label is highly medicalised and defined quantitatively.

Labelling theorists argue that a series of unanticipated negative effects can crop up from labelling. When an individual is stamped officially as a ‘criminal’ or an ‘offender’, they may take on the role given to him or her. Labels attached to an individual can be influential in creating his or her self-perception, and such labels may signify the public symbols of a ruined or disgraced identity (White & Haines, 2004; O’Leary, 2007; Waters & Crook, 1993; Schur, 1971). The new label, hence, leads to deviance intensification and the comprehension of a ‘self-fulfilling prophecy’ (White & Haines, 2004; Landis, 1992; Bilton *et al*, 2002). According to Merton (1968, p.477), the self-fulfilling prophecy is:

...in the beginning, a false definition of the situation, evoking a new behaviour which makes the original false conception come 'true'. This specious validity of the self-fulfilling prophecy perpetuates a reign of error; for the prophet will cite the actual course of events as proof that he was right from the very beginning.

From this quote, it is clear that Merton intends that even if the definition is false, it may influence an individual to believe it is true. Once an individual is labelled as a particular kind of person, he or she can also be treated differently from others who may participate in similar behaviour but have not been labelled (White & Haines, 2004; Schur, 1971). Being a ‘criminal’ becomes an individual’s master status, and it determines the way in which they are identified in public. Moreover, those labelled as deviants are likely to drift away from their conventional peers and will begin associating with those with similar labels (Hughes, 1945; Schur, 1984, 1971; O’Connor, 2006). An example, here might be that an alcoholic no longer attends regular work, instead associating more frequently with others so defined in spaces such bars of parks.

### Primary and Secondary Deviance

One of the most significant distinctions in labelling theory is the difference between primary and secondary deviance, formulated by Edwin Lemert (Lemert, 1951, 1967; O'Connor, 2006; Anleu, 2006, Glassner, 1982; White & Haines, 2004). Primary deviance (e.g. underage drinking, shoplifting) is basically the initial deviant behaviour or rule breaking, performed by an individual before he or she is labelled. Primary deviance can either be intentional or unintentional (White & Haines, 2004; Lemert, 1951, 1967; Anleu, 2006; Becker, 1963). Labelling theorists have not been overly concerned with the causes of primary deviant behaviour, except that it involves a large number of individual factors (Lemert, 1951; White & Haines, 2004; Trice & Roman, 1970). Nevertheless, they assume that primary deviance does not affect one's self-conception or public identity as a socially acceptable society member, and one's consciousness does not go through a symbolic re-orientation or change (Lemert, 1951, 1967; Matsueda, 1992; White & Haines, 2004; Landis, 1992).

Labelling theorists are more concerned with secondary deviance (or career deviant) which is defined as any deviant action(s) that occurs after primary deviance and has an official consequence (O'Connor, 2006; Glassner, 1982; White & Haines, 2004). Secondary deviance, according to Landis (1992, p.429-420) signifies:

...deviance that represents a defence, attack or adjustment to the problems created by the societal reaction to the primary deviance. The individual becomes labelled and stigmatized. The person begins to see himself or herself as others do, the self-concept begins to change; in short, he or she wears the label and the self-fulfilling prophecy has done its work.

If the police, for example, arrest a teenager for shoplifting (whereby shoplifting is the act of primary deviance), that individual is officially labelled as a deviant (e.g. young offender). Because of this labelling event, one might go through a change in his or her self-concept. Once the individual starts to recognise the new label, he or she might become dedicated to a constant secondary deviance pattern. This pattern may lead the individual back to continued labelling and rejection by the ‘normal’ members of society. The individual may also become involved in a deviant subculture and expand his or her knowledge and skills regarding the behaviour, including skills to avoid exposure (Orcutt, 1983).

Labelling perspective proposes that when a ‘career deviation’ is fixed onto an individual, returning to non-deviance is nearly impossible. This is because those who have the power to label tend to see ‘deviants’ as helpless and docile victims of labels, against which they cannot do anything (Schur, 1971; Gibbons & Jones, 1975; Gouldner, 1968). As a result, labelled individuals are often stigmatized.

One of the main points of emphasis of labelling theory is stigmatising people with a deviant label. By stigmatising individuals, it can create more deviant behaviours as well as it can cause an individual to become the thing that he or she is labelled as (Becker, 1963; Manning, 1975). Stigmatised individuals often consider themselves as ruined, and this leads to a change in their self-concept, which then leads to a pattern of deviant behaviour (Traub and Little, 1994; Scheff, 1966; Room, 2005).

### Stigma

The definition of the term ‘stigma’ can vary because of its application to a vast set

of situations. First, each and every situation can be unique, thus, it likely to be conceptualised by researchers in a different manner (see: Stafford & Scott, 1986; Crocker, Major and Steele, 1998; Jones *et al*, 1984; Link & Phelan, 2001). Second, research conducted on stigma is multidisciplinary (e.g. sociology, social geography and psychology), and even if these disciplines (may) coincide in interest, there are some variations in emphasis and theoretical orientations. As a result, this may result in different conceptualizations (Link & Phelan, 2001). Nevertheless, ‘stigma’ commonly refers to a mark of disgrace, and ‘to stigmatise’ means to regard someone as shameful or worthless (Kando, 1972; Carr & Halpin, 2002).

There are two ways to recognise if someone possesses a stigma. First, it is through self-recognition; due to other existing stigmas in society, most individuals are able to recognize what stigma is, thus they compare their own behaviour or appearance with or against the prevailing stigma. If their conduct represents a certain type of stigma, they would possibly understand that they have a stigma. Second, an individual can recognise whether he or she is stigmatised through the reaction of the audience. However, one may also recognise whether they possess a stigma through both self-recognition and audience reaction (Page, 1984).

Stereotypes, prejudice, and discrimination are typically the three social components of stigma. Stereotypes refer to the generalization about an individual or group that is easily recognized and used by an audience to anticipate a person or group’s potential behaviour. Stereotypes may possibly influence their own relations with the individual, and this influence may encourage actions by others

who confirm the prevailing stereotype. This is called a self-fulfilling prophecy (Corrigan & Watson, 2002; Media Awareness Network, 2008; Nelson & Miller, 1995; Oskamp, 2000; Hamilton & Sherman, 1994; Grobman, 1990; Rosenthal, 2003; Snyder, Tanke & Berscheid, 1977).

A negative attitude towards an individual or a group is defined as prejudice. Detrimental and injurious behaviour (e.g. aggression) is one of the possible outcomes of prejudice (Breckler, Olson & Wiggins, 2006). Prejudiced individuals can also cause negative stereotypes, which can stir up unfavourable emotional responses to stigmatized groups. Thereafter, this can lead to discrimination. Discrimination describes behaviours that are unfavourable and harmful towards people depending on a certain category they belong to, such as, age, sex, race, or marital status (Breckler, Olson & Wiggins, 2006; Devine, 1989; Crocker, Major & Steele, 1998; Equal Opportunity Commission, 1996).

Negative stigmas can influence on how individuals see themselves and how others observe them. Those who have been negatively stigmatized may not only participate in further deviancies but may also seek to socialise with other individuals who have been classified as ‘outsiders’ (White & Haines, 2004). The three components – stereotypes, prejudice, and discrimination – are often gateways to negative labelling, and these cause an individual or group to behave differently, often unfavourably towards others.

As stigmas occur because of the recognition and label differences in human mannerisms, behaviours and negative stereotypes (Wilsnack & Murray, 2001; Fortney *et al*, 2004; Goffman, 1963), alcohol drinking (especially the heavy use of

it) is also stigmatised under many circumstances. The stigma surrounding heavy drinking has negative effects on an individual's logic of self-worth that would most likely lead to more destructive behaviour (Clinard, 1968; Goode, 1968; Greater Dallas Council on Alcohol & Drug Abuse, 2002; Wilsnack & Murray, 2001; Fortney *et al*, 2004; Goffman, 1963). The extent to which 'binge drinking' has become similarly associated with negative and socially debilitating connotations is to be accounted for in this study.

### *Application to Binge Drinking*

Those with the power to label (e.g. moral entrepreneurs, health and medical organisations, cultural authority) are the spokespersons who regard and label 'binge drinking' as an inappropriate behaviour in society. Binge drinking is labelled as deviant because it is considered as a norm-breaking activity, which is a catalyst to many social and health related problems.

However, labelling theorists would not be so much interested in who is or is not a binge drinker, but would be more concerned with how 'binge drinking' is socially interpreted and how the label 'binge drinker' is produced through interactive processes. Here the audiences' perception of behaviour is as important as the behaviour itself. The highly interactive processes by which some people come to be considered and come to consider themselves as binge drinkers becomes the focus of attention. Importantly, actual drinking behaviours are of secondary importance – an individual may not consume vast amounts of alcohol and be labelled a binge drinker, and vice versa. What is of primary importance are the social processes by which meanings are produced and mobilised. The task for the

sociologist is not to solve problems, but to analyse how problems are created (Schneider 1985).

In relation to this study, it allows us to investigate why binge drinking is still a popular and normative behaviour among Australian university students, rather than being considered to be deviant or abnormal. The following section briefly examines how recent policy initiatives associated with binge drinking have constructed it as a ‘youth problem’, generating moral panic.

### **Anti-Binge Drinking Strategies**

Binge drinking, in recent times, has attracted significant public attention, with the Australian media frequently warning that it is hazardous to one’s health. Due to the prevalence of ‘binge’ drinking, especially among the young population, the Australia Prime Minister, Kevin Rudd, announced a \$53.5 million dollar national strategy in February 2008 to battle the problem of binge drinking and alcohol abuse in Australia (Workman, 1998; Prime Minister of Australia, 2008). The breakdown of the national strategy is as follows (Prime Minster of Australia, 2008):

- \$14.4 million to invest in community level initiatives to confront the culture of binge drinking, particularly in sporting organisations;
- \$19.1 million to intervene earlier to assist young people and ensure that they assume personal responsibility for their binge drinking; and
- \$20 million to fund advertising that confronts young people with the costs and consequences of binge drinking.

The Australian government’s first step in battling binge drinking among young Australians was initiated with a tax hike on pre-mixed alcoholic beverages.

### Higher Tax on Pre-mixed Beverages

In Australia, alcopops, which are also known as ‘Ready to Drink’ (RTD) are normally served in cans or standard bottles (375 ml) (e.g. Smirnoff, Sky Blue) (Furner, 2009; Center for Applied Research Solutions, 2006). The term ‘alcopops’ normally refers to:

...a flavoured alcoholic beverage or flavoured malt beverage that includes (i) a malt beverage containing a malt base or beer and added natural or artificial blending material, such as fruit juices, flavours, flavourings, colourings, or preservatives where such blending material constitutes .5% or more of the alcohol by volume contained in the finished beverage; (ii) a beverage containing wine and more than 15% added natural or artificial blending material, such as fruit juices, flavours, flavourings, or adjuncts, water (plain, carbonated, or sparkling) colourings, or preservatives; or (iii) a beverage containing distilled alcohol and added natural or artificial blending material, such as fruit juices, flavours, flavourings, colourings, or preservatives (Illinois General Assembly, 2007, p.1).

While both sexes consume premixed beverages, many youth refer to alcopops as a ‘girly drink’, ‘cheerleader beer’, ‘chick beer’ or ‘bitch beer’, thus RTD beverages are often stereotyped as female drinks or feminised (Nutrition Health Review, 2003). Many young teenage females prefer premixed drinks because they tend to conceal the taste, smell, and even the appearance of a conventional alcoholic drink. Furthermore, alcopops are also perceived as a ‘bridge’ for inexperienced drinkers and those who dislike the taste of alcohol. For many female drinkers it serves as a transition from soft drinks to alcohol. Since alcopops are easier to consume and are high in alcohol content, they make it more appealing to those who are drinking to become intoxicated (Parliament of Australia, 2008; Center for Applied Research Solutions, 2006; Nutrition Health Review, 2003; Tobin, 2008).

Because alcopops are easy to consume, the Australian Federal government reported that since 2000 there has been a rise in the consumption of alcopops among young females (Tobin, 2008). The 2000 tax system implemented by the former Prime Minister, John Howard, was also blamed for the increase in the consumption of RTD beverages. Nine years ago (year 2000), the Howard government excised tax on all alcohol products (except products under the Wine Equalisation Tax) below 10% alcohol by volume to the similar rate as beer to promote the drinking of lower alcohol content beverages (The Treasury, 2002; Distilled Spirits Industry Council of Australia Inc, 2002). The excise included many premixed beverages. Thereafter, many people began drinking RTDs and, accordingly, consumption of premixed drinks started to increase. Despite the growth in the sales of premixed beverages, reports claimed that the tax reform did not cause any remarkable increment in the adult per capita alcohol consumption rate (Distilled Spirits Industry Council of Australia Inc, 2004).

The current Health Minister, Nicola Roxon, disagreed and criticized the Howard government for the growth in binge drinking among young people (House of Representatives Official Hansard, 2008[a]). She argued:

...many young people cannot detect the taste of alcohol when it is combined with either sweet mixes or milk, which we know is exactly how these products are used to get young people interested in drinking and hooked for a long time (Parliament of Australia, 2008, pp. 3-5).

...we know that alcopops are used to hook young people on drinking when they are young... We hope that reversing the Howard government's decision on ready-to-drink products will have some impact on harmful binge drinking (House of Representatives Official Hansard, 2008[a], p.2613).

Furthermore, the Health Minister argued that teenagers would be able to afford premixed products more readily if the prices remained stable (Benson & Metherell, 2009). Due to these reasons, the Rudd government decided to impose a seventy percent tax increment on RTD beverages. Thereafter, the new beverage prices became effective at midnight on the 27<sup>th</sup> April 2008 (Tobin, 2008).

However, the tax hike on alcopops was only the beginning of the anti-binge drinking scheme. In less than two months after the tax hike, Australia unveiled a newer definition of ‘binge drinking’ on its free-to-air television program and online news websites.

#### New Definition of ‘Binge’ Drinking

While the earlier chapter defined binge as ‘consuming five or more drinks for a man, and four or more drinks for a woman at any one time or in a single sitting’, Australia’s most recent definition defines the consumption of four mid-sized beers in one sitting to be a ‘binge’ (House of Representatives Official Hansard, 2008[b]).<sup>1</sup> However, the Australian government and the medical profession did not release any official statements or reports concerning the new definition. It was believed that the new definition was a spontaneous health strategy to promote responsible drinking, as well as to emphasise the seriousness of binge drinking among Australians.

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<sup>1</sup> Although this definition was to be published in the July edition of the Australian Alcohol Guidelines, it was yet to published at the time of writing.

In addition, the Australian government and its medical bodies also released a number of anti-binge drinking campaigns which primarily targeted young Australians to further emphasize the seriousness of binge drinking.

#### *Anti-Binge Drinking Campaigns*

The Rudd government invested in a two-year 20 million dollars anti-binge drinking campaign to target young Australians (House of Representatives Official Hansard, 2009). The Department of Health and Ageing of Australian government released a series of anti-binge drinking campaigns in the form of television and radio commercials, and printed materials. The campaign's emphasis was: '*Don't turn a night out into a nightmare*' (Australian Government Department of Health and Ageing, 2008), which mainly targeted young Australians from the age of 15 to 24 (see: Appendixes 1 to 4). The main emphasis of this campaign was to demonstrate that binge drinking is a health-hazardous and immoral activity which can lead to a number of perilous consequences, such as being left unconscious, unwanted sex, automobile accidents, and brawls. In other words, the campaigns stressed that if a person fails to comply with the societal values and norms, they will face unfavourable repercussions.

#### *Other Proposals*

Some special interest and medical groups (e.g. Drug Free Australia) also insisted that the Australian government increase the legal drinking age from 18 to 21 (Christian Democratic Party, 2009; Drug Free Australia, 2007). This is because research in some countries (see: Grube, 1997; Ludbrook *et al*, 2002) reported that increasing the legal drinking age helped to minimise adolescent drinking, which

reduced, for example, potential harm and alcohol access. On top of that, it is argued that at the age of 21 the brain is more resilient to unfavourable alcohol effects (Parliament of New South Wales, 2008). However, the Rudd government's anti-binge drinking strategy did not include the increment of legal drinking age as part of its agenda.

Although the Australian government employed various strategies to eradicate binge drinking, these strategies have created disagreements among some people. The following section explores some of the public discussions regarding the national strategies.

### **Public Discussion of the New Policies**

The Australian government's anti-binge drinking strategies have generated criticisms among some Australians. The following passages highlight some of the discontentment that occurred because of the alcopop tax, new 'binge definition, and the portrayal of women in one of the anti-binge drinking posters.

#### *Price Hike on Pre-mixed Alcohols*

Some Australians expressed their discontentment with the price hike on premixed alcohol products. The tax increment on 'ready to drink' (RTD) products tends to indicate that only young people drink alcopops, and that binge drinking is simply a youth-related problem. While many young people [may] enjoy drinking RTD beverages, this does not mean that other age groups do not consume them. The Australian government often targets individuals ranging from the ages of 18 to 24, with little or no emphasis on any other age groups, yet there is no certainty that

binge drinking does not occur among those above the age of 24. Furthermore, Australian Families First Senator, Steve Fielding, argued that by imposing a tax on premixed beverages the government had transformed binge drinking into a tax-related issue (Fielding, 2009). Some people believed that the alcopop tax was simply a tax grabbing opportunity for the Australian government to raise revenue (Parliament of Australia, 2009; Hawke, 2008).

### Binge Drinking as Moral Panic

The most recent definition of binge drinking has also stirred disagreement among some individuals. The former Australian Health Minister, Tony Abbott, claims that the Australian government is exaggerating binge drinking and the new definition of ‘binge’ drinking is an act of ‘moral panic’ (Bachelard & Gilmore, 2008).

The term ‘moral panic’, coined by Cohen (1972) and discussed in this chapter refers to an episode whereby individuals or groups of people and their actions pose a threat to a society’s values, norms and interests. These actions (which can be true, false or an exaggeration) are often viewed as intimidating or immoral to one’s culture. According to Cohen (1972, p.1), moral panic describes:

...a condition, episode, person or group of persons emerges to become defined as a threat to societal values and interests; its nature is presented in a stylized and stereotypical fashion by the mass media; the moral barricades are manned by editors, bishops, politicians and other right-thinking people; socially accredited experts pronounce their diagnoses and solutions; ways of coping are evolved or (more often) resorted to; the condition then disappears, submerges or deteriorates and becomes more visible.

The media or certain interest groups are often the instigators of moral panics. While the media is a principal transporter as well as creator of moral panics, interest groups employ the media to advertise their concerns. The media has the potential to form stereotypes of certain events (Sindall, 1990; Cohen, 1972; Wood, 1997; Goodall *et al*, 1994; Collins, 2005). The media has the ability to influence the view of a society in any way it may desire, as well as it also manipulating how a person(s) should behave and what the consequences are if he or she does not conform (Hall, *et al*, 1978; Wallace, 2006). The same situation applies to binge drinking.

The media (including advertisements) often fails to highlight that not all young people are binge drinkers, and it is not solely a youth problem as it also appeals to other age groups (MCM Research Ltd, 2004). For example, a qualitative study by the MCM Research Ltd (2004) reported that individuals from the age of 25 to 34 were likely to partake in binge drinking.

The media also has the ability to twist stories to attract audiences with the aid of ‘sensationalised’ headlines (Hanson, 1997[c]). For example, figure [2] below illustrates an example of a Harvard School of Public Health press report published by the Wall Street journal (Hanson, 1997[c]).

**"BINGE" DRINKING AT NATION'S COLLEGES IS WIDESPREAD, A HARVARD STUDY FINDS**

BOSTON - Almost half of all students surveyed at 140 U. S. colleges admitted to "binge" drinking, leading to everything from fights to vandalism according to ~~Health Division of the National Institute on Alcohol Abuse and Alcoholism~~.

**Instead, the study could have resulted in this headline and lead story:**

**MAJORITY OF COLLEGE STUDENTS DRINK MODERATELY OR NOT AT ALL, A HARVARD STUDY FINDS**

BOSTON - More than half of all students surveyed at 140 U. S. colleges report moderate drinking as the campus norm, resulting in relatively small numbers (only 9 percent) who get hurt or vandalize according to ~~Health Division of the National Institute on Alcohol Abuse and Alcoholism~~.

**Figure 2. Sensationalised Heading and Lead Story**

(Source: Hanson, D. J., 1997[c], p.4)

Often sensationalised or misleading headlines tend to stir moral panics and tensions among people. Headline 'sensationalism' is frequently required to attract audiences because there is often competition between news stories from other media companies and providers. As Hanson (1997[c], p.4) reported

Editors sometimes confess that have much more reader appeal than reports of generally declining problems. Thus, when alcohol statistics are presented by researchers, the media tend to spin stories in a negative light.

Some organisations and people (e.g. private alcohol agencies; alcohol treatment facilities, alcohol educators) help to exaggerate the issue of drinking problems with the use of headline sensationalism, biased, distorted, and imprecise information (e.g. statistics) (Hanson, 1997[c]; de Semir, 1996). According to Hanson (1997[c], p.1), inaccurate information

...may even influence public policy. But they can't contribute to a reduction of alcohol abuse, which requires accurate information

and unbiased interpretation. Therefore, we must be skeptical of surprising, sensationalized statistics... inflated statistics are associated with talk of epidemics, threats to our youth, and similar alarmist language. Often they are promoted by groups with laudable sounding names such as the Center for Science in the Public Interest...

The Australian government has attempted to curb the ‘binge’ culture among the youth by redefining the term ‘binge’. However, this new definition ‘binge’ appears only to be a scare tactic, and is applied as a “quick fix” solution to defining binge drinking. Therefore, the new definition is criticised by some individuals (e.g. Former Health Minister, Tony Abbott) as an act of a moral panic which is arbitrary and lacks quantitative analysis in support.

### Portrayal of Femininity

A recent anti-binge drinking poster (see Appendix 4) refers to a young female teenager who goes to a party in an intoxicated state and becomes engaged in a sexual intercourse on the lawn, which was filmed by party-goers. This is used to indicate that teenagers tend to do something they regret when they are under the influence of alcohol. The poster generated much public criticism. One woman who viewed the poster stated:

Not only does it imply that only the girl will regret it or get herself into that ‘kind of situation’ it also says that she is responsible for what happens to her when she is intoxicated... No condemning of the people standing at the sidelines and laughing and taking pictures rather than helping. Just condemnation heaped on the girl for drinking so much she got herself into that situation in the first place (The Dawn Chorus, 2008, p.4).

Another female stated: “And where’s the campaign with a guy acting inappropriately and his mates coming up and saying ‘that’s not right. Stop that?’” (The Dawn Chorus, 2008, p.5).

This poster tends to sexualise the problem of alcohol drinking and positions it as a gendered issue. The poster also implies binge drinking is a moral issue for females, which solely blames them for getting into a situation like that. It does not lay stress on the male's immoral behaviour, such as snapping humiliating pictures of the female.

### **Conclusion**

Symbolic interactionism is interested in finding out how individuals construe meaning in everyday life and how meaning can change from person to another. The interactionist approach is particularly suitable for this study for identifying the student's perception of 'binge drinking'. On the other hand, labelling theories provide an insight on how labels are constructed and used in society. In relation to binge drinking, labelling theories allow us to comprehend why some members in society label binge drinking as a deviant behaviour or activity. The next chapter presents some of the uses and perceived misuses of alcohol around the globe. The chapter shows that meanings associated with alcohol have been culturally and historically highly variable.

## CHAPTER TWO: USES OF ALCOHOL

### Introduction

Alcohol is one of the most broadly utilised substances in heterogeneous cultures. As one of the most primeval and prevalent psychoactive substances, alcohol is associated with many areas of popular and official concern (Mandelbaum, 1965). This chapter addresses the uses and perceived misuses of alcohol in society, noting how alcohol has been constructed as socially problematic on contemporary Western discourses.

The first part of this chapter explores the socio-cultural uses of alcohol in society. It explores the role of alcohol in areas such as gender. The second section discusses some of the issues caused by excessive alcohol consumption. According to bio-medical understandings of alcohol use, although consuming alcohol may provide some benefits, such as relaxation, it can also cause negative effects. Moral entrepreneurs and medical professions often criticised heavy drinking as the cause of alcohol-related crimes and violence, and health problems. In this respect, drinking has been defined as individually and socially problematic. Overall, this chapter highlights the highly varied uses of alcohol in diverse social settings, and the types of social problems associated with excessive drinking.

## Defining Alcohol

Although, no one knew when alcohol was first utilised or by whom, it is believed to be the oldest and probably the most widely used legal drug in the world (Hanson, 1995; Drug and Alcohol Office, 2002). The name alcohol came from the Arabic word ‘Al Kuhul’, which means ‘the light’, and it refers to the liquid in beer, wine and spirits (Drug and Alcohol Office, 2002; McAllister, Moore & Makkai, 1991). Alcoholic beverages are often categorised into one of these three basic types: beer, wine and spirits (Health, 2000). Beers, according Heath (1995) are fermented (from cereal, cracked or ground grains), and usually have a common alcohol percentage from four to eight. Wine is fermented from the juice of berries and fruits, and commonly contains between eight to twenty percent of alcohol (Heath, 1995). While ingredients like fruits and grains are fermented to create wine, spirits are produced by distillation. Spirits such as whiskey, rum, gin, and brandy are distilled and can contain up to ninety percent of alcohol (Heath, 1995; 2000).

## Socio-Cultural Uses of Alcohol

In many cultures, alcohol is consumed for a number of rationales, such as for socialisation and mood alteration. The forthcoming passages outline some of the reasons for people to drink.

### Socialisation

Many individuals tend to socialise with others upon drinking, and drinking together intensifies sociability, putting one at ease as well as initiating

conversation (Kessel & Walton, 1965; Heath, 2000). For example, in sub-Saharan Africa, drinking is part of many social interactions and exchange, such as meetings, interactions, and business transactions (Heath, 2000). Drinking among Afro-American culture tends to enhance sociability, such as conversation and rapping (Partanen, 1991; Brown, 1972; Sterne & Pittman, 1972; Borker, Herd & Hambry, 1980, Gaines, 1985). Drinking in some societies may frequently release expressions of friendliness, for instance, the Japanese. The Japanese find drinking as an enjoyable and physical sensation when it is carried out at a suitable place and time (Mandelbaum, 1965).

In addition, some individuals drink to fit in with ‘a group’ or ‘the group’, and after just a few drinks they tend to open up more. The inclusion within a drinking group indicates social acceptance by other members of the group. For this reason, sociability is one of the main motives for some people to drink. Thus, it can be said that alcohol behaves as social lubricant as well as strengthens social bonds. Alcohol drinking is also a symbolic marker of social boundary, which helps to decide who ‘we’ are and who ‘they’ are (Lowe, 1994; Heath, 1990, 2000).

### Mood Alteration

Some people drink to seek mood alteration. Consuming a few of drinks is enough to cause mood alteration for some individuals. By consuming alcohol they feel that they can overcome shyness as well as enhance their courage. For instance, because the married Tarahumara Indian couples of northern Mexico are shy and reserved people, they usually feel the need to consume alcohol before they can engage in sexual intercourse (Heath, 2000; Zingg, 1942). In addition, Gusfield

(1987) also points out that alcohol consumption tends to provide a cover to the disclosure of the self to public judgments. Gusfield (1987, p.79) states that:

By shifting the burden of explaining embarrassing moments from a reflection of the self to the effects of alcohol, drinking provides an excuse for lapses of responsibility, for unmannerly behaviour, for gaucheries, for immoral and improper action. ‘I was not myself’ is the plea the morning after.

Hence, it can be understood from the quote above that alcohol creates a border around actions, relieving consequences in other areas of life.

### Festivity, Relaxation, and Boredom

The act of drinking itself is festive. Many events, including New Year celebrations, anniversaries, initiations, weddings and birthdays are commonly celebrated through drinking (Heath, 2000; Territory Health Services, 1999; Community Builders, 2005). In some communities, such as that of the Peruvians, the availability of beer or whisky is also seen as an opportunity for celebration (Doughty, 1971). Relaxation is another common motive for people to drink. Alcohol has the ability to relax one’s body, reduce tension and minimise inhibitions (Territory Health Services, 1999; Straus, 1976; Alcohol and other Drugs Council of Australia, 2003; Kessel & Walton, 1965). Drinking also takes place as the result of boredom. Some economically disadvantaged people, such as Eskimos and Yankton Indians consume alcohol as a pastime due to the lack of social entertainments. Some individuals drink for other minor reasons, such as a break in bad weather or the completion of a certain task (Hurt, 1961; Norick 1970; McConville, 1983; Heath, 2000; Orcutt, 1984).

A distinct area of social life where alcohol plays an important role is in relations involving gender and sex (Lender & Martin, 1982; Gefou-Madianou, 1992; McDonald, 1994; Heath, 1995). Many societies often use alcohol consumption and its effects to distinguish, represent and govern the roles of gender (Joffe, 1998; Warner, 1997).

### Gender and Sex

In several countries, consuming alcohol is often a male activity, and it is a significant way for men to act out the stereotype of masculinity with lively behaviour, regular expressions of aggression as well as boasting about their capacity to drink and have sex (Driessen, 1992; Murray, 1990; Peace, 1992; Suggs, 1996; Washburne, 1961; Heath, 1995; Gefou-Madianou, 1992). On the other hand, in many societies, it was assumed that women consume less alcohol than men or completely refrain from drinking because they are seen as moral guardians of society. Women were also thought to behave differently when they are drinking or intoxicated, to prefer different beverages, and to drink at different venues to men (Heath, 1995; Eber, 2000; Hendry, 1994; Huby, 1994; Macdonald, 1994; Suggs, 1996). As Eriksen (1999, p.50) says:

If male drinking symbolized strength, vitality, and manliness, then the opposite - sobriety or a restrictive attitude to alcohol – became an expression of femininity, showing that women had developed a harmonious and serene gender identity. Alcohol thus functioned not just as a drink but as a gendered symbol with a meaning that varied through time.

However, there are some exceptions for women in certain societies. For instance, there are some ceremonies in Guatemala whereby drunkenness is not only acceptable for women, but also required as a form of spiritual transcendence

(Heath, 1995). In Zambia and Sweden, the ‘kitchen party’, is a drinking event allowing females to socialise and be involved in heavy drinking. No men, however, are expected to be present at the setting (Heath, 1995; Geisler, 1987).

In relation to socio-cultural understanding of alcohol, age is another important factor to examine. Many countries set a minimum legal age for both alcohol purchasing and consumption. The minimum drinking age is the age limit imposed for an individual to legally consume alcohol in their particular country.

### Age

The most common legal drinking age in most countries is 18. However, some nations (e.g. Georgia and Thailand) impose no minimum age on drinking. In Canada, the legal drinking age varies (from 18 – 19) depending on the province. However, in United States of America, an individual is only permitted to drink when he or she is 21 years old or over (Heath, 1995; Hanson, 1997[a]; International Center for Alcohol Policies, 2002).

Since every country adopts different alcohol legislation, policies and comprehension of alcohol problems, the minimum legal purchasing age can differ from the minimum drinking age. Some legal codes (e.g. Greece) tend to concentrate more on purchasing age limit instead of consumption age. In Austria, some provinces forbid the sale of spirits to those under the age of 18, but not beer or wine (International Center for Alcohol Policies, 2002). Although the minimum drinking age is not consistent throughout the globe, ‘18’ seems to be the most common age for both consumption and purchasing in many nations (see: Appendix 5) because most countries view the age of ‘18’ as a mature age whereby

an individual of 18 years old in many nations can partake in activities like voting, driving and military services (National Youth Rights Association, 2001).

The preceding passages illustrated the role of alcohol in several religious and cultural practices. Although alcohol drinking can provide some benefits, such as socialisation, and relaxation, it can also be an issue in certain areas. The forthcoming section discusses some of the social problems associated with alcohol consumption.

### **Alcohol as Socially Problematic**

In contrast to some of the positive medical associations given to alcohol, cited above, during modernity moral entrepreneurs and medical organisations have frequently emphasised that the heavy use of alcohol is problematic to one's health and safety. Drinking excessively is considered to produce several social problems in society.

Alcohol intoxication is often associated with several forms of (both violent and non-violent) criminal behaviours, such as homicide, driving under the influence and assaults in many countries. Many studies also state that alcohol-intoxicated assailants are one of the main causes of many violent crimes (see: Plant, 1979; Hall, 1941; Parker, 1993; Wolfgang, 1958; Gammage, Jorgensen & Jorgensen, 1972; McMurran & Hollin, 1993; Drugs and Crime Prevention Committee, 2001; Collins, 1982; Hoolihan, 2003; Single, 1997; Murdoch, Pihl & Ross 1990; English *et al*, 1995). Furthermore, drunkenness can lead to disorderly behaviours such as swearing, pushing, arguing, loudness and obscenities (Anleu, 2006). Although drunkenness is seen to be a social nuisance (Heather & Robertson,

1985), Hall (1947) argues that the act of drunkenness may not necessarily be the main problem, however, the injury that may occur to other people under the influence of alcohol is the problem.

Drink-drivers are often criticised as being morally flawed individuals because driving under the influence of alcohol is one of the primary causes of death and severe harm worldwide. Drunk drivers can cause motor-vehicle accidents, human suffering and injury to themselves, as well as to others (Gusfield 1987; Homel 1988; Peder *et al*, 2004; Hingson, Heeren & Edwards, 2008; Scott *et al*, 2006; Subramanian, 2006; Steinbock, 1985). While driving under the influence of alcohol increases the risk of crashes and fatal accidents, several other issues such as speeding, aggressive and reckless driving, driving with a suspended or revoked license, and hit and run accidents have also been associated with driving under alcohol influence (Plant, 1979; Moskowitz & Fiorentino, 2000; Zador, Krawchuck & Voas, 2000; Scott *et al*, 2006).

Several studies have also illustrated a strong link between alcohol and violence (see: Parker, 1995; Cherpitel, Ye & Bond, 2005; Hughes *et al*, 2008; Anleu, 2006; Collins, 1982; Tomsen, 1989; Roslund & Larson, 1979). Many acts of violence, especially street violence is caused by those under the influence of alcohol (World Health Organisation, 2002; Steena & Hunskaar, 2004). This is because when an individual is intoxicated, he or she lacks the ability to make rational decisions, including conflict avoidance, and such irrational decisions can encourage violence (Holder, 2008). Other factors such as social factors (e.g. social disadvantages), family factors (e.g. a disrupted family environment), individual factors (e.g.

behavioural problems) and situational factors (e.g. congested pubs) also contribute to alcohol-related violence (Williams, 2001; Carpenter & Armenti, 1972; Boyatzia, 1974).

Workman (1998) considers social problems to be any issues that are perceived as troublesome in society. In elaboration, Gusfield (1996, p.17) explains:

As a rhetorical device, the concept of a “social problem” is a claim that some condition, set of events, or group of persons constitutes a troublesome situation that needs to be changed or ameliorated. Those who define the problems do so from a standard which involves them in the role of legitimate spokespersons for the society or public interest...to be a “social” or public problem those definitions and the standards from which they are judged needs also to be identified as shared throughout the society, as part of its culture.

The spokesperson (who is normally a representative of a well-known social organisation) is the one who announces behaviours which are problematic to the public (e.g. department of health, drug and alcohol departments). The spokesperson often emphasises such problematic behaviours to the public, in order to advise them, treat the issue, and to maintain a certain value in society (Gusfield, 1996; Spector & Kituse, 1987).

Moral entrepreneurs are people who take part in the construction and application of social rules who often seek to influence people to maintain a standard. They tend to form new categories of deviance by introducing moral values and naming some groups and activities as deviant (e.g. binge drinking) (Trevors, 2008; Becker, 1963; Gusfield, 1963; Rouse, 1992, Rumbarger, 1989; Zaigraev, 1988; Connor, 1972). Becker (1963) illustrates two kinds of moral entrepreneurs: rule

creators, and rule enforcers. Rule creators (e.g. prohibitionists) are perceived as moral crusaders, where:

He is interested in the contents of rules. The existing rules do not satisfy him because there is some evil which profoundly disturbs him. He feels that nothing can be right in the world until rules are made to correct it. He operates with an absolute ethic; what he sees is truly and totally evil with no qualification. Any means is justified to do away with it. The crusader is fervent and righteous, often self-righteous (Becker, 1963, pp.147-8).

Rule creators generally believe that their duty is righteous, and they assume that if they do what is right, it will be beneficial for the society. They often draw support from public, create public awareness of the issue, and suggest an agreeable remedy to the issue. A successful outcome of a moral crusader is the formation of new set of rules (Becker, 1963).

The duty of rule enforcers (e.g. police officers), on the other hand, is to enforce rules (Becker, 1963). A rule enforcer:

...is not so much concerned with the content of any particular rule as he is with the fact that it is his job to enforce the rule. When the rules are changed, he punishes what was once acceptable behaviour just as he ceases to punish behaviour that has been made legitimate by a change in the rules. The enforcer, then, may not be interested in the content of the rule as such, but only in the fact that the existence of the rule provides him with a job, a profession, and a *raison d'être* (Becker, 1963, p.156).

Moral entrepreneurs believe that people should be pressured to do what is 'right' (e.g. using alcohol in moderation or even abstinence) and if people do the right thing it will benefit both themselves and society (Becker, 1963).

While crime and violence are commonly associated with alcohol, another issue that is frequently correlated with heavy drinking is alcoholism. Medical models

(e.g. doctors, health and medical professions) also often stress that alcohol drinking, especially heavy consumption, can be both socially and personally harmful as well as problematic in many situations (see: National Drug & Alcohol Research Centre, 2005; Brown *et al*, 2001; Room, 1976; O'Connor, 1984; Schneider, 1978). Medical professions also claim that consuming alcohol excessively can shorten a person's life by 10 to 12 years, encourages marital conflicts, loss of jobs, emotional tensions, irregular decision-making and mental disorders (Menninger, 1938; Davis, 1976). Heavy drinking is condemned because it can cause public drunkenness, public disorder and even leads to alcoholism (Landi, 1992; Goode, 1984; Clinard, 1968; Marsh & Fox, 1992; Jessor, *et al*, 1968).

Alcoholism refers to those whom have little or no control over their consumption of alcohol (Wallace, 1965; Davis, 1976; Williams, 2000; Ringold, Lynn & Glass, 2006). Alcoholism can lead to memory loss or blackouts. For instance, the day after drinking, an individual may not recall things that he or she has done. A person may appear to be normal during a blackout, however, this is not the case because he or she may engage in inappropriate tasks, such as sexual seduction (Goodwin, 1981).

Most medical professions around the world regard continual alcohol intoxication as a 'sickness', which causes alcoholism. In 1956, alcoholism was declared a disease by the American Medical Association because it has the progression of symptoms that worsen over time into a disease with identified consequences (e.g. alcohol dependence, physical symptoms or death) (May, 2001; Single, 1997; Lab

Test online, 2007; Cade, 1973; Field, 1998). Disease theorists, according to Niedermayer (1990, p.2) claim that:

...alcoholism is the product of a physiological craving for alcohol. Drinking behaviour is therefore not under volitional control and can be considered a disease, or a physiological and therefore medical problem.

Medical professions also believe that by classifying alcoholism as a disease, it stands equal to other illnesses and medical issues. Furthermore, by perceiving and treating alcoholism as a disease, it allows medical professions to claim authority for its comprehension and treatment (Jellinek, 1960; Niedermayer, 1990; Hamilton, 2003).

On the other hand, not everyone agrees to the disease model of alcoholism (see: Heather, 1992; Fingarette, 1988). Some argue that alcoholism has been perceived as a disease with no scientific foundation, and the process of medicalisation tends to view and treat non-medical problems, such as alcoholism as a medical issue, consequently, classifying them as a disease, disorder or syndrome (Levin, 1978; Mullen, 2008; Conrad & Schneider, 1992; Conrad, 1992). According to McLellan (2007, p.627-628):

Medicalisation refers to the process by which certain events or characteristics of everyday life becomes medical issues, and thus come with the purview of doctors and other health professionals to engage with, study, and treat...

Furthermore, some people argue that by treating alcoholism as a disease, it offers employment for those in medical professions, and it also helps increase sales for drug companies (Niedermayer, 1990; Hamilton, 2003). Despite these oppositions, medical professions often have power to define certain areas of human life as

medical issues due to their success in monopolising definitions of health and illness (Freidson, 1988).

## **Conclusion**

On one hand, alcohol is consumed for a number of reasons, such as socialising, festivity and mood alteration. Alcohol consumption has also played a major role in the area of gender and sex. On the other hand, alcohol, especially heavy use of it has been considered to lead to a series of deviant behaviours, such as crime, violence and alcoholism. Despite the condemnations of heavy drinking by moral entrepreneurs and medical and health professions, excessive drinking continues to be common in many western countries, such as Australia. Moreover, heavy drinking continues to have many positive normative associations in popular culture. The upcoming chapter explores alcohol consumption in Australia, especially among university students.

## CHAPTER THREE: DRINKING IN AUSTRALIAN UNIVERSITIES

### Introduction

Alcohol has been a significant part of Australian culture since its colonial days. Drinking is often well accepted and perceived as a social activity by many Australians. Alcohol drinking is also a prevalent activity among many Australian university students in contexts such as in initiation parties, social gatherings and other leisure activities.

This chapter comprises of two sections. The first section presents the onset of alcohol consumption in Australia. It provides an overview of drinking in Australia, the roles of gender and alcohol drinking, and the contemporary uses of alcohol. Thereafter, the second part of this chapter explores alcohol use among university among Australian university students and discusses the students' rationale for using alcohol, the factors that contribute to university drinking, binge drinking, and the perceived risks and harms of collegiate drinking. It also makes references and comparisons with four Anglophonic countries (the United States of America, United Kingdom, Canada, and New Zealand) to point out the similarities and differences in the collegiate drinking cultures.

### Onset of Drinking in Australia

Heavy drinking in Australia was documented during the British colonial period. At this time, it was common for all the social classes in Britain to engage in heavy drinking, thus the colonists and convicts who came to Australia also brought their

drinking habits with them. Because of the absence of local breweries and difficulties in importing other types of beverages, rum was the chief alcohol used for social purposes and as a form of currency to pay prisoners working for officers and labourers. These circumstances contributed to the practice of heavy drinking in early Australia (McAlister, Moore & Makkai, 1991; Butlin, 1983; Room, 1988; Drug & Alcohol Office, 2002; Lewis, 1992; 2006; Powell, 1988).

### 1800s - 1830s

The latter 1800s saw Australia shifting from spirits consumption to beer. This was because of development of local breweries and improvements in the transportation of beer. Beer was also chosen over spirits due to the hot climate of Australia. In addition, the temperance movement in mid 1830s encouraged people to consume beer or lighter alcoholic drinks to reduce drunkenness.<sup>2</sup> Over the course of the 19<sup>th</sup> century, Australia emerged as a beer-drinking nation (Freeland, 1966; Heath, 1995).

Thereafter, beer drinking was almost considered as a national pastime and it remains the dominant beverage consumed by Australian males. This is because Australian males perceive beer as a male beverage and as a symbol of ‘Australianness’. Early drinking practices were highly gendered. Since beer was stereotyped as a masculine drink, as well as because of its taste, many Australian women preferred wine, mixed beverages and spirits. However, some females do choose to drink beer (Heath, 1995; Fiske, Bob, & Graeme, 1987; Kerr *et al*, 2000;

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<sup>2</sup> Instead of abstinence, this temperance movement focused on moderate drinking (Heath, 1995).

Pettigrew & Charters, 2006; Conway, 1985; Fiske, Hodge & Turner, 1987; King, 1978; Shanahan *et al*, 2002; Pettigrew, 2001).

### 1840s - 1870s

In the early 1840s, alcohol consumption suffered a decline due to an economic crash<sup>3</sup>, however, it increased during the gold rushes of the 1850s (Lewis, 1992; Powell, 1988). Several single men were employed as miners and agricultural labourers during the gold rushes, and for these men getting drunk was part of their lifestyle. The drinking took place in hotels, which were predominated by males (Powell, 1988; Heath, 1995; Room, 1988).

Women, on the other hand, were generally not allowed to drink in hotels because they were traditionally seen as ‘guardians of social values’ and caretakers of family (Powell, 1988; Heath, 1995; Room, 1988). As Clark (1976, p.28) says:

Women belonged in the home: she must never go where men found their precious metal in the dirt. Women have kitchen: the men had their communion round the rail in the bar. Women had children, and the comforts of religion: men had the wonderful moment when their eyes met over the tops of two glasses of beer.

The above quote suggests that women were considered to be family orientated (e.g. stay at home, cook, take care of the children) and were meant serve as moral guardians of society. Due to these reasons, women were subjected to more social criticisms and stigma when they consumed alcohol. Nevertheless, women were still permitted to drink in certain areas called the ‘ladies’ saloons, where they

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<sup>3</sup> Due to the collapse of British textile industry and decline in the demand for wool (see: McMichael, 1980)

normally consumed wine or a ‘shandy’.<sup>4</sup> Even so, many women in general drank very little or abstained due to the social stigmas imposed on them (Powell, 1988; Heath, 1995; Butlin, 1983; Clark, 1963; Hughes, 1987; Room, 1988; Badet, 1976; Department of Health and Human Services, 2008; Summer, 1975; Sargent, 1979; Rayner, 2001).

### 1880s - 1940s

The 1880s saw the emergence of an abstention-oriented temperance movement, ‘the Woman’s Christian Temperance Union’ (WCTU). Its major legislative influence came during the First World War when the operating hours of hotels were limited to 6pm (Health, 1995; Philips, 1980).<sup>5</sup> The reason for the six o’clock closing of hotels was to promote sobriety across the country, and to prevent the people from getting addicted to alcohol (Philips, 1980). Nevertheless, the six o’clock closing of hotels did not eradicate people’s desire for alcohol. It initiated a drinking practice called the ‘six o’ clock swill’ whereby employees, after work (5pm), would rush into hotels to drink as much as they could before closing time (Philips, 1980).

Early closing also promoted home drinking since some workers (e.g. farmers & labourers) could not get to the hotels before 6pm due to their extended working hours. Furthermore, the six o’clock prohibition caused an increase in black-marketing (sly grogging), as a means for drinkers to obtain alcohol after the trading hours. Since the six o’clock closing of hotels had severe consequences

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<sup>4</sup> A combination of beer and lemonade, however, shandies often contain less alcohol and more lemonade (Rayner, 2001)

<sup>5</sup> Before the prohibition, hotels were licensed to open from 5-6am till 11-11.30pm

(e.g. impacts on alcohol trading and drinking practices, and creation of black markets), it was abolished in the mid twentieth century (Luckins, 2008; Heath, 1995; Blocker, David & Tyrrell, 2003).<sup>6</sup>

### 1950s – 2000s

In the late 1950s, hotels extended their operating hours till 10pm and this continued to promote heavy drinking. However, drinking was still predominantly a male activity, hence, women were still excluded from drinking at the hotels (Blocker, David & Tyrrell, 2003). Thereafter, a gradual change in the drinking pattern among Australians occurred around the 1960s. Meals were frequently accompanied with alcoholic beverages and alcohol could also be purchased through a wide range of outlets other than hotels, thus many people began to drink at home. Hotels also began to improve their ambience by providing more ‘women-friendly’ places, thereby, allowing females to enter drinking areas in comfort. Furthermore, the social stigmas and stereotypes attached to women (e.g. caretaker or moral guardian) began to loosen-up due to equal rights, and equal opportunities (second wave of feminism). Hence, for these reasons, alcohol consumption among women began to increase from the 1970s onwards (Lewis, 2006; Room 1988; Corti & Ibrahim, 1990; Sargent, 1979; Democratic Socialist Perspective, 2006; State Library of South Australia, 2001). In this way, it came to be considered less deviant for women to consume alcohol in public. This shift correlates with a broad shift in popular and official discourses which rendered it

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<sup>6</sup> The six o'clock lasted until 1937 in Tasmania; 1966 in Victoria; 1967 in South Australia and 1955 in New South Wales (National Film and Sound Archive, 2008)

increasingly normative for women to occupy public spaces, including pubs and bars.

Since many Australians are both heavy consumers and passionate about alcohol, the National Health and Medical Research Council published a series of guidelines (1986, 1989, 1992 and 2001) to help them minimise perceived health risks associated with alcohol.<sup>7</sup> Despite these guidelines, many Australians continue to consume what is considered ‘excessive’ amounts of alcohol. This heavy consumption of alcohol was also reflected in the National Drug Strategy Household Surveys of 1995, 1998, 2001, 2004 and 2007 (Australian Government Publishing Service, 1987; NHMRC, 2008; Australian Institute of Health and Welfare [AIHW], 1999, 2002, 2004, 2008; Single & Rohl, 1997; Fitzsimmons & Cooper-Stanbury, 2000; McCarthy, 2006; Adhikari & Summerill, 2000).

Drinking continues to be an acceptable and prevalent social activity in contemporary Australia. Many Australian males and females participate in the custom of drinking with others after work, on weekends, and at sporting events. As Australians are famous for their passion for alcohol, the excessive intake of alcohol is noticeable in many surroundings, such as universities (Shanahan, Wilkins & Hurt, 2002; Reach Out, 2007; Lewis, 2006; Freeland, 1966; Fiske, Hodge & Turner, 1987; Pettigrew, 2001; McAlister, 2005; Roche & Watt, 1999).

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<sup>7</sup> An Australian medical organisation which provides services like health and medical research and health advice for its citizens, health specialists and government (NHMRC, 2008)

## **Alcohol Drinking in University Settings**

Alcohol frequently plays a key role in official university events, such as orientations, formal balls and initiation programs. It is often central to the students' social and sporting life and also plays an integral role in socialisation (Kypri, 2002; Kypri *et al*, 2002; Roche & Watt, 1999; Bush, 1990). This section examines the rationale for university to use alcohol, the contributing factors of university drinking, the binge culture, and criticisms of collegiate drinking. University students tend to use alcohol for several reasons. The forthcoming passages examine some key reasons for university students' to drink.

### *Rite of Passage and Socialisation*

Many students also have the notion that alcohol is part of the university experience and indeed several researchers have concluded that young people see alcohol consumption as a rite of passage into adulthood during their university years (see: Harper, 2005; Bergen-Cico, 2000; Shanahan & Hewitt, 1999; Midford, Farringdon, & McBride, 1996; Saunders & Baily, 1993; Australian Drug Foundation 1994; Pierce, 2002). Many long-established habits of social drinking are passed down from older students to younger ones, through informal conversations, drinking stories about the 'good old days', and through socialising at off-campus bars and taverns (Youngerman, 2005; Towl, 2004). Furthermore, because many 'freshers' are legally adults, they usually have no curfew and they tend to interact with many other students of a similar age group. These elements help to promote drinking (Haemmerlie, Montgomery & Saling, 1994).

Many students also believe that it is easier to socialise and open up to others after a couple of drinks. They think that alcohol improves social and physical pleasure and make people look more interesting (Farringdon, McBride and Midford, 2000; Christiansen, Goldman & Inn, 1982). Therefore, it can be understood that alcohol is often viewed as an integral component for interacting, used as a tool for ice-breaking sessions and enhancing self-confidence (Roche and Watt, 1999).

### Peer Pressure

Peer pressure is another factor which influences alcohol consumption among students. In order to be accepted by their peers and to avoid awkwardness, students consume alcohol (Reach Out, 2007; TeensHealth, 1995). Many students often overestimate the amount of alcohol their peers consume, which leads them to consume more in order to fit in with the group (Harper, 2005; Wechsler & Kuo, 2000; Borsari & Carey, 2001). As Heath (1995, p.270) describes:

Inclusion within a group where drinking is a focal activity is often a mark of social acceptance, just as exclusion from such a group may well signal rejection. In all of these ways, drinking can be viewed as a kind of social boundary marker, useful in determining who “we” are and who “they” are.

Peer pressure to drink affects people of all ages and backgrounds, and it can influence them in various ways. It can affect an individual directly when someone tells them that they should drink to fit in with the group (Reach Out, 2007). Peer pressure to drink might come directly from the individual himself or herself. For example, a person may feel different or isolated from the group, and thus, that individual may resort to drinking to avoid any awkwardness (Reach Out, 2007).

### Drinking Games

Drinking games also foster the use of alcohol (Simons *et al*, 2005; Bosari, 2004; Green & Grider, 1990; Griscom, *et al*, 1988). Drinking games serve as a rite of passage, and the rules of these games often ensure heavy drinking. These games are social activities which consist of certain rules that state how much and when players should drink. Usually drinking games are played with the intent of getting drunk, getting others drunk, and to compete with each other (Polizzotto *et al*, 2007; Johnson & Sheets, 2004; Douglas, 1987; Green & Grinder, 1990; Newman, Crawford & Nellis, 1991; Grossbard *et al*, 2007; Towl, 2004). In a drinking game, if a participant makes a mistake, the standard punishment is to drink. Heckles from other players would be one of the outcomes if one refuses to drink during a game. As a result, participants usually end up consuming huge amount of alcohol (Pedersen, 1990; Crawford & Nellis, 1991; Borsari, 2004; Baer, 2002; Johnson & Sheets, 2004; Green & Grinder, 1990).

According to the research literature, there are at least four motives for playing drinking games. Firstly, it is to overcome social problems and to loosen-up social situations (Johnson & Sheets, 2004; Johnson, Wendel & Hamilton, 1998; Johnson, Hamilton & Sheets, 1999). A second reason is to become self-intoxicated and to intoxicate others. Drinking games often have rules which encourage heavy drinking, leading participants to continue playing even if they have already ingested a large amount of alcohol. Sometimes participants may ‘team up’ and force another individual to drink excessive quantities of alcohol (Johnson & Sheets, 2004; Douglas, 1987; Green & Grider, 1990; Newman

Crawford & Nellis, 1991). A third motive for taking part in a drinking game is to fit in and feel accepted by others (Johnson & Sheets, 2004; Newman & Crawford, 1990; Adam & Nagoshi, 1999). Another motive is sexual manipulation. Some males use drinking games as an opportunity to procure sexual relations with intoxicated females (Johnson & Sheets, 2004; Baer, 2002; Engs & Hanson, 1993; Johnson & Cropsey, 2000; Johnson, Wendel, & Hamilton, 1998; Newman, Crawford & Nellis, 1991; Sanday, 1991; Johnson & Stahl, 2004). However, it is important to note that the previous literatures did not examine whether females use drinking games for sexual manipulation. Thus, further research may be required in this area.

Social concerns related to new and unfamiliar environments may be reduced through drinking games, however, in return they facilitate the heavy consumption of alcohol (Simons *et al*, 2005; Bosari, 2004).

### Other Reasons

There are other factors contributing to the consumption of alcohol by students. These include few early morning classes, advertising and promotions, such as cheap beer hours, two-for-one hours, and ladies nights (Hafner, 2005; Ryan & Dejong, 1998; Pierce, 2002; Youngerman, 2005). Additionally, students drink, or are influenced to drink, if socially prominent students engage in drinking. Furthermore, when students hear stories regarding their intoxicated peers and the parties occurring on campus, they are encouraged to drink (Kropp, Lavack and Holden, 1999; Wechsler *et al*, 1994; Haemmerlie, Montgomery, & Saling, 1994).

Buying rounds is also a normal practice among peers, obliging each drinker to keep-up with the same drinking pace as other drinkers in the group (Travel Etiquette, 2007; Shanahan, Wilkins & Hurt, 2002; Barbara, Usher & Barnes, 1978). The following quote provides an example of this process:

Mates...don't look and see you have half a drink then buy another one and put it in front of you. And it's bad to have like two and a half glasses sitting there so you've got to keep up. The peer pressure is there, isn't it? Sort of like 'come on mate'. If a mate says 'Do you want a drink?' and you say 'oh no' and it's someone who regularly drinks – and you hear on the odd occasion 'I'm taking it easy.' I just think good on you. A lot of other people go 'oh come on. What's wrong with you? (Shanahan, Wilkins & Hurt, 2002, p.20).

All of the factors discussed above promote the intake of alcohol among students. While many university students consume excessive quantities of alcohol, this heavy consumption of alcohol is commonly referred to as 'binge drinking' (Roche & Watt, 1999; Mallett, *et al*, 2006).

### Binge Drinking

The term 'binge drinking' has a range of definitions, especially in Anglophone countries (Australian Drug Foundation, 2002; Herrings, Berridge & Thom, 2008).

The phrase 'binge' was first illustrated in Anne Elizabeth Baker's 'glossary of Northamptonshire Words and Phrases' in 1854 stating that "a man goes to the alehouse to get a good binge, or to binge himself...binge is to remain long in drinking; to drink to excess" (p.49). This loose qualitative definition differs from modern medicalised accounts of binge drinking, which are defined according to precise quantities of alcohol consumed.

Commonly, medical and health professions define ‘binge’ as two different patterns. Firstly, it described a single heavy drinking session, usually consuming more than a certain number of alcoholic beverages in one sitting. Secondly, it is a pattern of heavy consumption of alcohol over a period of time (Gmel, Rehm & Kuntsche, 2003; World Health Organization, 1994). Even so, these definitions have no consistency in defining how many drinks classify a binge. Some studies defined a binge as consuming an excessive amount of alcohol in a short time period – this definition neither defines the time period nor quantity (Drug info Clearing House, 2002); eight drinks in the same day (International Center for Alcohol Policies, 2005); and more than five in one occasion – the term ‘occasion’ can describe the entire day (Hanson, 1997[b]).

This study utilises what might be considered to be the current medicalised (and normative) definition of binge drinking to account for differences of meaning between official and popular conceptions of this activity. The official definition of binge drinking was developed by Henry Wechsler (a Public Health lecturer at Harvard University) who defined binge drinking as ‘consuming five or more drinks for a man, and four or more standard drinks for a woman at any one time or in a single sitting’. This is also commonly known as the ‘5/4’ measurements (see: Thompson, 2000; Wechsler *et al*, 1995; Bingham, 2006; Wechsler & Nelson, 2001; Wechsler & Austin, 1998; Keech & Fairchild, 2005).

Binge drinking is a common activity among university students in many Western countries (see: Durkin, Wolfe & May, 2007; Martens, Ferrier & Cimini, 2007; Mallett *et al*, 2006; McAlaney & McMahon, 2006; Barnett *et al*, 2006; Wechsler

*et al*, 1993; Roche & Watt, 1999). Although health and medical professions commonly describe collegiate ‘binge’ drinking as hazardous drinking (Roche & Watt, 1999; Walker, 2000; Goodhart *et al*, 2003; Carson, 1995; Taylor & Carroll, 2001), the term ‘binge’ is loosely interpreted by students. For example, some students do not consider themselves to be binge drinking if they have consumed six or more standard drinks in a single session. Others assume binge drinking is drinking until one throws up, and some students believe that binge drinking on the weekend is non-problematic (Carson, 1995; University of Sydney & Health Education Unit, 2004). Binge drinking continues to be both prevalent and excessive among university students in some English speaking countries.

The next section explores the collegiate binge drinking culture in five Anglophone countries – United States of America, United Kingdom, Canada, New Zealand, and Australia. Among these nations, the collegiate ‘binge’ culture was similar with one another.

#### *United States of America*

There has been a long tradition of studying alcohol consumption among college students in the United States of America. While the legal drinking age in the United States of America is 21 years old, many studies report that between 70% to 90% of students in American colleges engage in binge drinking and, that of these students, many are consuming alcohol at ‘hazardous’ levels. Studies have reported that male university students drink more than their female counterparts (see: Karam, Kypri & Salamoun, 2007; Perkins & Wechsler, 1996; Straus & Bacon, 1953; O’ Malley & Johnston, 2002; Mallet *et al*, 2006; Wechsler *et al*, 1995,

2000, 2002; Hingson *et al*, 2005; O'Hare, 1990; Bennett, Miller & Woodall, 1999).

In recent years, binge drinking among young American college students has received great attention from researchers, college administrators, parents and the media. Although there is much research focused on prevention efforts, binge drinking within American colleges is reported to be on the rise (Philpot, 1997; Powell *et al*, 2002).

### United Kingdom

The binge drinking situation in universities within the United Kingdom (UK) is similar to that of United States of America. Binge drinking is common and widespread among young British people (Matthews & Richardson, 2005; Richardson & Budd, 2003; Hibell *et al*, 2000). Even though United Kingdom's alcohol guidelines suggest a maximum consumption of 14 to 21 standard units per week, a number of researchers report that many university students in the United Kingdom are consuming alcohol excessively and that heavy episodic drinking continues to increase (Department of Health, 1995; Webb *et al*, 1996; Pincock, 2007; Guise & Gill, 2007; Edwards, 1996; Gill, 2002). While the legal drinking age in America is 21 years of age, 18 years of age is the lawful age in Britain. For this reason, many students in the United Kingdom can purchase and consume alcohol legally in bars, while many university students in the United States of America cannot (McAlaney & McMahon, 2006). Similar to the United States of America, male students in the United Kingdom consume more alcohol than female students, and university students in the United Kingdom are also reported

to have a more easy-going attitude towards binge drinking and intoxication than their American counterparts (Edwards, 1996; Health Education Authority, 1992; Webb et.al, 1996; Delk & Meilman, 1996).

### Canada

In most Canadian states, the legal age to drink is 19 years of age (James & Hutton, 2005). In Canada, research on binge drinking is limited (McCormick et.al, 2007), however, there are some documented single/multi-campus studies (e.g. Ontario University) undertaken in Canada (see: Gliksman *et al*, 1994, 1997). Because research concerning alcohol consumption among Canadian university students is rather recent and infrequent, only a handful of national university surveys were conducted and for this reason there are no total and central statistics with regard to alcohol consumption and Canadian university students (Gliksman, Engs, & Smythe, 1989; Gliksman et al, 1994; Adlaf, Demers & Gliksman, 2005). The 1998 Canadian Campus Survey indicates that approximately 68,000 university students binge drink at harmful levels, while the Alcohol Use Disorders Identification Test (AUDIT) reports that 15% of Canadian undergraduates are problem drinkers, with males consuming more alcohol than females (Allen *et al*, 1997; Saunders *et al*, 1993; Gliksman *et al*, 2000; Addictions Foundation of Manitoba, 2006; Adlaf, Demers & Gliksman, 2005). The 2004 Canadian Campus Survey also reports that no significant variations were found in the percentage of students consuming alcohol between 1998 and 2004 (Adlaf, Demers & Gliksman, 2005).

### New Zealand

Heavy drinking plays an important cultural role among New Zealand students. When New Zealand's legal drinking age was reduced from 20 to 18 in 1999, to be on par with its voting age, many young individuals were able to purchase and consume alcohol legally. The change in the legal drinking age caused a huge increase in binge drinking among teenagers and young adults (Brownfield, Fernando & Halberstadt, 2003; Everitt & Jones, 2002; Daisy, 2006; Kypri *et al*, 2002; King, 2000). Only a few studies, however, have been undertaken in New Zealand, thus little is known about their tertiary students' drinking patterns (Kypri *et al*, 2002). Studies on Waikato University students report that 38% of students consume at least six or more drinks weekly and that 65% consume at least six or more drinks monthly. Similar patterns were also observed in Otago University (Adam *et al*, 2001; Hamilton, 1996; Kypri & Langley, 2003; Kypri *et al*, 2007). Meanwhile other researches (e.g. Dunedin hall) also report that many New Zealand students are binge drinking at harmful levels.

In sum, alcohol is deeply rooted into New Zealand university culture and it plays a vital role in social activities. What has been medically defined as binge drinking is a common method of consumption for New Zealand students, especially among the males (Kypri & Langley, 2003; Kypri *et al*, 2002, Field & Casswell, 1999; Langley, Kypri & Stephenson, 2003).

### Australia

Studies report, that the prevalence of binge drinking among university students is similar in Australia to universities in the United States of America, United

Kingdom, Canada and New Zealand. The legal drinking age in Australia is 18 and certain general drinking patterns seen among American students are also observed among Australian students (Roche & Watt, 1999; O'Gallaghan, Wilks & Callan, 1990). Despite the commonly described definition of 'binge' which is 'five or more drinks for a man, and four or more drinks for a woman at any one time' the National Health and Medical Research Council (2002) argues that the term 'binge drinking' is still poorly understood in Australia. Many Australian students consume large quantities of alcohol, and more than two-thirds of them drink at dangerous levels, with binge drinking doubling within the past five years (Roche & Watt, 1999; McAlister, 2005). In Australia, many collegiate studies in Australia often use quantitative approaches to measure the students' frequency of alcohol intake.

A survey conducted by Roche & Watt (1999) in three Australian universities across six campuses in the southeast corner of Queensland, consisted of a sample of 400 men and women aged 17 to 25 years old. Their study focused on the hazardous effects and the prevalence of heavy drinking among students. The study reported that 94% of the university students consumed alcohol, and that many drank excessive amounts of alcohol on a frequent basis. In addition, the university students indicated celebrations and partying as their key reasons for consuming alcohol. Males were reported to be drinking for more reasons than females, and almost all social occasions signified opportunities for many male students to drink. The survey also illustrated that almost 40% of both males and females were drinking within the harmful AUDIT risk category, and showed a current pattern of

alcohol consumption that may be damaging or potentially damaging to their health.

Davey, Davey and Obst's (2002) study consisted of 275 students from the Queensland University of Technology enrolled in a psychology class. Their study focused on the frequency of alcohol consumption and drug uses among female and male university students above the age of 18. The study revealed that 88% of the students consumed alcohol, with 45% consuming alcohol at least weekly. More than 40% consumed five or more standard drinks in one sitting, and students aged 18 to 21 typically drank more in a sitting than those in the older age groups. Additionally, 70% of the participants indicated that they took part in binge drinking at least monthly. Approximately 40% of the students fell into the 'at risk of harm' category, with students aged 18 to 21 being more likely to be at risk than older students.

Polizzotto and colleagues (2007) conducted a study on drinking games and alcohol consumption among students (age 18-25) from the University of Western Australia. Their research used both qualitative (27 interviews) and quantitative methods (256 surveys) for data collection. While the qualitative component of their study examined the typology of drinking games, contexts and motivations, the quantitative component explored the frequency of participation, and the amount of alcohol consumed. Through this study, Polizzotto and colleagues identified a number of games, such as 'Never Never', 'Coins' and 'Centurion', and students played drinking games due to reasons such as boredom, to have fun, to interact with other, to feel release pressure, and to be included in a social

environment. The study reported that drinking games were both common and frequent among students, and that approximately 70% of the games involved binge drinking.

Many Australians university students, according to health and medical professions, fail to realise the seriousness of binge drinking and continue to drink at hazardous levels (Australia Drug Foundation, 2002). Medical Professions stress that binge drinking causes a number of unfavourable outcomes. The following section illustrates why collegiate binge drinking is frowned upon in society.

#### *The 'Problems' Associated with Collegiate 'Binge Drinking'*

Collegiate 'binge' drinking is often condemned by medical scholars and moral entrepreneurs because the heavy use of alcohol is injurious to health and it is also considered to prompt an individual to engage in deviant activities. Although not all the students may engage in inappropriate activities when intoxicated, it is often stereotyped that a majority of university students engage in deviant activities. Studies say that although alcohol may provide some advantages, such as relaxation, gaining confidence, and reduce inhibitions, it can also cause the exact opposite (see: Steele, Critchlow, & Liu, 1985; Levenson *et al*, 1980; MacAskill *et al*, 2001; Zeichner & Phil, 1979; Keane & Lisman, 1980; Steele & Josephs, 1988; Josephs & Steele, 1990; Abrams & Wilson, 1979). The following quote describes some of the behavioural changes an individual may experience when intoxicated:

A person may behave in a way that is quite unlike their usual personality. Someone who is usually calm and collected may become easily enraged and upset or vice versa. Someone may simply become quiet and withdrawn. Often these changes are not necessarily dangerous or problematic, but there are times when

they certainly can be. Some of the more serious changes may be things like violent tendencies, lack in ability to make good or safe decisions, or lack of the use of protection when engaging in sexual situations (Allen *et al*, 2000, p.1).

According to medical professions, other short and long-term effects of binge drinking include nausea, shakiness, hangovers, headaches, rabble-rousing, sleeping difficulties, vandalism, emotional problems such as depression, increased risk of stroke, neurological damage, liver damage and even death (Wechsler *et al*, 1994; Haemmerlie, Montgomery, & Saling, 1994; Biden, 2000; Spooner & Hetherington, 2005; Australia Drug Foundation, 2002; Rice & Tsianakas, 2004; Engineer *et al*, 2003). Students who drink heavily may also be at particular risk of experiencing a blackout, and serious binge drinking can lead a person to suffer alcohol poisoning. This occurs when the blood alcohol level rises to a dangerous point. At very high blood alcohol levels, a person may lose consciousness and slip into a coma (National Institute on Alcohol Abuse and Alcoholism, 2004; National Drug & Alcohol Research Centre, 2003).

Furthermore, some studies claim that students who participate in heavy binge drinking usually miss classes due to the effects of drinking, or fall behind in their studies. As a result, these students are more likely to achieve lower grades, consequently leading to a diminished academic performance when compared to those students engaging in moderate drinking or and completely abstained (Carson, 1995; Wechsler *et al*, 1994; Perkins, 1992; Drinkwise, 2006; Billingham, Wilson & Gross, 1999; Wolaver, 2002; Paschall & Freisthler, 2003).

Drink driving is another alcohol-related behaviour, more likely to occur among university students who binge drink (Turrisi & Wiersma, 1999; Wechsler *et al*,

2003; Naimi, *et al*, 2003). Recent research from the United States of America reports that approximately two million university students drove while intoxicated during the previous year. Additionally, in 1998 about 1,110 university students died in automobile crashes associated with driving under alcohol intoxication (Hingson *et al*, 2002; Ham and Hope, 2000; Hingson at. al, 2003; Wechsler *et al*, 2003; McCormick & Ureda, 1995). Among young people aged between 17 and 24, alcohol-related accidents are rather frequent. Reports also state that those university students in the United States of America spending less time (up to 5 hours a week) studying and those spending a significant amount of time (16 hours or more) working for pay each week, are more likely to drink and drive than other students (Durking, Wolfe & May 2007; Wechsler *et al*, 1995).

In Australia, drink driving is one of the main causes of road accidents and death. Reports between 1990 and 1997 indicate that over 50% of alcohol-related car accidents occurred among young Australians, and that many university students were associated with automobile crash injuries and deaths (HealthInsite, 2007; National Alcohol Strategy, 2003; OZHelp Foundation, 2007). The University Drug and Alcohol Survey of 2001 also reported that across five Australian universities ( $n=1667$ ), 16.9% of students had driven a car under the influence of alcohol, while 0.4% were arrested for driving under alcohol influence (Centre for Drug & Health, 2004).

Despite the harm inflicted through binge drinking, heavy episodic drinking is still prevalent among university students. While most collegiate studies often study both genders, research on female university students is limited. Nevertheless,

some contemporary studies (e.g. Guise & Gill, 2007) have observed that the frequency of binge drinking is widely prevalent among young females. The following section examines the drinking pattern among young women in the United States of America, United Kingdom, and Australia.

### **Female University Students**

Scientific studies report that women are affected more by the same volume/level of alcohol consumption than men. They tend to get intoxicated more quickly than men because their body mass is normally smaller compared to males, they have a smaller liver as well as they have less water and more fatty tissues than men (NHMRC, 2001; Cornell University, 2004; Northern Rivers General Practice Network, 2002; Frezza *et al*, 1990; Drug & Alcohol Information Centre, 2007). Despite this, many young women engage in binge drinking.

#### *United States of America*

Several reports claim that approximately 40% of female university students from the United States of America are drinking excessively, and they are consuming alcohol at levels comparable to their male peers. Furthermore, these females are more vulnerable to alcohol-related brain, liver and heart damage. Many of these American female university students drink for the same reasons as men, (e.g. relaxing and fitting in), however, some women also consume alcohol as an aid for partaking in intimate relationships (Drug-Rehabs, 2005; Vickers *et al*, 2004; Dowdall, Crawford & Wechsler, 1998; Plant & Plant, 2006; Vince-Whitman & Cretella, 1999; O'Malley & Johnston, 2002; Young *et al*, 2005).

### United Kingdom

The commonness of binge drinking among female university students in the United Kingdom is as high as 63%, and among these women the issue is not only the quantity of alcohol ingested, but also the speed at which drinks are consumed. Some studies in Britain have reported higher levels of binge drinking and lower abstention rates among females than males (see: Pickard *et al*, 2000; Underwood & Fox, 2000). Furthermore, other studies indicate that women consuming alcohol with all-female groups appear to drink more than those socialising with or in mixed company (Ley & Pearce, 2007; Pickard et.al, 2000; Aitken, 1985; Engineer *et al*, 2003).

Studies on female undergraduate students in Scotland reveal that the majority of Scottish female students drink. Relaxation, socialisation, to enhance confidence and fun were some of the reasons for participating in binge drinking. The studies also suggest that Scottish female university students are able to define the effects of binge drinking, however they fail to identify how much drinking qualifies as a binge (Guise & Gill, 2007; Gill *et al*, 2007).

### Australia

In Australia, there is a lack of research that examines alcohol consumption solely among female university students. Many Australian studies are often mixed-gendered, quantified, and based on the general Australian women population. The 1995 National Drug Strategy Household Survey reported that 39% of females from 20 to 24 years of age engaged in binge drinking (Commonwealth Department of Health and Family Services, 1996, Fleming, 1996).

The Victorian Population Health Survey reports that about 2% of females aged between 18 and 24 drink at risky levels, while other research reports that out of the 14,762 surveyed, 70% of the females binge drank, and women aged between 18 and 23 (who had few personal responsibilities) were more likely to use alcohol heavily. Peer pressure, relief from stress and boredom were some of the reasons as to why these young women drank (Corti & Ibrahim, J, 1990; Astbury *et al*, 1998; Lincoln & Homel, 2001; Jonas, Dobson & Brown, 2000).

Johnston and White's (2004) research was found to be the only research that investigated binge drinking solely among Australian female university students. Their research used a quantitative approach to examine alcohol consumption among female students from the age of 18-24 from an unspecified setting. Johnston and White (2004) investigated 139 undergraduate Australian female students to study their effects of binge drinking and quantity of alcohol intake. The study found that 48% of the sample engaged in binge drinking at least once during the past two-weeks. The study reported many of these young female university students had various beliefs that tend to promote binge drinking, in particular, having fun and socialising were some of their main reasons. The study also indicated that the female students who engaged in binge drinking faced unfavourable outcomes such as a hangover or behaving embarrassingly. Furthermore, the binge-drinking females had a belief that hangovers or feeling sick was a likely cost of binge drinking, and that this was not a significantly unpleasant outcome when compared to the alternative of not binge drinking.

## **Conclusion**

Australian university students often utilise alcohol for a number of reasons, such as to facilitate socialisation, and celebrations. Although drinking allows the students to socialise with one another, several studies indicate that heavy drinking can produce several unfavourable bio-medical effects. Nevertheless, heavy drinking is still prevalent among university students. While contemporary studies report heavy drinking is also visible among young females, there is a lack of research on female university students in Australia. This indicates a need of research in this area. The next chapter presents the materials and methods used for this study.

## CHAPTER FOUR: METHODOLOGY

### Introduction

This project proposes to study the perception of ‘binge’ drinking among female university students in the University of New England. In order to achieve this goal, a suitable methodological approach is required. The methodology chapter discusses how data was collected for a study. The methodology chapter is a vital part of a thesis as it explains the methods that were used to address the research questions (National Research Foundation, 2004). This chapter will present an overview of previous studies conducted in this area, the limitation of these studies, the research location, data collection, analysis and methodology.

### Previous Studies

Previous Australian collegiate studies (e.g. Roche & Watt, 1999; Davey *et al*, 2000) were often conducted in metropolitan environments and they were normally found to be quantitative studies of both males and females. These studies focused on the frequency of heavy drinking among university students, and the detrimental effects of heavy alcohol consumption.

Roche and Watts (1999) and Davey and colleagues (2000) studies, for example, used a quantitative approach (a survey) to study the detrimental effects of binge drinking among Australian university students less than 25 years of age. Their projects neither focused on a specific gender nor studied the perception of binge drinking among students. Unlike these studies, the current study examines the

students' perception of binge drinking, rather than investigating the students' frequency of alcohol intake and the perilous effects of binge drinking.

While Johnston and White (2004) were the only researchers to study binge drinking exclusively among Australian female university students (aged 18-24) in a metropolitan setting, they also used a quantitative approach to study the amount and effects of binge drinking, as well as the rationales for partaking in binge drinking. The study, which consisted of 139 first year students, highlighted the fact that almost half the sample (48%) participated in binge drinking. The explanation given for binge drinking was mainly to facilitate sociality and to have fun. However, this study failed to explore the female student's perception of binge drinking.

Up until now, there is no qualitative research, which has focused exclusively on binge drinking and Australian female university students. The current study is the first to employ a qualitative approach (based on an in-depth interview) to study the perceptions of binge drinking among Australian female university students.

### **Research Setting**

This research took place in Armidale, a town located in northern New South Wales. Armidale has an estimated population of 23, 358 residents (in 2006) (see Armidale Dumaresq Local Government Area, 2009) and is located halfway between Sydney and Brisbane. There are three ways to travel to Armidale: an eight-hour train ride from Sydney; an approximately six-hour drive from either Sydney or Brisbane; or an hour flight from Sydney (UNE, 2008). In Armidale, there are a number of places of cultural interest such as the Aboriginal Cultural

Centre, heritage tours, and some social entertainment such as cinema, golf club, bowling club and shopping malls. In spite of this, there is a lack of nightlife, and Armidale has no facilities like 24-hour cafeterias, and game arcades for its residents and visitors. The main night time entertainment in Armidale is the pubs, although there is a lively music and amateur theatre scene.

### *Drinking History in Armidale*

Armidale began to be established as a town during the 1840-50s when people moved to the region seeking job opportunities. For these opportunity-seeking people, both accommodation and food were required until they could move to another town or find their own residence. Thus, hotels were built as a means of accommodation for many of these travellers. As the hotel industry in Armidale began to expand, this business shifted focus from primarily a place to stay while in transit to a central venue for social gatherings, events and a place to engage in social drinking. It also provided people with the opportunity to meet both old and new mates, and this mateship further promoted drinking in hotels. Drinking became a major pastime of all social classes, and among these people excessive drinking and ‘shouting’ were the frequent methods of consumption (Grave, 2002; Ferry, 1999). Presently, there are more than ten hotels in Armidale.<sup>8</sup> While most of them offer dining services during the day, some hotels also provide a nightclub service usually on the weekends. Many older people, such as retirees and workers enjoy having a meal and a few social drinks during the day. Some younger people,

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<sup>8</sup> Grand Hotel, Imperial Hotel, New England Hotel, Railway Hotel, Royal Hotel, St. Kilda Hotel, Tattersalls Hotel, Whitebull Hotel, Wicklow Hotel (G'day Pubs, 1997). There are some clubs, such as the Armidale club and Ex-Service Club which sell alcohol.

such as university students go to these hotels during the day, however, a majority of them go there on selected nights to socialise and drink. Because of the lack of social activities at night in Armidale, the pubs are the only public place for young adults to socialise and engage in drinking. One of the key reasons for young adults (e.g. high school graduates) to come to Armidale is because of the University of New England (UNE).

### *The University of New England*

UNE is Australia's first independent regional university, and presently there are about 3500 internal and 13,000 external, both domestic and foreign students, enrolled in various degree programs (Parliament of New South Wales, 2007; UNE Annual Report, 2005). There are two main Faculties at UNE, the 'Faculty of Arts and Sciences' and 'Faculty of The Professions'. Each Faculty offers a wide selection of courses. UNE also provides other additional services for both students and staff, such as 24 computer labs, an employment agency and assistance in finding accommodation. Many internal UNE students choose to reside in one of the eight on-campus student facilities. UNE offers seven fully catered residential colleges and a self-catering college called 'Wright Village'.<sup>9</sup>

The seven fully catered residential colleges have the capacity to accommodate more than 200 students. The mean age group of residents in a college ranges from 18 to 24 and most students who choose to live in colleges are high school graduates. Most of them lived with their parents before coming to UNE, hence

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<sup>9</sup> Fully catered accommodations - Austin College, Drummond and Smith College, Duval College, Earle Page College, Mary White College, Robb College, St. Albert's College (UNE [b], 2008)

they usually have no record of independent living. Through living in the colleges, these students are exposed to other cultures, experience independent living, improve their social skills, and engage in activities such as sports. The annual living cost of colleges is about eight thousand dollars a year and students often get financial aid from Centrelink (a government statutory agency of Australia), scholarships, or from their parents to pay their rent.

The annual rental rate for Wright Village (WV) is almost half that compared to the other colleges. It is a self-catered college which can accommodate about 300 residents. WV is designed with four, six and eight bedroom flats, and each flat has a communal kitchen and shared laundry. Students are required to do their cooking and laundry at their own expense. However, because WV is self-catering, prospective residents must provide evidence from previous landlords that they have lived independently for a year or more. Many Australian, foreign, and postgraduate students and ex-college residents choose WV because it is quieter and more cost-effective than other colleges.

#### *Reason for Choosing Armidale*

Armidale was found to be a suitable environment for this study for a number of reasons. Firstly, there is a lack of research on collegiate drinking in rural Australia, therefore, by conducting a study among rural students in Armidale it provides new knowledge on rural drinking. Secondly, this project is able to explore both the students' drinking experience and college culture. The colleges are one of the main environments in Armidale that facilitates alcohol consumption. Finally, there is a widespread drinking culture among university

students in Armidale that has yet to be studied. Therefore, by looking at the drinking culture among UNE students in Armidale an understanding of why alcohol plays a major role in small towns can be developed.

### **Methodological Approach**

Unlike quantitative methodologies, quantification is not required in qualitative research. Instead, qualitative approaches deal with information expressed in words, such as descriptions, opinions and feelings (Walliman, 2006). According to Snape and Spenger (2003), qualitative methods are found to be useful when investigating complex and sensitive issues of meaning. Furthermore, they claim that issues that need comprehension from the point of view of social actors can be addressed only via qualitative approaches. Therefore, symbolic interactionists often employ qualitative approaches, such as observations and face-to-face communication to study meanings among individuals. Since this study adopts a symbolic interactionism perspective approach to study the students' perception of binge drinking, in-depth interviews were used. Semi-structured questions were appropriate to understand the meanings students attach to drinking behaviours.

#### In-depth Interviews

In-depth interviewing was found to be the most suitable method because the interviewees can narrate their understanding of binge drinking. It allows interviewees to freely express their thoughts about an issue (Johnson, 2002; Douglas, 1985; Esterberg, 2002). According to some feminist scholars, in-depth interviewing is a good tool to study women because women in the past often never had the opportunity to tell their own tales (DeVault, 1999; Reinharz, 1992).

Through in-depth interviews, a holistic comprehension of the interviewees' perspective of a situation could be comprehended (Dawson, 2009).

For this study, two schedules, (1) a screening sheet and (2) a main questionnaire (see: Appendix 6), were designed. The screening sheet had four questions, and it was the initial questionnaire that was used to recruit and shortlist the potential female participants. The second interview schedule consisted of 34 semi-structured questions which had three core sections: (1) drinking experience, (2) group drinking and drinking games, and (3) binge drinking.

#### Recruitment Strategy

The participants, all female, were recruited from undergraduate sociology classes. As a sociology student, I was allowed to access the potential participants through the lecturers in the Discipline of Sociology and Criminology. The screening sheets were distributed to the female students by their lecturers in the classroom. The lecturer was not aware who was participating. The lecturer returned the screening sheets to the interviewer after class and, thereafter, the participants who agreed to participate were contacted directly via phone and email.

To be eligible to participate in this study there were three criteria. First, since several previous studies (e.g. Roche & Watt, 1999; Johnston & White, 2004) reported that binge drinking is prevalent among students from the age group of 18-24, a group identified as 'at-risk' drinkers, this study also recruited students from that age group. Second, this study is solely focused specifically on Australian female Caucasian students. Mature age, Indigenous, international and exchange students were not included in this research. As a final criterion, this

study used the ‘5/4’ measurements as the cut-off mark for binge drinking. In Australia, the 5/4 measurement is considered to be a common measurement to define binge drinking, and it is used in many responsible drinking guidelines and studies. For this reason, for this study the 5/4 measurement was used a guideline to recruit the so-called ‘binge’ drinkers. As a result, the participants had to be current drinkers, and have consumed more than four drinks in a single sitting in the past six months. The potential participants, however, were not informed of the current medical definition of binge drinking, as it would defeat this study’s purpose of investigating their perception of binge drinking.

In total, twenty participants were recruited. The interviews were carried out from August to October 2008. Most of the interviews took place in a private office located in the Arts Building where students had their lectures and tutorials. Many of the participants scheduled their interview immediately after their lessons because the interview room was convenient and central for them. Furthermore, the office allowed the participants to engage in the conversation more comfortably as there were no others in the setting besides the interviewee and interviewer. Four interviews took place in the participant’s rooms because they felt more comfortable there.

#### *The Interview Process*

Before commencing each interview, the participants were asked to read the participant information sheet, which provided a brief overview of the project and asked for their consent to participate. The participants were informed that the whole interview session would be recorded via a digital audio recorder. By

recording the interviews, it will allow the interviewer to concentrate more on the interviews as well as to make observations (Adams *et al*, 2007). However, the participants were also informed that they could request not to record any part of the interview if they felt uncomfortable. In such a situation only hand notes would be taken. Furthermore, they were told that their personal details (e.g. names, contact information) would not be revealed. In general, each interview lasted from 30 to 60 minutes. In order to have ample time to transcribe, write feedback, and to prevent fatigue, only one interview was conducted per day.

### Post Interview

After each interview was conducted, the recordings were then transferred to a MacBook Laptop as a MP3 file via a USB connection. Transferring information to the computer allowed for rewinding and forwarding any portion of the interview rapidly with the use of Apple Macintosh's 'QuickTime' software. Thereafter, the interviews were transcribed immediately using the Microsoft Word application. All the transcriptions were read thoroughly and inspected. After all the twenty interviews were transcribed, the transcripts and MP3 files were copied onto a compact disc and placed in a lockable cabinet. The data on the computer was then erased.

After unitising all the data, the next step was to analyse it. The data was analysed using an approach called typologising. Basically it means that the interviewer looks for common patterns and themes that derive from the interviews (Ely *et al*, 1991, 1997; Shank, 2002; Wallace, 2006; Neuman, 1997; Woods, 1999). Via this 'typologising' approach, Hammersley & Atkinson (1983, p.178) said:

One looks to see whether any interesting patterns can be identified; whether anything stands out as surprising or puzzling; how the data related to what one might have expected on the basis of common-sense knowledge, official accounts, or previous theories; and whether there are any apparent inconsistencies or contradictions among the views of different groups or individuals, or between people's expressed beliefs or attitudes and what they do.

After identifying the common themes and patterns, the data was organized into coherent categories (Stage & Manning, 2003), and then transformed into a chart with colour codes (see: Appendix 7). Through the colour codes, it is easier to view the data, make comparison, and write up the results.

For this study, twenty students were sufficient because all interviews were directed to a common theme.

### **Problems**

The recruitment process was one of the main problems faced in this study. It was assumed that some female participants might find it discomforting to interact with a male interviewer, especially when some of the interview questions could be about negative social experiences relating to alcohol consumption. However, all the participants were very cooperative and at ease during the interviews.

Due to the Easter and semester break in April 2008, recruitment for the participants had to be put on hold for a month, and recruitment could only be resumed when university classes commenced in May. Some participants could not be contacted after the recruitment process due to reasons such as dropping out of university, or providing wrong contact numbers. Three additional recruits were required.

In-depth interviewing is time consuming because the interviewer cannot anticipate the length of the interviews as some interviews could go on longer than others. Time is also spent transcribing and the interviews had to be listened at least twice in order to produce an accurate transcript. Furthermore, the voice clarity of the participant (due to poor sound quality/recording or participant's accent) delayed transcribing.

## **Conclusion**

This chapter indicated the materials and methods used to gather data for this study. The current study is the first to employ a qualitative approach to study female university students' perception of binge drinking. This study investigated twenty UNE female students' drinking experiences and perceptions of binge drinking. The next chapter presents the first part of the findings. It analyses the drinking experiences and patterns among the female university students, such as the frequency of alcohol intake, and rationales for drinking.

## **CHAPTER FIVE: RESULTS (PART ONE)**

### **Introduction**

The following chapter consists of statements derived from the interviews, which are justified with the quotes from the participants. This chapter analyses the drinking patterns of the twenty participants. The participants were asked to describe their drinking experiences, such as the frequency of alcohol intake, the reasons for drinking, their behaviour when intoxicated, their alcohol consumption in the past six months, any negative consequences due to drinking, and the effect on their academic performance. This chapter provides an in-depth analysis of a sample of heavy drinking, Anglo background, UNE females' drinking habits and patterns.

### **UNE Students in General**

While UNE students partake in many organised events (e.g. inter-college sports; Sir Frank Kitto [SFK] Intercollegiate cultural competition), one of the most prevalent activities is drinking. Similar to other university students in Australia (as noted in the literature review – Chapter Three), alcohol is considered as fundamental component of social activity among UNE students, largely because it enhanced conviviality. Many UNE college functions, such as orientation, initiation parties, and formal dinners include drinking as an integral part of the celebration. Besides this, drinking also occurs for other reasons, such as the end of examinations, completion of assignments or tasks, as well as boredom, and peer pressure. In some social groups, a student may have to consume a large amount of

alcohol before he or she is accepted into a group. Some students, on the other hand, pressure themselves, as it were, to drink excessively to prove a point, for example, to beat a certain drinking record held by a previous student, or to brag about their drinking capacity. Since there is a restricted avenue for recreation in Armidale, especially at night, several UNE students also drink because there is nothing much else to do.

Apart from the colleges, drinking takes place in the pubs and the UNE ‘Bistro’ tavern. Many UNE students go to the pubs on the weekends, and the ‘Bistro’ on Wednesdays to drink and socialise. The ‘Bistro’ colloquially called the ‘stro’, is a university tavern which can hold approximately 480 people, and operates every Wednesdays from 9 p.m. till about 2 a.m. during the academic year. While a typical ‘stro’ night can draw 100 to 200 people, and entrance to this facility is usually free, special ‘stro’ events and functions like ‘fresher’s bash’ or ‘final fling’ can attract more than 400 people. These special ‘stro’ events include guest DJs, global music brands (e.g. Ministry of Sound) and live bands and often attract a cover charge from five to twenty dollars. Since the ‘stro’ is within walking distance of the colleges, many students use it as a central meeting place on Wednesdays to engage in drinking. Further, some ‘stro’ promotions of alcohol, like price reductions and free gifts for buying a certain number, or type of, drink, promotes drinking among students.

The following sections outline the drinking patterns among the twenty female participants.

## **Drinking Experiences**

Most of the participants in this study (n=17) are currently residing in one of eight on-campus accommodations facilities provided by the university. Most (n=18) lived with their parents before coming to Armidale to study, and their activities were often monitored by their parents. The first step in this interview process was to examine the female students' drinking patterns. Accordingly, the participants were asked about the frequency, location and extent of their alcohol consumption.

### *Drinking Patterns*

Several of the questions asked in the interview concerned the students' alcohol consumption pattern. In particular, they were asked about their beverage preference, how often they drank, and the days chosen to drink. A majority of the female students (n=19) considered themselves weekly drinkers. Most of them drink three times a week, mainly on Wednesdays and weekends. Drinking occurs on Wednesdays because of the 'stro' night. Since the 'stro' is within walking distance of the colleges, and offers free entry most of the time, many students use it as a central venue to socialise and engage in heavy drinking. The weekends are usually dedicated to off-campus pubs, and, since there are no classes to attend during the weekends, students spend their time at pubs drinking and socialising.

### *Types of Beverages Consumed*

In terms of beverages, most of the interviewees (n=14) preferred vodka, and the rest of them preferred beverages like rum, premixed beverages, and wine. A common drinking pattern was described by one student this way:

I drink quite a bit... roughly about six or seven drinks... I prefer vodka, and I buy the bottle because it's cheaper... you can get two bottles for fifty bucks [Interview No.18].

Similarly, several female students also mentioned that instead of buying premixed beverages they buy a bottle of spirits. This is because a standard 700ml bottle of spirits costs approximately thirty dollars, and consists of 22 standard drinks. Premixed drinks, on the other hand, are about four to five dollars per can or stubby and each serving is about 1.5 standard drinks. Therefore, students find it considerably cheaper to buy a bottle. One participant also had a similar drinking pattern, but with a slight variation in the beverages she consumed. As she commented:

I usually drink once or twice a week... usually Fridays or Saturdays or sometimes Wednesdays... I drink beer, vodka and premixes depending on the situation. If I am drinking with friends or having dinner, I drink wine or beer. But if it's a party, it's usually vodka or punch [Interview No.13].

For this student, the type of beverage she consumed depends on the event. Many Australians integrate wine or beer with their meals. Some females consumed beer because they consider beer drinking as a national past time. A number of UNE students also found 'punch' to be one of the cheapest ways to get drunk faster. A 'punch' consists of a number of alcoholic beverages, juice and fruit mixed together in a container.

The beverage 'goon' is also commonly consumed among female students. 'Goon' is a four-litre box of wine, which costs approximately ten dollars, and can be purchased from any liquor shop. Although it is cheap and there is lots of it, many students describe the taste of a 'goon' as disgusting; thus, it is often mixed with

other non-alcoholic drinks like juice to conceal the taste. Furthermore, because other beverages, such as premixed drinks are more expensive, one female said:

I normally drink premix and vodka raspberry, however, premix are too expensive now...so it's back to goon again [Interview No.6].

Some females also turned to 'goons' because they are economical, and some students purchase a box for themselves, and conserve any remainder for future drinking days. Some students share 'goons' among themselves to cut the cost of drinking. In addition, 'goons' are often one of the frequent ingredients used when making punch.

### Pre-drinking

When further questioned about their consumption pattern, almost all said that they often had pre-drinks before going out. This is done for one particular reason, that is, to save money. According to one interviewee:

I drink before going out; to make sure I don't spend so much money once I am out [Interview No.2].

Most of the students (n=16) do not want to spend money to buy drinks at the bar because of the high cost of such beverages. For example, a stubby of vodka cruiser can cost approximately eight to ten dollars in a pub, whereas one can buy it at half the price in a liquor store. However, some females also said that they would drink if someone buys them drinks at the bar. As one student mentioned:

I will drink if someone buys me a drink at the pub, especially my boyfriend. He buys me a couple of drinks because he doesn't really care about the money [Interview No.3].

Therefore, for some students, it is not about how much they drink but how much they spend. If peers ‘shout’ them a drink or two at the pub they are likely to accept the offer.

### *Reasons given for Drinking*

As cited in the literature review, there are a number of reasons university students give for drinking alcohol. The following section highlights the female students’ rationales for consuming alcohol.

#### *Socialising*

When questioned about their reasons for drinking, all the female students stated that the primary reason was to facilitate socialising. One student stated:

I am way more sociable when I am drunk; I talk to people. For example, if I haven’t had a drink, I will not talk to someone that I don’t know, but when I go out after I had a couple of drinks, I do. I will talk to anyone [Interview No.4].

Similarly, other students reported that they perceive themselves more approachable while under the influence of alcohol. Most of these females see themselves as shy and reserved individuals; drinking makes them sociable, and approachable. They often interact with people they do not know, or are barely familiar with, when under the influence of alcohol. Apart from social reasons, another female participant added:

Because of the college environment, ‘Stro’ nights on Wednesdays, ‘Kilda’ night on Thursdays, there is a lot of pressure in college to drink [Interview No.20].

This student stated that certain factors such as the college environment and peer pressure contribute to drinking. At many college functions and events, such as orientation, initiations and balls, alcohol is a key component. Alcohol is often used in ‘icebreaking’ sessions, as students find it relatively easy to interact with others when under the influence.

#### *Peer Pressure / Boredom*

The participants in the study reported that peer pressure is common in colleges, and many students are often pressured to conform to do certain things such as drinking in order to fit into a group. Some students do not want to feel left out of a social group or event, so they partake in heavy drinking.

Many students tend to describe Armidale as a ‘hole’, which means, mundane, or dull. In Armidale, there is a shortage of venues for social entertainments and activities, especially at night. The pubs are the only source of nightlife entertainment for many youths. Students often use the pubs to overcome their boredom.

#### *Taste*

Two participants included taste as one of their principle reasons for drinking.

According to one of them:

Alcohol tastes good and I like the taste. I won’t drink it otherwise. Goon with juice tastes alright, you have to mix it right [Interview No.17].

Many females liked the sweet taste when alcohol is mixed with non-alcoholic drinks like fruit juice. Furthermore, in order to enjoy the pleasurable taste of

alcohol both the liquor (e.g. goon) and mixer (e.g. juice) has to be mixed ‘proportionally’, so that the beverage does not taste too strong or weak.

#### *Four Drinks in One Session*

Some studies stated that the consumption of four or more drinks in a single session for a woman is defined as binge drinking (see Wechsler & Nelson, 2001; Wechsler & Austin, 1998). This study also uses this definition as a ‘cut off’ mark for binge drinking. Bearing that definition in mind, the next question asked how often they consumed more than four standard drinks in a single session.

All the female students admitted that they typically have more than four standard drinks in one session. This was particularly the case when the individuals were planning to have a ‘big night’. A big night may include drinking in colleges or going out to the pubs. One participant stated:

Living in a college we can have three or four functions a week involving drinking. When I drink, I drink a fair bit. I won’t have less than ten drinks when I go out [Interview No.15].

The following student consumed four or more drinks in one sitting. It is worth noting that this meets the criteria for binge drinking found in the literature review. Nonetheless, this student was unsure if her behaviour constituted binge drinking. Even though binge drinking was not mentioned at this stage of the interview, she asked:

Is that considered as binge drinking? Is ‘four’ drinks considered as binge drinking? [Interview No.19].

The comment made by this student shows an early indication of the gap in perception regarding binge drinking between the students and the assumptions

found in the literature review. While, another student honestly said that she does not have any valid reasons for consuming four or more standard drinks:

When I feel like it... when I drink, I drink at least six to seven standard drinks, probably a bit more... I don't really have any reasons for doing so [Interview No.10].

This student clearly consumes more than four drinks whenever she chooses to. She does not set a specific day to drink. Individual students, therefore, may give no particular reason for consuming more than four drinks in one sitting.

### *Alcohol induced Behaviour*

Alcohol intoxication is known to alter behaviour. Being loud, emotional, and zealous are some outcomes. When asked if drinking changes their behaviour, most of the participants responded positively. According to one student:

It alters mine, normally I am quiet but after I drink, I become outgoing, loud, and open. I am more emotional and passionate about something [Interview No.5].

For a number of female students drinking affects their behaviour in one way or another. They say that they become more sociable, approachable and confident, especially with strangers, when drinking. In terms of being approachable, one student further explained:

You feel more OK to approach someone... more confident when you are approaching the opposite sex. You are way more open about things, you tell people things you won't normally say like 'I love you'... you know what I mean... deep and meaningful stuff [Interview No.7].

Many female students become more confident because of alcohol intoxication and this 'added confidence' allowed them to approach others and express their

otherwise inhibited feelings. They often have the courage to say intimate things such as 'I love you', which they would not say when sober.

### Intoxication in the Past Six Months

To further investigate their drinking patterns, the students were asked how many times they were intoxicated in the past six months. The chart [1] below summarises the findings.

**Chart 1: Number of times drunk in last six months**

	Category A	Category B	Category C	Category D	Category E	Category F
≈ 100	1					
≈ 50		4				
≈ 40			1			
≈ 30				5		
≈ 10 to 20					8	
≈ 5 to 9						1

As seen from the chart above almost all the participants (n=19) were intoxicated at least ten to twenty times (majority in Category E) in the past six months. Upon being asked this question, most of these females expressed either an embarrassed or shocked facial expression. One student commented:

Oh gosh! I am not able to give an answer to that! I really don't know! I probably go for the hundred mark. I come from a small town where there is absolutely nothing to do, no cinemas, and everything closes at night. The only thing open to young people is the pub, and it kind of forces you into drinking [Interview No.15].

Due to the lack of social activity in her town, this student turned to drinking. This situation is somewhat similar in Armidale where many students frequently engage

in drinking due to boredom. However, one student pinpointed her UNE college mates as her reason for getting drunk:

I drink a lot more at college because my friends here are more into getting drunk than friends back home [Singleton]. My friends back home don't drink much [Interview No.16].

The frequency of alcohol use depends on the environment and the circle of friends. Many participants claimed that both college events and peers were their main reasons for getting drunk in the past six months.

Since all the females were intoxicated at least once in the last six months, they were further asked about their experience during the time they were intoxicated; first, was there anyone sober who took care of them during the time they were drunk?; second, had they been told that they had enough to drink?; and, third, had they had been encouraged or pressured to drink more than they wanted?

#### *Being looked after by mates*

The majority of the students (n=19) reported that they often had friends looking after them. Most of them often go out as a group, so, there is always someone in keeping an eye on them. The following student described such a situation:

Yes, we college mates hang around together and we go out as a group. We don't leave one another. If someone wants to go home you tell them, wait get a cab and we wait while they are getting the cab. We are always in a group, looking out for each other [Interview No.14].

In most cases, many of these female students said that their mates take care of them when they are in the pub. While in colleges, there are resident leaders who are frequently patrolling during college events, and their duty is to look after the

residents and monitor situations that require attention (e.g. looking after drunken college residents and carrying out first aid for minor injuries).

*Being advised not to drink more*

When asked if they ever been told that they had enough to drink, a number of these students (n=15) confessed that their friends have advised this. One student replied:

My friend told me I had enough to drink and told me ‘you don’t need anymore’. I can usually tell when I am at the point where I don’t need anymore and stop drinking [Interview No.17].

In general, the participants claimed that they do not need to be told when to stop drinking. However, one student, although she was advised by her mates to stop drinking, refused, because:

A couple of my friends who don’t drink have said that I had enough to drink. To them enough is two or three, but to me I am still in control of what I am doing. I don’t listen to them [Interview No.16]

Through the above quote, it is clear that the meaning of ‘enough’ varies greatly.

*Being Pressured to Drink*

When asked if they have ever been pressured to drink more, most participants (n=18) agreed that this was the case. In many drinking groups, and at functions and events, some were asked by their college peers to drink more and catch up with the rest. As one student noted:

College mates are direct. They say come out and drink... I have been pressured to drink before at colleges. They say drink more [Interview No.8].

Mates often pressure each other because they want others to engage in their own heavy drinking. Many college students are pressured to drink in order to be socially acceptable among the majority. However, pressure can also come from oneself. A student stated:

Both males and females pressure me to drink, and I do the same too. When I do it [pressure], I ask these people why not get pissed [Interview No.10].

The females who were pressured to drink more were seen as lightweight drinkers compared to other drinkers in the group, thus, they are often under pressure to drink more and are perceived as being easier to intimidate.

#### Negative Consequences of Drinking Alcohol

The female students were asked to describe what they disliked most about drinking.

#### *Hangover*

Most of them (n=15) revealed that a ‘hangover’ is the most common unfavourable after-effect of their drinking behaviour. A hangover is the severe headache caused by excessive alcohol use, which normally occurs the day after drinking. Those students who dislike the feeling of a hangover and of dehydration report that a hangover often takes up a large part of the next day to go away. Another student points out that recovering from a hangover is one of the effects she often has to face due to excessive drinking:

Definitely the hangovers... often you wake up and say “oh my gosh” why do I keep doing this to myself [Interview No.15].

A majority of the students consider recovering from a hangover to be unpleasant, but still continue to drink excessively every week. This is because they see recovering from a hangover as a short-term problem, and a small price they have to pay for drinking excessively. This suggests that many students are accustomed to hangovers, and they are willing to sacrifice the next day to recover from one.

### *Arguments*

The participants were asked if they had encountered any major negative experiences from alcohol consumption apart from hangovers. A number of them (n=13) referred to arguments as a common negative experience. For instance:

Sometimes you get a little fiery, especially if I haven't told someone something I don't like about them, or something they did. I get more confident and blow up at them when I am drunk [Interview No.19].

...when you are frustrated and drunk, you tell them rather than trying to let it go [Interview No.16].

Many arguments occurred among friends and were initiated primarily as a result of previously unsettled issues. An individual under the influence of alcohol may not only say pleasant things to or about someone (e.g. you are cute), but may also state the opposite if they are frustrated (e.g. you are a wanker).

### *Temporary Memory Loss*

Temporary loss of memory is another common consequence for heavy drinkers.

One student commented:

In one college function I lost about four hours. Apparently I was doing things and people would see me, but I actually don't

remember those four hours of my night... that was kind of creepy [Interview No.18].

Although some students appeared to be sober, even when they are drunk, they are not able to recall what they have been doing or to whom they have been talking. Several students said that they were able to remember when their mates reminded them the next day. Such loss of memory can be dangerous:

It was only until the next day I realised that this guy took me to a hotel, and he was going to do something to me... I told him I had to go the bathroom, and so I went to the bathroom and locked the door, and rang my mum... I was really lucky... thanks to the bathroom it had a lock on it... that was six years ago [Interview No.13].

Temporary loss of memory can be less harmful in such situations, and the student had a narrow escape. She could have been subjected to physical or sexual assault.

### *Revealing secrets*

Among the students questioned, some mentioned other minor outcomes which can be attributed to intoxication, such as revealing secrets. Some females disclose information which was meant to be discreet. For instance, one student said:

I have told secrets to people which I was not supposed to and sometimes it tends to come out accidentally, or not the way I wanted to say [Interview No.2].

The participant stated that when under the influence of alcohol, secrets can be disclosed almost without knowing it, although there are some individuals who like gossiping or sharing secrets. Revealing secrets can ruin relationships as well as label the person who revealed the secret as untrustworthy. According to the participants, consuming alcohol excessively can reduce the ability to make

reasonable decisions or judgements, and so can produce aggressive behaviour.

According to one participant:

I had a fight with one of my friends last time. I was really drunk and I actually tried to pull her outside. She was like ‘you had way too much to drink’...I kept yelling and tried to fight her [Interview No.15].

According to some studies (Allen *et al*, 2000; Holder, 2008), some individuals may engage in violent behaviour under the influence of alcohol because they are not able to make logical decisions or control their emotions. Since their judgmental skills are impaired by intoxication, they often make the wrong decisions if conflicts or disagreements arise (Holder, 2008). Among the twenty female students, getting involved in a physical fight (e.g. street fight and punch out) is very rare. However, most of them have seen fights among their male companions.

### Academic Performance

All participants were fulltime students, and one of their main priorities was to obtain a degree. Completing a degree program involves tasks like attending lecturers, tutorials and completing assignments. Since many of these females drink at least once a week, it was pertinent to ask if drinking affected their academic performance.

Surprisingly, only a minority (n=5) said that drinking detrimentally affects their studies. Missing classes the next day, failing or being unable to hand in assignments on time were some of the ways alcohol did affect them. A participant said:

I used to drink a fair bit and I was hung over all the time, I didn't want to do my work and I didn't go to class. I failed about three subjects [Interview No.8]

According to some of these students, drinking at the 'stro' on Wednesdays also prevented them from going to classes the next day. Some blamed the college environment for affecting their studies as they believe that they would have more time to concentrate on their studies if there was less socialising and drinking in colleges. Some participants were often not able to hand in assignments on time due to recovering from hangovers, and this also increased the level of procrastination. Many left their assignments or exam preparation until the last minute. It is clear that frequent drinking in a college environment contributed to poor academic performance.

Although the college can be a fun social environment, it is a distractive environment. Since college students live and participate in activities together (e.g. having meals), they are bound to face peer pressure to join in other activities such as drinking. Thus, instead of doing their academic work (e.g. assignments and revision) some students may end up drinking and procrastinating with their mates. This suggests that some of the female students can be diverted from their academic tasks, such as studying. Students who blame the 'stro' for performing poorly in studies suggested that they are easily influenced or do not have a sense of responsibility. Although their key priority is to graduate from university, do their assignments, and perform well in exams, these priorities are sometimes overtaken by other celebratory activities.

A majority of the students (n=15) said drinking does not affect their academic performance because they pick their days to drink. For instance, those who choose

to drink on Wednesdays do not schedule classes on Thursdays. Students said that being organised is the key to not affecting their studies.

Even when I drink on Wednesdays, Fridays and Saturdays, the rest of the days I do my work... I pick my days to drink and I actually will have my work done before I go out... I am here to study not to drink [Interview No.18]

Going to class the next day and handing in assignments on time is a priority for the majority of female students. By selecting certain days to drink it gives these students time to do their work during the rest of the week. For many of these students, getting their degree or passing an assignment is their main concern, and they often do their university work before they go out. However, the students also stated that even if they do go out (if they have an early start the next day), they would either drink very little or refrain. These students said that, although they like to have fun and drink, 'having a life the next day' is also important.

Nevertheless, that the interviews suggested that there might be no, or fewer, classes scheduled on Thursdays and Fridays for these students, thus, they are often able to go to the 'stro' on Wednesdays to engage in excessive drinking. Moreover, their workloads (e.g. assignments; classes scheduled per week; number of units enrolled) could be relatively lighter than those students in other disciplines.

## **Conclusion**

Socialisation is the key reason for many of these females to drink, and. many of these students also used alcohol to build up their self-confidence when approaching people they do not know. All the students would normally consume four or more standard drinks in one session, thus, they fall under the category of

'binge drinkers'. Although alcohol is often used as a social lubricant, the excessive use of it can also be a catalyst to a number of negative outcomes, such as arguments and aggressive behaviour. Some students reported that they tend to make what they consider to be 'poor' or 'irrational' decisions, thus, causing conflicts among friends. The next chapter is the continuation of the results, which addresses the findings on occurrence of drinking games and the perception of binge drinking among the female students.

## CHAPTER SIX: RESULTS (PART TWO)

### Introduction

This chapter addresses the activity of drinking games and the perception of binge drinking among female UNE students. The first part of chapter examines the types of drinking games played, the amount of alcohol consumed, and the rationales for playing. Drinking games were found to be a popular activity among the students, and most of them play drinking games to enhance conviviality and to get drunk in the shortest possible time. Drinking games are known to perpetuate heavy use of alcohol. The second part of the chapter discusses the students' perception of binge drinking, their view of binge drinkers, and whether they regard themselves as binge drinkers. The previous chapter noted that all the students consume at least four standard drinks in one sitting, which is considered 'binge drinking' according to some commentators (e.g. Wechsler *et al*, 1995). This study also uses the '5/4' measurement as a 'cut-off' mark for binge drinking. However, this definition was not mentioned to the participants beforehand so that their personal perception of binge drinking could be recorded without being influenced by this measure.

### Drinking Games

Drinking games are popular among students in the college environment. They are often played to get intoxicated faster, and they often involve sexual references that encroach upon the personal and private life of those playing. Drinking games are usually played indoors, and can be played with cards, using memory, or even by reference to a certain word / phrase in a song or movie. The following passage

describes two common games among these female students: ‘I Have Never’, and ‘King’s Cup’.

### I Have Never

‘I Have Never’ is a common drinking game played either in a single sex group (often females) or mixed-gender group. Players sit in a circle with some drinks, and then each of them has to put up a certain number of fingers (e.g. three, five or even all), the number depending on who makes the rule. The first person starts with ‘I never’ followed by a statement, such as ‘I have never smoked weed’. Those who participate in this activity have to put down a finger and take a sip of their drink. If no one has done it, the announcer has to sip his or her own drink. The game then continues to the next person, and he or she will again start with ‘I Have Never’.

This game is often played to find out something not known or to confirm something that has been heard from others. Sometimes individuals may deny or avoid admitting to certain actions, especially if it has a sexual reference. However, if their mates know that an individual is lying, they might expose them to other players and ask the person to consume the remainder of his or her drink as a consequence of telling a lie. In summary, the main intention of the ‘I never’ game is to find out the secrets of other mates, such as who they are dating, who they are having sexual intercourse with and what deviant activity they have engaged in. This is especially the case if they are new to the group, and their lifestyle choices are unknown.

### King's Cup

Another popular game played by UNE students is the ‘King’s Cup’. Unlike ‘I Have Never’, this game requires a deck of cards, a cup and a list of rules. The drinking game ‘King’s Cup’ is often played in a mixed group. ‘King’s Cup’, often shortened to ‘Kings’, is a card game played in a large circle of mixed gendered individuals (see: Appendix 8). An empty cup is placed in the middle of a table and a standard deck of playing cards is arranged around the cup face down. A list of rules (related to the cards from Ace to King) has to be made beforehand, and this rule determines what each individual card means. The game goes around the table when the first person picks a randomly placed card from the deck. Each card means a certain task, for instance, if someone picks ‘Jack’ it can mean that every male players has to have two drinks. The task in every ‘Kings’ game may differ depending on the rules. For example, the same ‘Jack’ card in another game can be a designation card where one has to allocate a certain number of drinks to another player.

In most games, the ‘King’ card is often designed to be the King’s cup. The rule of the ‘King’ card is that when a player picks this card he or she has to pour some of his or her alcoholic beverage into the empty cup. The person who picks the previous ‘King’ card has to consume the contents of the cup, and this concludes the game. A game of ‘Kings’ can go on for more than an hour depending on the number of people playing. Two decks of cards can be used to lengthen the game.

The participants were asked if they had played any drinking games. If they had, they were asked to describe any games they have played, how frequent was their

participation, what they liked and disliked about drinking games, the types of beverages used, and if they kept track of their drinking during this game.

A majority of the students (n=18) had participated in a drinking game at least once, and most identified and favoured the ‘Kings’ drinking game. The female students who play in drinking games identify their participation as occasional. The term ‘occasional’ in this context refers to playing drinking games once or twice a month at any individual college events and functions. However, unlike drinking sessions, drinking games are often not planned in advance. They are played spontaneously during a drinking session when someone unexpectedly suggests playing a drinking game.

### Reasons for Playing

Several female students said they played drinking games to enhance the drinking experience. In many drinking games, a number of conversations occur, which include telling and listening to funny stories and jokes, random conversations and comments about previous drinking games. As one interviewee described:

I like them and I think they are fun and social. It is something we do before going out. It’s not only about talking and drinking, but trying to pick on people and try not to get picked on. There’s a lot of crazy talking and it gets people closer [Interview No.7].

Many female students also agreed that in drinking games there are a lot of random conversations, mostly about sex and flirting. Many of these games are designed to make everyone drink as a group and to make drinking more enjoyable. Drinking games are frequently played before heading out to the pubs and are designed to consume of a large quantity of alcohol in the shortest amount of time. By drinking

excessively at home, the students do not have to spend money at the pubs to achieve the desired outcome of intoxication.

#### *Types of Beverages Consumed*

The commonly used beverages in drinking games are ‘goon’, beer, and punch. As one student noted:

It is usually punch often spiked with something. They are consumed in large amounts... filled two sacks of goon and lemonade... [Interview No.10].

When this student said ‘spiked with something’, it means a few different types of beverages can be used when making a punch, thus, the ingredients in a punch may differ or even be unknown to the consumer. Furthermore, two boxes/sacks of ‘goon’ are about eight litres of wine, and these are significantly cheaper than other alcoholic beverages. A ‘goon’ or punch can cater for a large group of peers and get everyone relatively drunk. For this reason, a goon is often the favoured beverage in drinking games. In drinking games, beverages are often consumed in large amounts and sometimes quickly depending on the nature of the game and rules. For instance, when everyone is cheering for the individual who has to ‘scull’ the beverages in the ‘King’s Cup, he or she is pressured to ‘scull’ a large amount of mixed beverages and do so rapidly.

#### *Peer Pressure and Teaming up*

Drinking games often involve peer pressure. Some players tend to team up to make other players, especially the lightweight drinkers, drink excessively. Since

everyone is watching, escape from excessive drinking is virtually impossible.

According to one student:

The consequence of every rule is that you have to drink. If you are not a big drinker or if you don't drink very often then people will target you [Interview No.12].

When a player designates a certain number of drinks to another person, he or she may in return get back the same number of drinks or even double the amount by other players. One student explained:

I think there is more pressure put on people because if you are playing a game, it's like OK, I will allocate three drinks to this person and four to this person. However, sometimes you are the one who gets picked on and you have to drink and try to keep up with everyone [Interview No.3].

Everyone is a target in drinking games, and sometimes it is used for settling old scores, for example, the targeted person may take revenge by allocating a ridiculous amount of drinks to the person who previously targeted him or her.

#### Keeping track of drinks

Since drinking games involve consuming vast amount of alcohol, I asked the students if it is possible for them to keep track of how much they had drunk. Out of the eighteen students who had played drinking games, only one said that she is able to keep track of her drinks. This is because she has never played 'Kings'. The drinking game she plays is 'Drinking Twister'.

#### Drinking Twister

An ordinary game of 'Twister' is intended for four players, and is played on a coloured mat with the aid of a 'spinner' used as a die. The mat has several red,

yellow, green and blue circles, and there are four labelled sections on the spinner board: right foot, left foot, right hand, and left hand. All the sections on the spinner board are separated with one of the four colours as the mat. After being spun, the spinner will point to two colours, for instance, left hand on red circle and right leg on green, and the player has to follow accordingly. In the case of ‘Drinking Twister’, it is similar to a regular ‘Twister’ game, however, the player has to hold a drink in either one of their hands. Therefore, whenever the spinner points at the right hand, the individual has to take a sip of her drink.

This game was not recorded as a popular game among the participants, which suggests that many students prefer playing drinking games in a large circle of friends to enhance their drinking experience as well as to make new friends. This is because ‘Twister’ is played in small group, and there are not as many rules as ‘Kings’. In this way, the student is able to keep track of how much she has drunk. There is minimal peer pressure. On the other hand, ‘Kings’ is designed to consume a large amount of alcohol. Seventeen of the female students who play ‘Kings’ say it is rather impossible to keep count of their alcohol consumption, as one pointed out:

Once I get passed three drinks I stop counting because the games are usually fast-paced and I don’t realise how much I have drank [Interview No. 2]

Quite a few students tried counting, but due to the fast-paced nature of drinking games this is often impossible. The very nature of beverages like ‘punch’ means that there is no indication of how many standard drinks are being consumed.

Some students believe that they do not want to keep track of how much they drink, as it defeats the purpose of playing a drinking game. As one student said:

Good question. I guess you are having fun, get caught up and drink whatever is in front of you...you don't really think about it [Interview No.16].

#### *Sexual References*

This study discovered that sex is often a popular topic in drinking games. In a game of 'I Have Never', although all types of questions are welcomed, many players often choose to ask sex-related questions, such as 'I have never given oral sex to xxx'. By asking sexual and personal questions, the 'juicy' secrets of an individual are revealed to other players in the group. This is normally the case if the player is new to the game, or group. In an 'I Have Never' game, players, including the reserved ones, are likely to admit to the sex-related questions when they are under the influence of alcohol. After a few rounds of the game and drinking, the shy individuals may also start asking sex-related questions because alcohol helps them lose their inhibitions, feel relaxed, and boost their confidence.

Drinking games like 'I Have Never' can be used to pry into peoples' private life. Some players may feel uncomfortable admitting to a particular secret, especially if it is embarrassing. If a player is caught lying, he or she will have to consume all of his or her drink, and his or her 'secret' will be revealed to the rest of the players. This could cause further embarrassment to the player caught lying. Furthermore, some students may spread an individual's secret to other mates who were not involved in the game.

Unlike the ‘I Have Never’ game, sexual references in ‘Kings’ are typically absent. This is because most of the rule cards in ‘Kings’ are about drinking, such as allocating drinks to the players. However, some students may alter the ‘Kings’ rules to make it sex-related, for example, a certain card can imply rules like removal of clothing, or kissing someone. On top of that, in most ‘Kings’ games, there is a rule card called ‘make a rule’. The person who picks this card can make any rule he or she wants, for example, the rule could be that every player in the group has to attach the word ‘fuck’ after each of their sentences. The rules of a ‘Kings’ game may vary, depending on the circle of players.

The previous chapter mentioned that several female students consumed four drinks or more in a single session. Dr. Wechsler and many other medical professions define this consumption pattern as ‘binge drinking’. Using the same definition, the following section of this chapter explores the perception of binge drinking among the female students.

### **Binge drinking**

The twenty female participants were asked to describe their perceptions of binge drinking. Then they were asked to describe a person who they consider a binge drinker, and the rationale for doing so. Finally, the students were asked if they consider themselves binge drinkers. It should be remembered that the 5/4 definition of binge drinking was not mentioned to the students at any point during the interview.

### Students' Beliefs and Perceptions

Through these interviews, a variety of descriptions of binge drinking were noted.

For example, two students commented:

I thought it was frequently drinking. Let me relate this to food. Binge eating is when you are usually on a diet and eat shit loads of food, so it could be when you don't drink for a while and then when you drink you drink to the maximum. That is my understanding [Interview No.20].

This student believed that a binge drinker may not drink all the time but he or she will consume a vast amount of alcohol on selected days. The quotes below illustrate three perceptions of binge drinking given by other interviewees:

Binge drinking, isn't it just like you drink every weekend. You are not a consistent drinker but you drink massive amounts every here and then, but not regularly [Interview No. 7].

I don't even know what the word 'binge' means in a dictionary, but I think it is drinking more than the regulated amount a day. Binge to me means a lot of alcohol [Interview No. 4].

I don't really understand the concept. I thought it was like you get drunk and then you wake up the next morning and keep drinking [Interview No. 10].

These perceptions illustrated by the above participants indicate their 'inadequate' knowledge of binge drinking. Similarly, all the other students failed to offer a concrete definition of the phenomenon.

A majority of female students ( $n=17$ ) described binge drinking as a behaviour-related phenomenon (a 'state of behaviour'). Binge drinking, according to these participants, refers to behaviours which lack of social control or lack of civility, such as losing consciousness, vomiting, and being a menace. For instance, three interviewees described:

Binge drinkers are embarrassing people who make fool of themselves. I understand that it is someone who doesn't drink except to get absolutely drunk... to get really drunk. I think binge has a sort of crappy behaviour attached to it [Interview No.12].

You are always spewing and can't remember things... doing things that you won't usually do...basically writing yourself off...having no control over your body, passing out... it's a behaviour thing [Interview No.14].

I reckon it is more of a behaviour thing... I think binge drinkers drink way excessively, and behave stupid [Interview No.7].

For these students, binge drinking is associated with inappropriate behaviour, and they considered factors such as 'not being in control' and 'making a fool of oneself' when intoxicated as the main characteristics of a binge drinker.

On the other hand, three students believed that binge drinking is related to the amount of drinks consumed. For example:

Binge drinking for me is drinking large amounts. Probably for females, I would say seven to ten drinks, and males would be higher [Interview No.8].

Even though these three students said that the quantity alone confirms binge drinking, they were uncertain of the actual amount of drinks that constitute a binge (their assumption of standard drinks that constitutes as a binge is assumed to be from six to ten drinks). However, some participants argued that it is not practical to attach a specific number of drinks to binge drinking as alcohol affects everyone differently. For instance, a student said:

Some people can drink, say about four drinks, and it won't affect them at all. I don't see how that is binge drinking. If you drink til the alcohol obviously affect you that is binge drinking [Interview No.11].

According to the student above, it is not binge drinking if an individual is able to stay in control of him or herself. She also points out that alcohol affects people differently, and therefore it is pointless to classify someone as a binge drinker just because he or she consumes an arbitrary number of drinks.

Related to their perceptions on binge drinking, the students were asked two final questions; first, how they would describe a person who they consider a binge drinker, and second, do they consider themselves binge drinkers.

#### Description of a Binge Drinker

Most students described their mates as binge drinkers. When describing a peer, two students explained:

There is a girl in college, I know she drinks a lot... she gets very drunk and she turns dirty in the end, spewing everywhere and 'absolutely blind'. Her dress would be up to her waist and she doesn't notice it. It grosses everyone out. She drinks probably three times a week or more often [Interview No.16].

I have a friend back at home [Port Macquarie] and she's a chronic binge drinker...she's only seventeen and she drinks quite a lot...she drinks four days in a week. She lets her inhibitions go a fair bit... and she does whatever she wants and keeps doing it [Interview No.17].

The above quote indicates that whether or not an individual is a binge drinker depends on the way he or she behaves when under the influence of alcohol. This perception was found to be consistent among those twelve students who indicated binge drinking as a 'state of behaviour'.

Although all of the participants in this study would be classified as binge drinkers under the medical definition (the '5/4' measurement) of binge drinking, only eight

participants identified themselves as binge drinkers. They admitted that they drink excessively and often more than what they should consume. For instance, two students commented:

I personally think I am a binge drinker. I know I am a binge drinker because I drink on a weekly basis, and I drink myself stupid. Throughout the week I won't touch anything and the next weekend I will be drinking again [Interview No.1].

I know you can't see that on the tape, but I raised my hand for that... I have drunk until I have not been one hundred percent in control of myself [Interview No. 11].

Several students used terms like 'I drink myself stupid', 'wasted', 'maggot', 'hammered', 'blind' and 'smashed' to describe their behaviour. These terms refer to the act of drinking excessively to the point of oblivion. These eight students considered themselves as binge drinkers because they have not been in full control of themselves when intoxicated. Although these students do not consume on a daily basis, they often drink heavily on those days they choose to drink.

A majority of the students ( $n=12$ ) did not consider themselves binge drinkers. The reason given by one student was:

I drink three times a week, yeah probably I do drink in excess but I get up the next morning and do my work. I get up and do everything I need to. I don't write myself off. I do want to get drunk but I do want to have a life the next day. I think binge drinking is an irresponsible behaviour and abusing your privileges. What's the point of writing yourself off? [Interview No.18].

Staying in control of oneself is the main reason why these students do not define themselves as binge drinkers. For example:

Usually I am quite well behaved. I don't get drunk and sleep with someone. I am in complete self-control of myself... I am not

someone who does embarrassing things. I don't embarrass myself [Interview No.16].

Because I don't get silly or disruptive... the next day, people do not tell me 'oh I saw you do this and I was being stupid'. My boyfriend is always sober, and he tells me that I am good when I am drinking [Interview No.13].

## **Conclusion**

Drinking games are a form of social entertainment for many of these female students. The games enhance their individual drinking experience, increase sociability, and strengthen mateship. Drinking games often promote heavy drinking and mixed beverages drinking. When asked about binge drinking, none of these students comprehend the phenomenon as defined in quantitative terms. Many students believe binge drinking to be a 'state of behaviour'. A majority of the students did not classify themselves as binge drinkers. The next chapter discusses the findings. It highlights the significant findings of the study, the strength and limitations of the study, and future studies.

## CHAPTER SEVEN: GENERAL DISCUSSION

### Introduction

The purpose of this study is to investigate the activity of binge drinking among female students attending the University of New England (UNE). In total, twenty female UNE students from eighteen to twenty four years of age participated in this study, and were each asked to describe their drinking habits and to convey their perceptions of binge drinking. While this paper used the 5/4 measurement as a cut-off for binge drinking, this measurement was not used to investigate the hazardous effects of binge drinking, but rather, it examined how the female students comprehend this phenomenon. As such, the study adopted a symbolic interactionism perspective which focuses on meaning.

Three key research questions were developed: first, why is binge drinking prevalent in Australian universities; second, what are the female students' perceptions of binge drinking; and third, do they regard themselves as binge drinkers? These questions enabled an understanding of the student's rationale for consuming alcohol, and their understanding of binge drinking. This chapter discusses the significant findings identified from the study and the implications for future studies.

### Australian Women and Drinking

In the past, drinking was considered a masculine activity in Australia. Men often used alcohol excessively on many occasions and drinking was often carried out in

the hotels after work (see: Powell, 1998; Heath, 1995; Philips, 1980). On the other hand, consuming alcohol was considered as an act of deviancy for women because they were traditionally defined as ‘God’s police’. This term suggests that women are the moral guardians of society, protectors of social values, and are obliged to perform their duties as good mothers and wives (see: Summers, 1975, 1976). For these reasons, many women in the past consumed less or even abstained from drinking (Hendry, 1994; Huby, 1994; Macdonald, 1994; Powell, 1998; Clark, 1976; Room, 1988). Things started to change around the 1960s when the social stigmas attached to women began to diminish due to complex social changes, especially the rise of second wave Australian feminism. Hotels also changed their atmosphere by establishing ‘women-friendly’ environments (Room, 1988). These changes contributed towards a significant increase in the consumption of alcohol among women (see: Room, 1988; Sargent, 1979). Since the 1970s, there has been more significant growth in the consumption among women (see: Corti & Ibrahim, 1990), and today alcohol drinking continues to be part of the lives of many Australian women.

The following section highlights the key findings of the study.

### **Significant Findings**

Similar to findings revealed in other studies of Australian colleges (Johnston & White, 2004; Davey et al, 2002; Roche & Watt, 1999), alcohol consumption is shown to be prevalent among the students in UNE colleges. Drinking is a weekly activity for many female UNE students. The students primarily choose to drink on Wednesdays, Fridays and Saturdays because of the social events at the UNE

tavern on Wednesdays and due to the late opening hours of the pubs during weekends. Most of the students employ alcohol to facilitate socialisation. This rationale was also found in Johnston and White's (2004) binge drinking study on Australian female university students. The current study identifies two other key reasons which perpetuate alcohol consumption among these female students: (1) the rural environment, and (2) the college environment.

### *The Rural Environment*

In comparison to metropolitan cities, there is often a shortage of recreational facilities in rural Australia (e.g. cinemas) to occupy the youths' time, and even if these facilities do exist, they may require a fair bit of travelling. The lack of public transportsations to destinations like educational institutions, work and entertainment is also an issue for youths in rural Australia (Alston & Kent, 2001). Therefore, many youths' live in rural Australia revolve around barbeques and drinking premises. In the Whitsundays, Bone, Cheer and Hil's (1993) study indicated that many young people were often driven into nightclubs and drinking activities because of boredom and lack of social activity. A research conducted by Barclay and Mawby (2006) also reported that boredom is a key problem among the youth in an unnamed country town in Western Australia. It was mentioned in their study that:

Boredom is a major factor here... there is nothing for kids to do. There are no taxis or buses in town. The skate-park is not maintained. There is no theatre; no pool and the summers are hot... The YMCA only visits the town once a month (Barclay & Mawby, 2006, p. 86).

The local pub was found to be the only source of leisure for many youth in that small town, therefore, drinking was often the primary social activity (Barclay & Mawby, 2006).

According to Fabiansson (2006), many rural areas offer more support to young males in terms of sporting clubs and organisations. Unless interested in sport, many young females tend to be more bored and have lesser things to do than men. It was noted in Jones's (1992) study on young Tasmanian women that young females often engaged in an activity called 'Blockies' – driving continually around the same block in a car – due to boredom and lack of interest in sport. Such boredom is due to the lack of social venues, recreational facilities and transportation. In Armidale, boredom is also an issue for many young females.

Female students commonly describe Armidale as a 'hole', which means, at best, a mundane place, because of its lack of avenues for social entertainment, especially at night. This absence of amusement causes boredom among students, and in order to avoid ennui, many partake in drinking. Furthermore, in Armidale pubs are the main form of social entertainment, and consequently many UNE students use them as a central venue for socialising. For a small town like Armidale (approximately 23,358 residents) there are remarkably more pubs and drinking amenities compared to other recreational facilities such as cinemas, bowling clubs etc. There are a total of 22 outlets (a total of 67 licensed premises; see figure 3) from which alcohol can be purchased in Armidale (Armidale Dumaresq Local Government Area, 2009). This suggests that the atmosphere of the town itself promotes drinking among the university students.

Licence Type	Liquor Licences		Licences With Authorised Extended Business Hours	
	Number	%	Number	%
Liquor - club licence	5	7.5%	0	0.0%
Liquor - hotel licence	9	13.4%	7	77.8%
Liquor - limited licence	4	6.0%	0	0.0%
Liquor - on-premises licence	34	50.7%	2	22.2%
Liquor - packaged liquor licence	7	10.4%	1	11.1%
Liquor - producer wholesaler licence	8	11.9%	0	0.0%
Total	67	100.0%	9	100.0%

**Figure 3. Liquor Licences in Armidale**

(Source: Armidale Dumaresq Local Government Area, 2009, p.7)

On top of that, the Armidale Dumaresq Local Government Area (2009) report indicated there are approximately 1,994 females from the age of 18-24. This is found to be the third largest demographic in Armidale.<sup>10</sup> (See figure 4). This number suggests that there are many 18-24 females in Armidale who can legally enter pubs and use alcohol, and many of these young women often utilise drinking environments because there are more drinking premises than other recreational facilities as well as a lack of other social venues and activities in Armidale.

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<sup>10</sup> Based on Population in 2006 which was published in Armidale Dumaresq Local Government Area, 2009 Males under the age of 15 (n=2, 363) are the highest population in Armidale, followed by females under the age of 15 (n=2,295) (Armidale Dumaresq Local Government Area, 2009)

Age Group	Population		
	Males	Females	Number
Under 15	2,363	2,295	4,658
15-17	645	614	1,259
18-24	1,701	1,994	3,695
25-34	1,121	1,191	2,312
35-44	1,398	1,518	2,916
45-54	1,494	1,646	3,140
55-64	1,185	1,214	2,399
65-74	741	829	1,570
75+	546	863	1,409
Total	11,194	12,164	23,358

**Figure 4. Population Density**

(Source: Armidale Dumaresq Local Government Area, 2009, p.5)

Some pubs (e.g. Royal Hotel; St. Kilda Hotel) in Armidale are very male-oriented. These pubs tend to attract more males due to their links with male sporting events, such as live telecasts of ‘footy’, rugby and horse racing. Some other pubs (e.g. Royal Hotel) do not have dancing facilities (e.g. dance floor), so people (mostly men) gather around the bar to drink, interacting with the bar staff, and watching live sporting events (when available). Because drinking places in Armidale are more masculine-orientated, females are less attracted to pubs compared to males. This indicates young females in Armidale do not have wide range of social entertainment. Nevertheless, many young females in Armidale consider the pubs to be one of the central venues to socialise as well as to engage in drinking.

#### The College Environment

The college environment in Armidale also promotes the consumption of alcohol. The study found that many female students lived with their parents prior to arriving in Armidale, and their activities at home were often heavily monitored.

Upon attending university and residing at college, these female students gained a new freedom, allowing them to engage in activities which they may never have taken part in previously, such as heavy drinking and taking other drugs. As found in other studies of alcohol consumption on colleges (Harper, 2005; Pierce, 2002; Kypri, 2002; Youngerman, 2005), the female UNE students also consume alcohol for reasons such as celebrations, college events and functions, peer pressure and drinking games.

Drinking games are designed to facilitate the consumption of enormous quantities of alcohol within a short period of time. The Polizzotto study (2007) concurred with the finding that most of the female UNE students play these games to enhance conviviality and to feel socially acceptable. The current study, however, also found that many of the students play drinking games to save on costs before going out to the 'stro' or pubs. Although questions on drinking games were asked in this study, it was not the main area of exploration. The exploration of drinking games allowed a better understanding of the female UNE students' drinking patterns.

In summary, the rural environment and the college setting are identified as the key reasons why female UNE students in Armidale consume alcohol. The following passage discusses the female students' perception of binge drinking. It allows us to record the students' symbolic understanding of the phenomenon, as well as understand why the medical definition of binge drinking is often not well-recognised among the students population.

### Students' Understanding of 'Binge'

While alcohol consumption is prevalent among female UNE students, the current study identifies that binge drinking, as medically defined, is a common practice within this group. The term 'binge' has a number of definitions (see: International Center for Alcohol Policies, 2005; Hanson, 1997[b]), however, this study employs the of '5/4' measurement to define binge drinking – consuming more than five standard drinks for a male, and more than four standard drinks for a female, in one sitting (see: Wechsler et al, 1995; Bingham, 2006). Because a number of health policies and research in Australia employs the 5/4 measurement to define binge drinking, this cut-off mark was also used for this study.

Although Australian medical and health professions have published a series of 'responsible' alcohol drinking guidelines and advertisements, none of the respondents recognises the '5/4' cut-off mark for binge drinking. Most of the female students had heard of the term 'binge', however, they were unable to provide a clear definition. Some other studies (Goodhart, *et al*, 2003; Guise & Gill, 2007) have indicated that university students do not fully comprehend the term binge drinking. This lack of understanding of binge drinking has led the Federal Government in Australia to initiate various strategies to educate youth. A handful of the female students understood binge drinking to refer to the consumption of a particular number of beverages in a single session. However, they were not certain as to how many drinks constituted a binge. This uncertainty is also visible in other studies of collegiate binge drinking (see: Wechsler & Kuo, 2000; Guise & Gill, 2007). The number of standard drinks the female UNE

students perceived as a binge was almost double the amount compared to the ‘5/4’ measurement.

While most medical professions consider binge drinking to be consuming a particular number of drinks in a single sitting, the majority of female UNE students perceived binge drinking to be a social phenomenon related to behaviour. This behaviour-related phenomenon was referred to as a ‘state of behaviour’ by the students. The ‘state of behaviour’ according to the students, refers to the social or personal behaviour that occurs after heavy drinking. It refers to foolish or norm-breaking behaviours or actions that occur when an individual is intoxicated. These behaviours include embarrassing conduct such as vomiting, passing out in public, violent behaviour, and inappropriate sexual behaviour. In general, these students considered binge drinkers to be individuals who abuse alcohol, often drinking to a state of unconsciousness, and participating in activities even students see as deviant.

This perception highlights a gap between the medical definition and the students’ comprehension of binge drinking. Unlike the medical definition, which emphasises the quantity of alcohol consumed, the students’ perception only concerns deviant behaviour. Their perception of binge drinking does not refer to any number of beverages, blood alcohol concentration levels, or even genders. The female students, in general, refer to binge drinking through its association with negative behavioural outcomes. Medical professions emphasise the repercussions, such as alcohol-related crimes (e.g. driving under alcohol influence), alcohol-related violence (e.g. assaults), and health-related problems

(e.g. liver failure) that may occur due to binge drinking. However, ‘deviance’ as defined by students, was grounded in the context of university life. For example, shameful behaviour was largely grounded in sexual or gendered deviance.

### The Prevalence of Binge Drinking

Though consuming four or more standard alcoholic beverages is defined as binge drinking under the ‘5/4’ benchmark for a woman, the study found it common for all of the female UNE students to consume more than four standard drinks when having a ‘big night out’ at the pub or at a function. Medical and morality models define the act of having four or more drinks in a single session as binge drinking because it is perilous to health as well as being a catalyst for alcohol-related crime and violence. However, none of the students consider the consumption of four or more drinks in a single setting (especially when having a ‘big night out’) as binge drinking, but rather as ‘normal’ behaviour. The following example illustrates such behaviour. Although the smoking of cannabis is against the law in Britain, Brown (1992) says that it is considered normal and acceptable among the Rastafarians. In relation to binge drinking, this information suggests that, even if an activity, such as binge drinking is labelled as deviant by some, it does not seem to be deviant in all situations. Hence, having four or more drinks in a ‘big night out’ is an acceptable behaviour among many students, and therefore, it is not classified by them as deviant or binge drinking. In fact if an individual fails to participate in binge drinking he or she may feel isolated or even rejected from the social group. This means it is seen as deviant not to drink.

### Why Most Students Did Not Regard Themselves As 'Binge' Drinkers

The study indicated that a majority of students do not regard themselves as binge drinkers. Students give four reasons why they do not focus on a particular number of drinks, but focus on behaviour.

1. Most of the students do not consider their drinking to be problematic because they have never engaged in any kind of irresponsible behaviour which they regret (e.g. having unwanted sex).
2. Most of the students asserted that they were always in control of themselves, even if they drink excessively.
3. Most of the female students claimed that they did not drink to a point where they couldn't remember anything, and they claimed to know when they had drunk enough.
4. Most of the female students alleged that they were able to perform their regular duties the next day, such as attending classes. They did not waste their time recovering in bed for the day with a hangover.

From these four reasons, it can be deduced that these students identify binge drinking with the display of certain mannerisms principally linked with low self-control. For instance, if an individual drinks heavily and is in control of him or herself, it seems that he or she is not a binge drinker. However, even if a person drinks moderately and engages in deviant or embarrassing activities, he or she can be classified as a binge drinker.

### **Conclusion**

In rural Australia, drinking is often considered as a social pastime due to a lack of alternative social entertainments. Among the female students, socialisation and boredom were the primary reason to drink. Up until now, there was only one other study (Johnston & White, 2004) that explored binge drinking among female university students in Australia, as such the current study improved our

understanding of drinking patterns, especially with regard to beliefs associated with binge drinking. There are various understandings of binge drinking. There is no consensus as to how many drinks constitute a binge and, furthermore, the definition of this is constantly changing, because various organisations, researchers, and scholars define the term differently. These definitions of 'binge' drinking are open to interpretation and, thus, an individual may construct his or her own connotations of binge drinking. Furthermore, many students have a very different understanding of binge drinking compared to that described by medical models and, as a result, they do not perceive themselves to be binge drinkers. In conclusion, most of the students' symbolic comprehension of binge drinking is not reconcilable to that of the medical models' definition.

This following section addresses some of the implications for future studies. Potential studies can help to expand the current research as well as identify new areas not examined in this project.

### **Future Directions**

#### *Alcopop Tax*

The study noted that due to the tax increase on so called alcopops, many students have shifted to less expensive alcoholic products, such as bottled spirits and 'goon', to match their budgets and low income. Although this purchasing pattern saves money, it promotes intoxication. This perpetuates 'binge' drinking. For instance, if a student buys two bottles of spirits for fifty dollars, he or she might end up drinking both bottles, thereby consuming more than they would have if they had been drinking alcopops. Alternatively, an individual might consume the

full four-litres of goon by him/herself since it is very affordable. It is not clear why ‘goon’ (a 4 or 5 litre casket wine) is made so affordable by a low tax regime, or why the government has not carried out any studies of the effect of this low tax on binge drinking.

Some reports stated that the 70 percent alcopop tax did not reduce binge drinking, and people are merely shifting to other types of beverages which are cheaper (The Senate, 2008; Independent Distillers Australia, 2009). On the other hand, other reports claim that the alcopop tax has reduced both the sales of premixed beverages and binge drinking, making the high tax on alcopops appear a successful policy (Australian Drug Foundation, 2008; Tucak, Chikritzhs, Riden, & Fielding, 2009). Due to this lack of information an in-depth study is required to find out whether the alcopop tax has decreased binge drinking among young Australians, or has just boosted the sale of other alcoholic products.

### Pre-drinking

The current study notes that female UNE students frequently indulge in ‘pre-drinks’ at colleges before venturing to pubs. This activity is seen as another money-saving initiative because it avoids the need for expensive liquor sold at pubs. Since it is cheaper to purchase alcohol from local liquor stores, students prefer to drink at home before going out to save money

The trend of pre-drinking also encourages the consumption of other types of alcoholic beverages which are not available in pubs (e.g. shots, slammers), which can intoxicate more rapidly. In Armidale, the sale of shots is not permitted in the hotels (including the ‘stro’), so some students tend to consume their beverages as

shots during pre-drinking sessions. Often beverages designed for shots (such as Sambuca, Tequila and CS cowboy which contains Butterscotch Schnapps and Baileys Irish Cream) are used in pre-drinking sessions, and these drinks are usually the same price as a bottle of spirits.

People often become drunk very quickly when consuming liquor as shots, and they are therefore not likely to spend much money when going out since they have achieved their desired state of intoxication. The activity of pre-drinking is not a new phenomenon, yet there is a lack of research in this area.

#### *Other Methodologies*

As a limitation, this study only concentrated on binge drinking among Australian female university from the age of 18 to 24. Binge drinking is an activity that occurs among every age group in Australia. For example, the study conducted by MCM Research Ltd, (2004) noted that heavy drinking is also prevalent among those in the 25-34 age groups. Little is known about how this age group constructs drinking experiences and how they perceive binge drinking.

Studies of college life (e.g. Roche & Watt, 1999) in Australia report that male students consume alcohol at a much higher rate than females. Therefore, a study could usefully be conducted, using a qualitative methodology, of how male university students in Australia comprehend binge drinking. This would, allow the researchers to uncover similarities and variations between the genders. Other types of qualitative approaches, such as participant observation or focus groups could also be utilised to study this matter.

Comparative Studies

A comparative study of university students residing in urban and rural areas could be conducted so as to gain a greater understanding of binge drinking. Two rural settings can be compared to find out similarities or variations. Future studies could make comparisons between young university students aged eighteen to twenty four, and those above the age of twenty-five. There is a lack of studies of binge drinking among those who are over twenty-five, especially of postgraduates.

## AFTERWORD: STRENGTHS AND LIMITATIONS

This study was the first to employ a qualitative (in-depth interviews) approach to study the perception of binge drinking among female university students in Australia. Undertaking such a qualitative study provides an in-depth understanding of binge drinking, answering questions such as why it occurs and what it means to students. Although there is a strong drinking and college culture in Armidale, no scholarly studies had been conducted in this town. Therefore, this study helps to understand the rural drinking culture in Armidale as well as the female UNE students' drinking pattern.

While this study explored students' drinking patterns and their perceptions of binge drinking, it was limited to female UNE students, aged 18-24, from an Anglo ethnic background. The study did not include any other age groups, ethnicities, or gender. The study did not include any other age groups, ethnicities, or gender. Many Australian collegiate studies report students from the age of 18 to 24 as the current high-risk' drinkers. However, most of these studies were mix-gendered, and the majority of the participants were male university students. In Australia, there has only been one study (Johnston & White, 2004) on Australian female university students and binge drinking. Therefore, as an under researched topic in Australia, it was fitting to study alcohol consumption among female university students.

Even though there are several other medicalised definitions of binge drinking, this thesis used the '5/4' measurement – consuming five or more drinks for a man, and four or more standard drinks for a woman at any one time or in a single sitting.

This is because the 5/4 definition of ‘binge’ drinking is used as an official definition in many Australian alcohol-related studies and policies. As a result, the study only chose to investigate students who had consumed more four or more standard drinks in one sitting, within the last six months.

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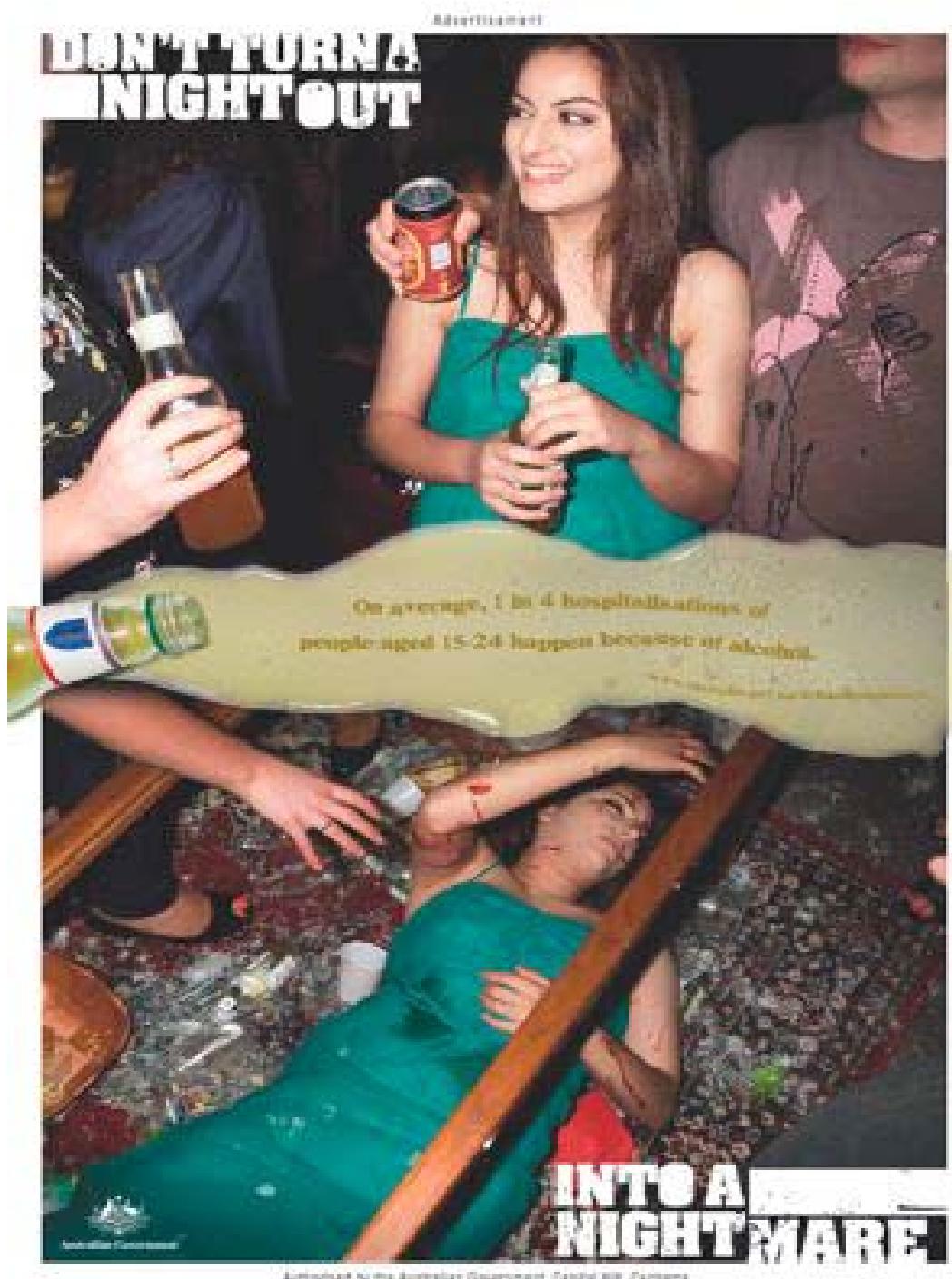
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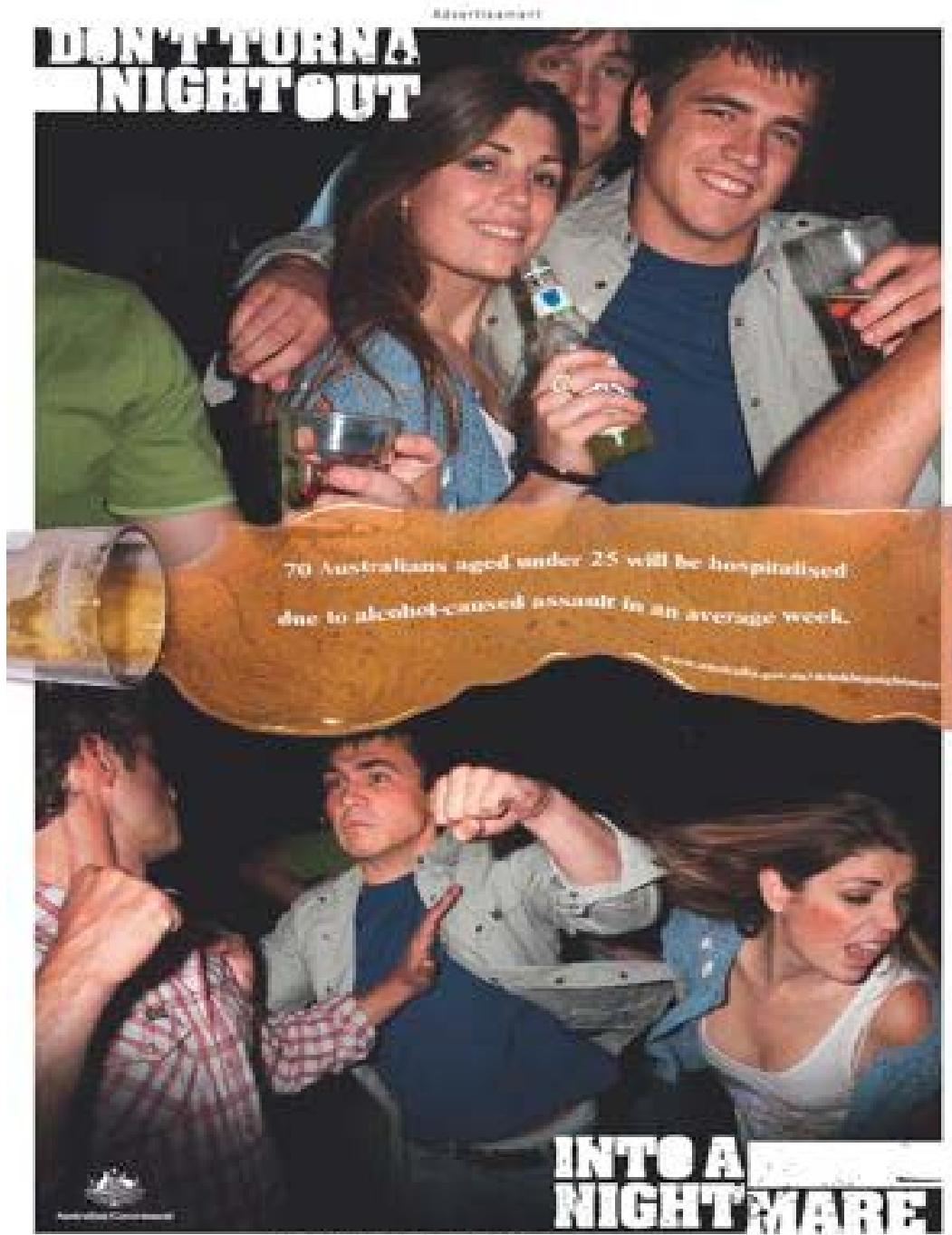
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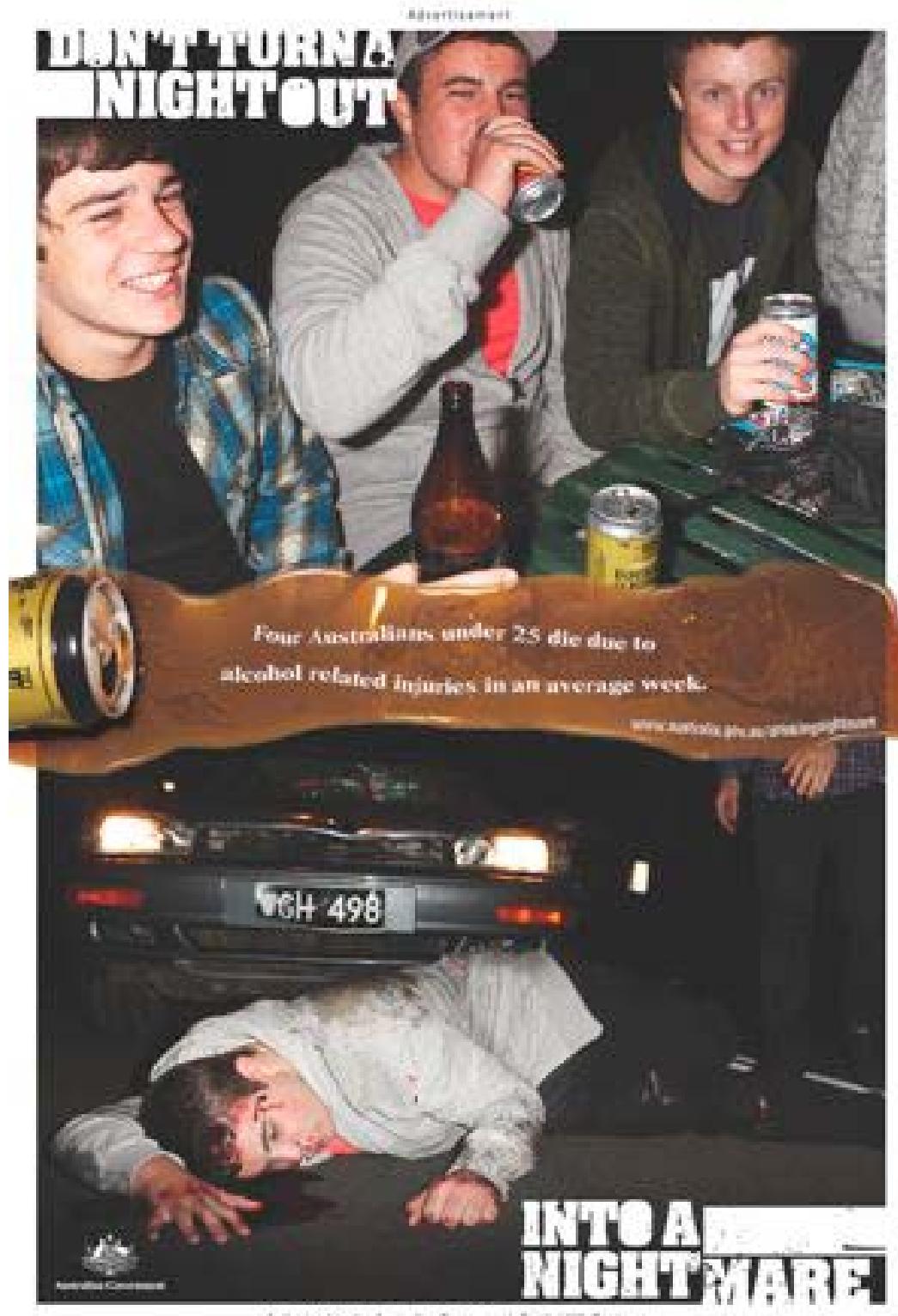
**APPENDIX 1: ANTI-BINGE DRINKING POSTER 1**

(Source: Drinking Nightmare Website, 2008)

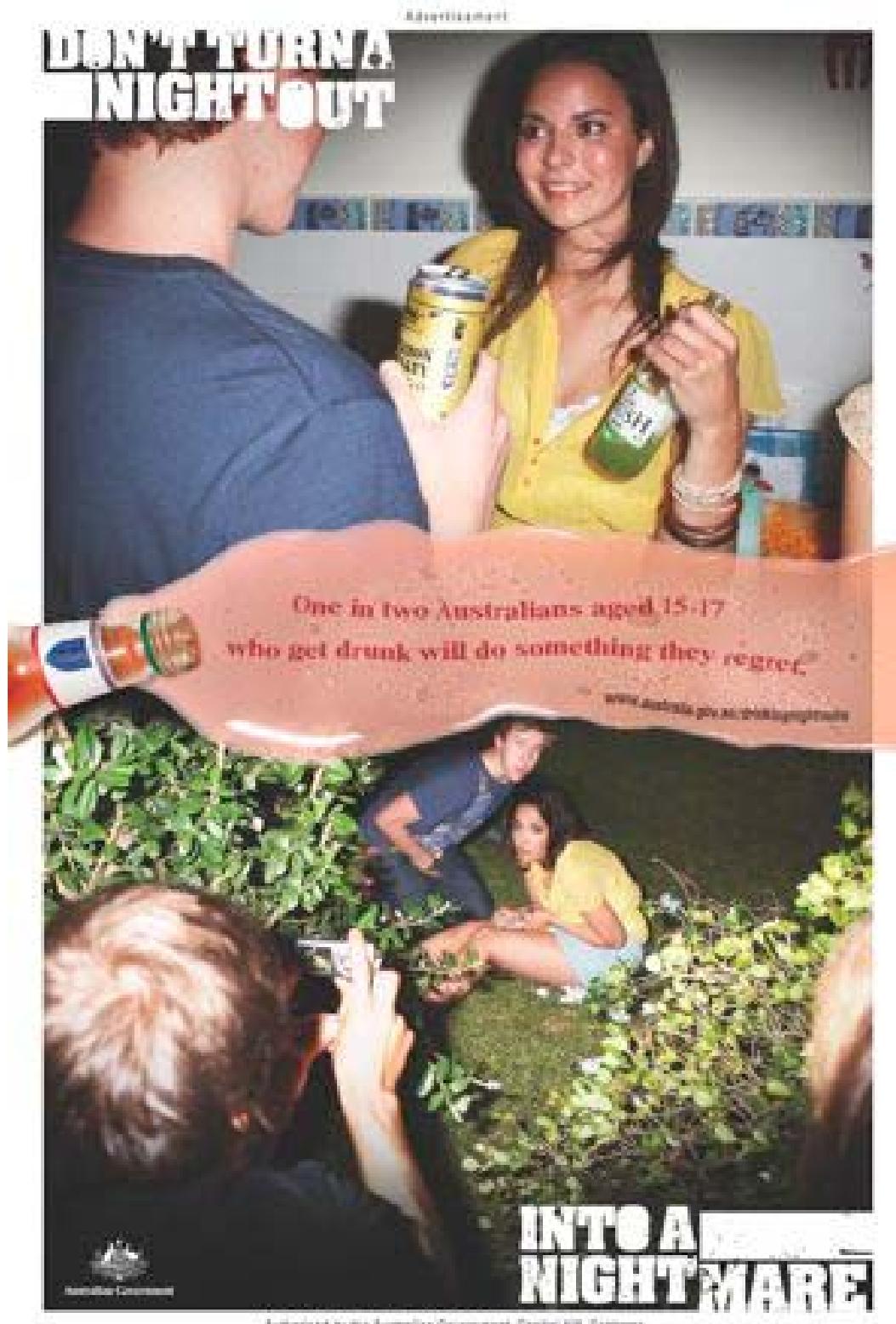
**APPENDIX 2: ANTI-BINGE DRINKING POSTER 2**

Authorised by the Australian Government. Captain Cook Cigarettes.

(Source: Drinking Nightmare Website, 2008)

**APPENDIX 3: ANTI-BINGE DRINKING POSTER 3**

(Source: Drinking Nightmare Website, 2008)

**APPENDIX 4: ANTI-BINGE DRINKING POSTER 4**

(Source: Drinking Nightmare Website, 2008)

## APPENDIX 5: MINIMUM DRINKING AND PURCHASING AGE

**Minimum Drinking and Purchasing Age Laws\***

Table I

Country	Minimum Drinking Age (MDA)	Minimum Purchasing Age (MPA)	Notes
Argentina	18	-	
Austria	-	No MPA	
Australia	18	18	State and Territory laws prohibit the sale or serving of alcohol to those under 18.
Austria	16, 19 (in one Bundesland)	16, 18 in some cases for spirits.	On-premises consumption of alcohol is subject to provincial regulations. In general, the MDA is 16. Some provinces also prohibit the consumption of spirits for those under 18.
Azerbaijan	No MDA	No MPA	
Belarus	-	21	
Belgium	25	16	The law prohibits anyone under 16 (unless married or accompanied by a parent or guardian) from entering a 'dance hall' where fermented beverages are sold.
Bolivia	18	-	
Bulgaria	-	16	
Canada	Alberta, Manitoba: Quebec 18; all other provinces 19	Alberta, Manitoba: Quebec 18; all other provinces 19	Drinking by minors under adult supervision is permitted in licensed premises in the provinces of Manitoba and New Brunswick and at home in Prince Edward Island, Alberta, British Columbia, Ontario and Saskatchewan.
Chile	21	-	
China	No MDA	No MPA	
Colombia	18	-	
Croatia	-	18	
Czech Republic	18	18	
Denmark	18	18	There are no age restrictions on sales for off-licence consumption.
Egypt	21	-	
Estonia	18	18	
Fiji	18	18	
Finland	-	18	
France	16	16	The MDA and MPA for alcoholic beverages on-premises is 16 (18 unaccompanied by a parent or guardian).
Georgia	No MDA	No MPA	
Germany	16, 18	16, 18	The MDA and MPA for beer and wine is 16, 18 for spirits. Beer and wine may be served to people under 16 only if they are accompanied by parents.
Greece	-	18	
Honduras	21	-	
Hong Kong	-	18	
Hungary	-	18	
Iceland	-	20	
Indonesia	-	16	
Ireland	18	18	Individuals under 18 are allowed in bars, but those under 18 must be accompanied by a parent or guardian.
Iran	-	18	
Italy	16	16	
Japan	20	20	
Kazakhstan	-	18	
Korea (South)	19	19	
Latvia	-	18	
Lithuania	-	18	

\*Courtesy of the Centre for Information on Beverage Alcohol (CIBA), 15 Cavendish Square, London W1M 9QA, UK

(-) = no further information available

**Minimum Drinking and Purchasing Age Laws\***

Table I

<b>Country</b>	<b>MDA</b>	<b>MPA</b>	<b>Notes</b>
Luxembourg	17, 18	18	The on-premise MDA is 17 if accompanied by an adult.
Malaysia	-	18	
Malta	16	16	
Mexico	18	-	
Moldova	18	18	
Mongolia	-	18	Parents and guardians may not offer alcohol beverages to their children under 18.
Netherlands	-	16, 18	The MPA for spirits is 18; 16 if accompanied by an adult. The MPA for beer and wine is 16.
New Zealand	18	18	In designated areas, persons under 18 may purchase and consume alcohol if under the supervision of their legal guardian.
Norway	18, 20	18, 20	The MPA for spirits is 20. For beer and wine the MPA is 18.
Peru	18	-	
Poland	-	18	The MPA for alcoholic beverages (more than 4.5% alcohol by weight) is 18. There is no minimum purchasing age for beverages under 4.5%ABV.
Portugal	18	18	
Russia	21	18	
Saint Lucia	21	-	
Singapore	18	18	
Slovak Republic	18	-	
Slovenia	18	18	Applies only to buying or drinking in public places such as bars or discos.
South Africa	18	18	
Spain	16	16	Those under 16 may purchase beer and wine if accompanied by their parents.
Sweden	-	18, 20	Class 1 beer is non-alcoholic and no age restrictions apply. Off-licence purchases have different age limits. The MPA for buying beer from food stores is 18; the MPA for buying other alcohol beverages at Systembolaget stores is 20.
Switzerland	18	18	Federal law prohibits supplying spirits to those under 18. The MDA and MPA for beer and wine is controlled by the Cantons and varies between 14 and 16.
Thailand	No MDA	17	
Turkey	-	18	
Uzbekistan	18	18	
Ukraine	21	-	
United Kingdom	18	18	In bars and off-licensed premises the MDA and MPA are 18. The MPA for beer and cider is 18 when purchased for consumption with meals (except when in a bar). Children over five may consume alcoholic beverages at home with their parent's consent.
United States	21*	21**	* In 19 states alcohol consumption by youth under 21 is not specifically illegal. ** Exceptions to the 21 law in some states include possession for religious purposes when accompanied by a parent, spouse or legal guardian; medical reasons; in private clubs or establishments; in the course of lawful employment by a duly licensed minister.
Uruguay	18	-	
Venezuela	18	-	

\*Courtesy of the Centre for Information on Beverage Alcohol (CIBA), 15 Cavendish Square, London W1M 9DA, UK.

( ) = no further information available

(Source: International Center for Alcohol Policies, 2002, pp. 2-3)

## APPENDIX 6: INTERVIEW QUESTIONNAIRES



School of Behavioural, Cognitive and  
Social Sciences  
Armidale, NSW 2351 Australia  
Telephone (02) 6773 2164  
Facsimile (02) 6773 3820

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### Information for Participants

#### Please read the following before you fill out the questionnaire:

This is a Research Masters' project on alcohol consumption among female university students in Armidale. Participation for this questionnaire is completely voluntary. You do not have to fill out this questionnaire if you do not wish to. If you are willing to participate, please fill out this form and return it to the researcher.

All information collected for this project will be kept confidential. The lecturer of this class will not know if you are participating in this project. All potential participants will be contacted via email or phone. Thank you.

## Screening Questionnaire

(Please check your options)

**1. Age group:**

- < 18
- 18-24
- > 25

**2. Do you drink?**

- Yes (please read Q1A & Q1B)
- No (end of questionnaire)

**3A. How often do you drink?**

- Daily
- Weekly
- Monthly

**3B. In the past 3 months, have you consumed 5 or more drinks in one sitting?**

- Yes
- No

End of Questionnaire

**Personal Details**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Degree Program: \_\_\_\_\_

Year / Level of study: \_\_\_\_\_

**Thank you for your participation**

## Interview Questions

### **Introduction**

- Explanation of project to interviewee

Participants will be forewarned of the questions that I will be asking such as whether they drink, and how it impacts on them; including any bad experiences they may have had. They will have the option of not answering any of the questions. The student has the option of seeing any of the counselling staff at Student ASSIST if they feel the need to speak to anyone about any issues raised from doing the survey.

- Willingness to participate and to withdraw at any time
- Permission to record conversation

### **Background Details**

I would like to start by asking you a few questions about your background.

1. Your age
2. Your place of birth / where did you live before coming to university?
3. The course you are currently studying at UNE?
4. Your year of study?
5. Your place of residence during term? (E.g. with family, friends, living alone, on campus)?

### **Drinking Experience**

As you know, this is a study of alcohol consumption among university students. I would like to ask you a few questions about your drinking experiences.

6. How often do you usually drink? (Per day, week, and month?)
7. Typical pattern of drinking: Where and how much do you usually drink? What is your preferred alcoholic beverage? How much in “standard” drinks, glasses, cans, etc? What types of drinks (alcoholic and non alcoholic) would you typically consume?
8. What are your usual reasons for drinking?

9. How many drinks do you usually need to enjoy yourself?
10. How often (in a day / week / month) do you have more than 4 drinks in an evening?
11. What do you enjoy most about drinking?
12. What do you like least about it?
13. How does drinking alter your behaviour? Do you become more sociable or anti-sociable or both?
14. Tell me what you observe or notice about yourself when you are drinking.  
For example, what do you notice about your ability to express thoughts or feelings?
15. How many times during the last six months would you say that you were intoxicated?

If they were intoxicated at least once, then ask:

- (a) Tell me about one example of when this happened
- (b) Was there anyone sober to take care of you during this situation?
- (c) Did anyone say that you had enough to drink? Were you encouraged by anyone to drink more?
16. Ever had any occasions where they have been drinking but cannot remember what happened for some of the occasion?
17. Does drinking ever affect your academic performance? If yes, how?
18. Has drinking ever caused you problems with your friends, family or flatmates/fellow college residents/ work colleagues? (If yes: can you give me an example of a time when this has happened?)
19. Have you ever had any other negative experiences because of drinking such as arguments, fights or unwanted sexual experiences?  
(If yes): would you be willing to give me an example of a time when this has happened? (Reminder: information will be kept discreet, and participant may not give any example if they do not feel comfortable)

### **Group Drinking, Drinking Games and Peer Pressure**

At UNE I sometimes hear people talk about engaging in drinking games.

20. Have you ever played drinking games? (Yes -go to question 22, No – go to question 21, and then proceed to binge drinking questions)
21. What do you think of drinking games? Describe the drinking games played by their mates, and proceed to binge drinking questions.
22. Give me some examples of the drinking games you have played?
23. How do drinking games come about? For instance, who suggests them? In what context do they happen? Where and when do they happen? Do other activities happen around such games?
24. How often do you participate in such games?
25. Which of these drinking games is in mixed group or only with females or just males?
26. What kinds of beverages are usually involved in such games?
27. How are the beverages consumed? (Quickly, in large amounts, in shots, etc)
28. Do you keep track of how much you drank during these games? Yes= how, No= why not
29. Have you ever been influenced or felt pressured by your friends to participate? (If yes) How did you feel about that?
30. What do you enjoy about drinking games?
31. What do you dislike about drinking games?

**Binge Drinking**

There is quite a bit of talk in the media about binge drinking. I would like to ask you some questions about it.

32. Please describe the sort of drinking behaviour that you think a “binge” drinker shows. What is your understanding of binge drinking? (Probe for information about how much drinking and what circumstances constitutes binge drinking.)
33. Give me an example of someone who you think is a binge drinker? (Describe the behaviour of a friend or someone they know who they think is a binge drinker?)
34. Do you consider yourself as a binge drinker? Yes= why? No=why not?

## APPENDIX 7: COLOUR CHART

Participant	Age	Weekly drinker	Monthly drinker	Frequent drinker	Never drinker	Common reason for drinking	What do you dislike about drinking?	Drinks in the past 6 months?	Any bad or negative experience?	Have you shared drinking stories?	Popular game played	The main罪行 track of your drinks	Shows in other studies?	What shows longer interests you?	Consider yourself as a long-term drinker?
1	21	X		Vodka	0 to 8	Socialise	Hang over	More than 20	Argue with	Yes	Kong's Cap	Yes	Yes	Yes	Yes
2	20	X		Wine	4 to 5	Socialise	Hang over	more than 20	Argue with	Yes	Kong's Cap	No	No	Yes	Yes
3	21		X	Precilla	4	Socialise	Hang over	1 to 6 hours	Blank memory for 2 hours	Yes	Kong's Cap	No	No	No	No
4	19	X		Wine	More than 4	Socialise	Feeling sick the next day	300	Argue with	No	N/A	N/A	Yes	Yes	Yes
5	18	X		Precilla	More than 3	Socialise	Hang over	More than 20	Argue with	Yes	Kong's Cap	No	No	No	No
6	19	X		Vodka	5 to 8	Socialise	Hang over	More than 20	Blank memory	Yes	Kong's Cap	No	No	Yes	Yes
7	19	X		Precilla	More than 8	Socialise	Hang over	More than 40	Remembering secrets	Yes	Kong's Cap	Yes	Yes	No	No
8	19	X		Rum	4 to 5	Socialise	Hang over / Toxic	More than 20	Remembering secrets / Argue with	Yes	Kong's Cap	No	Yes	Yes	No
9	19	X		Precilla	2 to 30	Socialise	Hang over	More than 50	Chipped teeth due to drinking	Yes	Kong's Cap	Yes	Yes	Yes	Yes
10	19	X		Vodka	6 to 7	Taste	Crushing down liquor & high	More than 20	Blank memory	Yes	Kong's Cap	No	No	No	No

Participant	Age	Weekly drinker	Somewhat drinker	Frequent drinker	Reason you choose to drink	What do you dislike about drinking?	Drunk in the past 6 months?	Any kind of negative experience ? 7	Have you played Drinking games?	Popular game played	Do you keep track of your drinks?	Do you have any drinking habits?	Consider yourself as a heavy drinker?
11	20	X		Beer	2 to 10	Socialise	Hang over	10	Arguments	Yes	No	No	No
12	20	X		Vodka beer	3 or more	Taste	Hang over	14	Arguments	Yes	King's Cap	No	No
13	24	X		Vodka beer	3 to 7	Socialise	Hang over	11	Blank memory	Yes	King's Cap	No	No
14	18	X		Vodka beer	More than 4	Socialise	Take	13	Phone Memory	No	Yes	Yes	No
15	20	X		Vodka rum Minc	Does Not count friends	Socialise	Hang over	100	Arguments	Yes	King's Cap	No	No
16	19	X		Vodka	0 to 10	Recreational	Take	30	Arguments	Yes	King's Cap	No	No
17	20	X		Vodka	7 to 10	Socialise	Hang over	50+	Arguments	Yes	King's Cap	No	No
18	21	X		Vodka	More than 10	Socialise	Hang over	70	Arguments	Yes	King's Cap	No	No
19	21	X		Rum	7 to 15	Socialise	Hang over	15-20	Arguments	Yes	King's Cap	No	No

Participant	Age	Weekly drinker	Monthly drinker	Favorite drink	How many drinks you usually consume?	Common reason for drinking	What do you dislike about drinking?	Drunk in the past 6 months?	Any bad or negative experience?	Have you played Drinking games?	Popular game played	Do you keep track of your drinks?	Does it affect studies?	What does binge means to you?	Consider yourself as a binge drinker?
20	18	X		Southern comfort + Coke	5 to 10	Socialize	Hang over	30	Arguments Blank memory	Yes	Drunk in Twitter	Yes	Yes	Drunk in Twitter	No

#### Legend

Green - Individuals who regard themselves as binge drinkers

Yellow - Individuals who consume alcohol to facilitate socialisation

Blue - Individuals who regard binge drinking as a 'state of behaviour'

Purple - Individuals who regard binge drinking as consuming arbitrary number of beverages

Red Fonts - Individuals who do not regard themselves as binge drinkers

## APPENDIX 8: KING'S GAME

# Example of a King's Drinking Game

<u>THE CARD</u>	<u>WHAT EACH CARD MEANS:</u>
<b>A - ALLOCATE ONE DRINK</b>	
<b>2 - ALLOCATE TWO DRINKS</b>	A TO 5 IS A DESIGNATION CARD WHEREBY PLAYERS ALLOCATED A [X] NUMBER OF DRINKS TO OTHER PLAYERS, OR EVEN HIM/HERSELF
<b>3 - ALLOCATE THREE DRINKS</b>	
<b>4 - ALLOCATE FOUR DRINKS</b>	6 - THE LAST PERSON TO PLACE HIS/ HER THUMB ON THE THUMB HAS TO DRINK
<b>5 - ALLOCATE FIVE DRINKS</b>	7 - PLAYERS GO IN A CIRCLE WITH RHYMES, THE PLAYER WHO IS NOT ABLE TO CONTINUE WITH A RHYMING WORD HAS TO DRINK
<b>6 - THUMB MASTER</b>	
<b>7 - RHYMES</b>	8 - A PLAYER CAN MAKE ANY RULES HE / SHE WANTS. IF PLAYER DID NOT FOLLOW THE RULES HE OR SHE HAS TO DRINK
<b>8 - MAKE A RULE</b>	
<b>9 - LEFT</b>	9 - PLAYER ON THE LEFT DRINKS
<b>10 - RIGHT</b>	10 - PLAYER ON THE RIGHT DRINKS
<b>JACK - I HAVE NEVER</b>	JACK - SAME AS THE I HAVE NEVER GAME
<b>QUEEN - BOXHEAD</b>	QUEEN - THE PLAYER HAS TO DRINK WHENEVER ANYONE DRINKS
<b>KING - KING'S CUP</b>	KING - KING'S CUP (WHOEVER PICKS THE KING HAS TO POUR SOME OF HIS/HER BEVERGAE INTO THE CUP IN THE MIDDLE. THE PLAYER TO PICK THE LAST KING'S CARD HAS TO CHUG THE BEVERAGES IN THE CUP)