In the UK it is recommended that men and women not regularly exceed 3-4 units or 2-3 units of alcohol per day, respectively; these are the ‘lower risk daily guidelines’ (Drinkaware, 2014). Binge drinking is defined as exceeding twice these guidelines on one drinking occasion (Department of Health, 2003). Reducing the number of people engaged in this behaviour is a key action in the current national alcohol policy (Department of Health, 2013).

In 2011, 22% of males and 18% of females age 16-24 years old reported binge drinking (Office for National Statistics, 2013), but higher figures have been reported among the student population. In a recent study of seven UK Universities, 65% of female and 76% of male students reported binge drinking in the previous two weeks (El Ansari et al., 2013). This drinking pattern in early adulthood can impact on current and later health (Rehm et al., 2003) as binge drinkers at this age are more likely to become harmful, steady drinkers in later adulthood (Mathurin and Deltenre, 2009). It can also have adverse social consequences, increasing the risk of accidents and violence resulting in injury (Rehm et al., 2003), and may impact upon academic performance (Howland et al., 2010).

This study sought to explore the need and opportunities to manage binge drinking among undergraduates at a large university in the south of England. In addition, we sought to create tailored recommendations to tackle alcohol-related harm and encourage sensible drinking practices.

Methods

Study design and participants

Students and staff at the University were purposively sampled to capture the opinions of relevant individuals. This included undergraduate students in their first year of study, club executives (undergraduate students with a leadership role in University sport clubs) and members of staff involved in student welfare (Hall of Residence wardens, student services) and the Students’ Union (SU). Undergraduate students from a large Hall of Residence were invited to take part in a focus group discussion; three students participated. Club executives, who were identified on the SU website, and staff were sent an email invitation to take part in a face-to-face or telephone interview. Of 61 club executives and 18 service providers contacted, seven and nine, respectively, from different sport clubs and university departments consented to be interviewed.

Data collection

Separate semi-structured topic guides were developed for the students, club executives and staff. Topic guides focused on participants’ understanding of and attitude toward binge drinking, perceived influences on student drinking and opinions of (current and potential) efforts to help them reduce their alcohol intake. Students and club executives were also asked about their drinking behaviour, knowledge of the consequences, and importance of alcohol when socialising. As only a few students attended the focus group, the students’ topic guide was adapted into a ten question online survey with open-ended questions to elicit detailed responses from students. This was posted on the University’s SU and sport club social media pages. Eleven people responded to the survey.

Participants gave written consent after being informed that data would be anonymised and they were free to withdraw at any time.
Participants of the online survey were informed beforehand that by taking part they gave their consent. The focus group and interviews were conducted by AT and digitally audio-recorded.

**Data analysis**

The focus group and interviews were transcribed verbatim by AT and thematically analysed (Braun and Clarke, 2006), using NVivo 9 as a data management tool. Survey data were combined with the transcripts. Initial themes were identified using the topic guides, and transcripts were then read several times from which remaining themes were generated. Three transcripts were coded independently by both authors, differences were discussed and resulting codes were agreed and applied to the remaining transcripts.

Data from all groups, i.e. students, club executives and staff were analysed together and the results presented reflect them all. Club executives and students views are presented together, unless otherwise stated.

**Ethical approval**

The study was approved by the University Of Southampton Faculty Of Medicine Ethics Committee.

**Results**

The analysis identified four themes: (1) attitudes and behaviour toward binge drinking, (2) influences on drinking behaviour, (3) non-drinking at the University and (4) managing binge drinking.

**Attitudes and behaviour toward binge drinking**

Many students acknowledged that they engaged in heavy drinking sessions as illustrated in Figure 1, 1a. Such sessions were reported to be frequent and often facilitated by drinking cheaper drinks at home before going to a bar or club. However, respondents did not associate this behaviour with binge drinking. Typically they defined binge drinking as consuming very large quantities of alcohol or ‘problem drinking’ (Figure 1, 1b); although a few associated it with exceeding the recommended daily limit.

Some staff felt many students drank heavily and this was dangerous, but admitted they were not aware of the extent of drinking at the University. A few queried whether there was a problem.

Students tended to focus on social consequences when discussing the risks of drinking and had limited knowledge of the health effects. They were not seen as a reason to not drink (Figure 1, 1c). Additionally, some students perceived that first year students tended to drink heavily and they grew out of this behaviour (Figure 1, 1d).

**Influences on drinking behaviour**

Drinking was seen as a normal part of students’ social life. Many participants said that in coming to university, students were entering a new environment where they had the freedom to choose their social activities and how much to drink. Students also said socialising with alcohol was a way to fit in and gave them the confidence to make friends (Figure 2, 2a).
Drinking was common in many sport clubs. Many club executives ranked drinking as an important part of their social activities. One staff member described how initiation ceremonies into sports clubs focused on heavy drinking and drinking challenges. Some sport clubs, however, actively discouraged or did not centre their social activities on drinking (Figure 2, 2b). Some staff highlighted their concerns about the promotion of and pressure to engage in binge drinking by Junior Common Room (JCR) representatives. They felt these older students, responsible for first year students’ welfare, had a large influence on drinking behaviour (Figure 2, 2c), although this was not raised or discussed by students.

Staff believed that many students were pressurised to drink by friends, which was acknowledged by students (Figure 2, 2d). However, one student who had told peers they did not want to drink heavily said they had not faced pressure over this decision.

The ease of access to alcohol on and off campus was also thought by students and staff to be an important influence on the frequency and amount of drinking. Accessibility was manifested through the large number of drinking venues and low price of alcohol (Figure 2, 2e).

Figure 2 Illustrative quotes around influences on drinking behaviour

2a) We’ve got a lot of big personalities in our club and it sort of levels the playing field if everybody is a bit drunk; everyone feels more confident to speak up and say their bit and get involved (Club executive G)

2b) Alcohol is not the centre of our social lives as a club...we are a high performance club who want to succeed in high level competitions. Training and success must come before alcohol (Club executive A)

2c) JCRs still think they have to go out every night and take people out drinking every night (Staff A)

2d) Sometimes pressure of everyone else drinking [influences you to drink] (Undergraduate student group A)

2e) The prices, obviously, in student bars are so low you might almost binge drink by accident (Service provider F)

Non-drinking at the University

Club executives and university staff noted that some students were intimidated by, and therefore excluded from, the large number of social activities involving heavy drinking (Figure 3, 3a). Events where alcohol was not available or the sole focus, such as the SU cinema and comedy nights, were offered to students. The majority of staff, however, felt that not enough were available compared with the number of alcohol-focused events (Figure 3, 3b). Club executives reported that sports clubs are required to hold at least three alcohol-free socials per year yet, despite some having considerably higher attendance at these events than alcohol socials (Figure 3, 3c), they tended to occur less regularly. Moreover, these were not strictly enforced by the SU.

Figure 3 Illustrative quotes on non-drinking at the University

3a) There are also people being excluded from that and don’t feel they can do that, which is quite a shame (Staff B)

3b) They need to do something, I think they do do stuff, like a film evening but it gets lost in all the alcohol events (Staff D)

3c) As a club we got told we had to do three non-alcoholic socials a year. More come to the non-alcoholic social...for play zone we get 20-30 people. But then a typical night out would be 15 or less (Club executive D)
Managing binge drinking

University-based interventions focused on preventing adverse social consequences, such as a ‘get home safe’ scheme. No interventions were in place to prevent students from binge drinking, although staff and some students felt this was warranted (Figure 4, 4a). Alcohol awareness campaigns highlighting the dangers of heavy drinking had been run previously, but none were active at the time of this study. Students felt that the national awareness campaigns they had seen did not influence their behaviour because they were not relevant to them or they already knew the risks. None of the current (non-alcohol socials, get home safe scheme), or previous (awareness-raising) interventions had been monitored to determine their effectiveness.

Many participants felt that creating an environment that was not conducive to drinking through the provision and promotion of alcohol-free social events was important. The few available events were pointed out as being very popular. The University appeared to be supportive of and were seen to be making some progress in hosting more alcohol-free events (Figure 4, 4b). A few participants, however, felt there were either enough already available, or that they would segregate drinkers and non-drinkers.

Students and SU staff said the SU should have a lead role in future initiatives. Non-SU staff reported they too had an important role and that a collaborative effort across departments was needed. Despite this, no staff members were aware of efforts to manage binge drinking in other parts of the University (Figure 4, 4c) and some talked about the limited time they had to focus on this issue. One discussed the importance of involving students in developing future interventions, who also highlighted they would prefer not to be told what to do, and anything developed should be relevant to them.

Discussion

The majority of students that took part in this study binge drank, consistent with quantitative data on undergraduates’ drinking behaviour (El Ansari et al., 2013), but they did not associate this behaviour with binging. Moreover, they did not believe they should reduce their alcohol intake. Factors that influenced drinking behaviour were peer pressure, peer drinking and the abundance of drinking events. It has been noted that peer pressure predicts binge drinking and total weekly alcohol consumption (Jamison and Myers, 2008). Students in the study reported here who preferred not to drink or engage in binge drinking could feel isolated due to these influences and the dearth of alcohol-free events.

That many students in this study did not relate the term ‘binge drinking’ to their own behaviour, which has been reported previously (Orford et al., 2004), suggests students did not necessarily reflect on how much they drank. Four possible reasons exist for this. First, students saw drinking as the norm for socialising so may not perceive it to be problematic behaviour. This finding was also reported by Penny et al. (2010). Second, many students in this study did not consider binge drinking to have any pertinent effects on their health, another finding consistent with Penny et al. (2010) who observed that many students have a nuanced perception of binge drinking. A study to assess heavy drinking students’ readiness to change their drinking behaviour found that over half were still in the pre-contemplative stage of change, indicating that

Figure 4 Illustrative quotes on managing binge drinking at the University

4a) It’s that first 80%, you know, realising this is getting a bit out of hand and it’s affecting my social life, my stress levels, and my work to make a real difference…I need someone to help me catch it. Not give me a phone number to ring once it’s all gone tits up (Club executive E)

4b) It’s still in the process but next year [we want] to have no alcohol event to go with the alcohol event (Staff B)

4c) University specifically…there might be some regulations on it but I haven’t seen them (Staff G)
many failed to acknowledge the harmful effects of their behaviour (Longstaff et al., 2014). Third, as noted by Orford et al. (2004), drinking was an effective social lubricant within new friendship circles. Finally, easy access to alcohol at the University, through the large number of alcohol-based events and venues, and low prices, was felt to influence drinking behaviour and may have contributed toward students perceiving excessive drinking to be normal behaviour. The drinking environment, including pricing and venues, has also been identified as an important predictor of drinking behaviour (Weitzman et al., 2003, Jamison and Myers, 2008). Weitzman et al (2003) suggested that addressing such environmental factors should be an area of focus at universities.

The discussions with participants in this study highlighted that the SU had concerns about student drinking, which they acted upon; although existing interventions focused on preventing adverse social consequences, as in other UK Universities (Penny and Armstrong-Hallam, 2010). Many participants in this study did not consider the strategies in place sufficient to change drinking behaviour and opportunities to manage binge drinking were discussed. The greatest support, especially from staff, was for increasing the number of alcohol-free social opportunities. In Penny and Armstrong-Hallam’s (2010) study, students raised the lack of alternatives to drinking at the University and felt more were needed.

Additional opportunities to reduce the prevalence of binge drinking at the University were also identified from this study. They included providing welfare training for students involved in organising social activities to create an inclusive social environment; creating an Alcohol Working Group to drive action and collaboration across the University and SU, and monitor progress. Finally, as peer influence appears to have a strong effect on drinking behaviour, using the student population to take ownership in raising awareness of the risks associated with binge drinking could be tried. This could be built into curricula and/or extra-curricular activities.

Few interventions to reduce student binge drinking in the UK have been published. Those that have focus upon an individual approach. This is mainly in the form of a brief intervention, which provides personalised normative feedback (PNF) on the individual’s drinking behaviour, comparing self-reported alcohol consumption to the percentage of students that drink less and against national drinking guidelines. Studies of these interventions have reported mixed results in reducing binge drinking (Bewick et al., 2013, Moreira et al., 2012). The most recent intervention study (Bewick et al., 2013), in which students were asked to monitor their alcohol intake over the 15 week study period, showed promising results at the 19-week post-intervention follow up. This suggests that a brief intervention giving PNF may be a viable option among this study’s population, challenging the perception that excessive drinking among their student peers is normal behaviour.

Interventions that have aimed to change the drinking environment, such as restricting access to and availability of alcohol, and limiting advertising to students have demonstrated some success in reducing student binge drinking and negative consequences such as crime (Weitzman and Nelson., 2004) in the US. It cannot be assumed similar positive effects would be found in the UK, given that the legal drinking age differs between the two populations. Nonetheless, if tailored to the population as the recommendations above are, they may be effective. There are no UK studies to demonstrate this and as such, necessitates further exploration.

**Study strengths and limitations**

To our knowledge this is the first study using qualitative research methods to investigate student binge drinking in the south of England. The inclusion of undergraduate students, sport club executives and university staff enabled different perspectives to be considered and recommendations based upon practicability as well as need. It confirms many findings observed in the Midlands (Penny and Armstrong-Hallam, 2010), suggesting that binge drinking may be country-wide and warrants national attention given the costs to the individual’s health and the NHS.

The study was conducted in June-July when undergraduate students had already started
leaving the University for the Summer Break, consequently recruitment was difficult and theoretical saturation was not achieved. The online questionnaire enabled more students to be reached, but precluded the exploration of their opinions. In addition, other student social organisers e.g. JCR reps, and non-drinkers were not represented in the sample.

Conclusions

The findings suggest many students at the University regularly engage in binge drinking sessions and demonstrate the need to manage this drinking pattern at the University. A number of opportunities to reduce the prevalence of binge drinking at the University were identified from this study.

References


Education and Health

The journal, published by SHEU since 1983, is aimed at those involved with education and health who are concerned with the health and wellbeing of young people. Readership is worldwide and in the UK include: primary; secondary and further education teachers; university staff and health-care professionals working in education and health settings. The journal is online and open access, continues the proud tradition of independent publishing and offers an eclectic mix of articles.

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