

«DRINK TO GET MERRY, NOT TO GET PISSED». ACTION RESEARCH ON BINGE DRINKING IN STUDENT HALLS OF RESIDENCE

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Fecha de recepción: noviembre 2018

Fecha de aceptación y versión definitiva: abril 2019

ABSTRACT: This study aims to explore the consumption of alcohol amongst university students living in halls of residence in Spain, following the action research carried out in one of them. More specifically, a participatory research process was carried out with two aims: on the one hand, to come up with preventive action regarding alcohol consumption for young people by young people; and on the other hand, it aims to assess the difficulties and advantages of this research strategy with young people in student halls of residence. The results show that the risk reduction strategy alcohol consumption having the young people be the leaders is the most appropriate way of proposing preventive interventions on alcohol consumption. Some suggestions are given regarding how to apply action research in the context of student halls of residence.

KEY WORDS: Action Research; alcohol; binge drinking; youth; prank; residence hall.

«Coge el punto, pero no el pedo». Investigación Acción Participación sobre el consumo intensivo de alcohol en un colegio mayor

RESUMEN: Este estudio pretende explorar el consumo de alcohol entre los estudiantes universitarios residentes en colegios mayores en España, partiendo de la experiencia de action research en uno de ellos. En concreto se realiza una dinámica de investigación participativa con dos finalidades: por una parte, generar una actividad preventiva sobre consumo de alcohol desde y para los jóvenes; y por otra se pretende valorar las dificultades y ventajas de esta estrategia de investigación con jóvenes en colegios mayores. Los resultados muestran que la estrategia de disminución de riesgo en el consumo de alcohol teniendo como protagonistas a los jóvenes es la manera más adecuada de plantear intervenciones preventivas sobre el consumo de alcohol. Se ofrecen algunas sugerencias sobre la aplicación de Action Research en el contexto de colegios mayores.

PALABRAS CLAVE: Investigación Acción; alcohol; consumo intensivo; juventud; novatadas; colegio mayor.

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1. INTRODUCTION

The supply and public consumption of alcoholic beverages amongst Spanish young people has undergone a change in how it is perceived and its overall acceptance in the new millennium. In the last century, both actions were not often punished amongst young people over 16 years of age. However, this changed in the new millennium with the legal age of consumption increasing to 18 and the prohibition of public consumption due to the noise and rubbish the young people produced with this behaviour. The age to be able to supply and consume alcohol was 16 years and older and in some areas of Spain this age limit is still in force. However, approximately one decade ago, the legal age was increased to 18. Spanish law does not explicitly prohibit alcohol consumption to minors; only its supply and public consumption are subject to administrative penalty. The penalty for public consumption in the street can be up to 600 euros. Therefore, it can confirm a wide heterogeneity of situations in Spain in which certain conducts may or may not be permitted for minors. For example, they cannot buy alcohol or drink in a bar if they are not 18, an age at which they can vote, obtain their driving license and even go to prison if they commit a crime. Nevertheless, at 16 years of age minors can decide to take the morning after pill or terminate a pregnancy without parental consent²; they are also of legal working age at 16 and can be employed by companies. Another series of behaviours could be possible with parental consent, such as getting married from 14 years of age. This diversity in legal ages for minors seems strange, in other words, for some behaviour the law considers them mature adults but not for other. In this context of tolerance or intolerance towards certain behaviour in minors, alcohol consumption is widely extended amongst Spanish adolescents and young people, particularly amongst young people of more than 18 years of age and the university student population. The hoards of young people drinking outside in public areas, what is known in Spanish as «*botellón*», can be frequently seen in the media, mainly due to the effects it has on them and their neighbours.

According to data from the last school survey on drugs in the Spanish State (ESTUDES, 2016), 75.6% of young people between 14 and 18 years of age had consumed alcoholic beverages in the last year and the average age to begin consuming this substance was 14. Amongst those of this age, 53.3% had drunk alcohol in the last year and this percentage increased to

² The current Spanish Government is attempting to change these laws by making them more restrictive for everyone, not only for under 18s.

84.1% amongst those who were 16. As a result, the use of alcohol amongst Spanish minors is quite widespread with it being the number one psychoactive substance consumed by them. This alcohol consumption pattern is also found in European students, as almost two thirds stated they had consumed alcohol at least once in the last month and 20% reached a level of intoxication at least once during this period (OED, 2014). However, drinking is one thing and abusing alcohol or getting drunk is quite another. The household survey for people between 15 and 65 years of age in Spain indicated that 41.1% of males between 15 and 24 years of age had experienced intoxication in the last 12 months, with the corresponding figure for women being 29.8% (EDADES, 2011). The prevalence of *binge drinking*—or the intensive consumption of more than 5 drinks in one single event— over the last thirty days was more than 30% for young males between 20 and 24 years of age and for women around 20% (EDADES, 2017).

Alcohol consumption amongst young university students shows significant differences for different countries according to their cultural traditions. Scientific literature highlights two different consumption patterns in Europe. On the one hand, Nordic or central European countries show a pattern centered on intoxication with higher and more concentrated quantity of alcohol intake, mainly on weekends; in this case the most consumed drinks are distilled spirits and/or beer. On the other hand, there was a pattern focused mainly on wine consumption, embedded in daily routines and with a lower consumption quantity (Wilsnack et al, 2000). It seems that this situation over the last few years is changing if the data from recent years is anything to go by.

Alcohol consumption with the aim of getting drunk was not a widespread trend in Mediterranean countries during the 20th Century, although towards the end of the century other consumption patterns started to come to light. More specifically, a consumption pattern that was associated with food, celebrations and parties has bit by bit turned into consumption with a focus on the weekend, with high-alcohol content drinks and the almost exclusive aim of getting drunk, thereby establishing a certain degree of convergence with Nordic countries (Room, 2001; Beccaria & Vidoni, 2002). There may be several causes of this change which are still to be analyzed. The dissemination process from the Nordic and Anglo-Saxon countries could be partly behind the explanation, given that Spain receives tourists from these areas.

Drinking to get drunk has become an acceptable and desirable cultural aspect amongst certain groups of students. It seems that fun is not possible without intoxication or loss of control, which is socially acceptable amongst

their peers, thereby creating a certain intoxication culture (Measham & Brain, 2005). Intoxication is not a state that is avoided, rather an aim or goal in itself, equaling fun, freedom and spontaneity (Keane, 2009). Intensive alcohol consumption may reduce some capacities but, at the same time, it stimulates others. Altering of the conscience is a sought-after element of pleasure and transgression.

It has been mentioned that alcohol consumption is more frequent during the first years of university, with higher quantities and intensity and, also, a higher frequency of intoxication (Gill's, 2002). Binge drinking is even characterized as a normal part of university life (Dempster, 2011). Being outside of the family home and living with peers contributes to a closer relationship and living situation with peers who have a certain inclination towards alcohol consumption (Caswell et al, 2002; White et al, 2006), and hazing, which is increasingly associated with alcohol intake, frequently takes place. Intoxication may be an excuse to behave in a socially inappropriate or unacceptable way. In fact, drunken behaviour is culturally constructed more than pharmacologically determined (Room, 2001), and a pretext for making new friends and housemates when one is alone and away from the family home (Seaman & Ikegwuonu, 2011).

Abusive consumption of alcohol, or binge drinking as it is known, is associated with a series of individual characteristics (Caucasian males rather than ethnic groups, parents of a high education and socio-economic standing, adolescents and young people), contextual characteristics (in rural areas where consumption is part of daily life or is concentrated at weekends), motivational characteristics (lack of inhibition, self-medication or reducing tension, sociability or sexuality), relationship characteristics (high alcohol consumption in a group of peers, drinking games, belonging to a fraternity), with the consumption of other substances (tobacco, marijuana) type of drink (spirits or beer) and with the low level of disapproval and risk perception (Clapp & Shillington, 2001; Kuntsche, Rehm and Gmel, 2004; Patrick, et al, 2013).

Several papers have highlighted significant differences between boys and girls in terms of binge drinking and states of intoxication (Beccaria & Vidoni, 2002; ESPAD, 2011). There is a greater prevalence of risk behaviours associated with alcohol amongst young males than amongst young females, due to an association with male rules, beliefs and values (Iwamoto et al, 2011). Alcohol intolerance or inability to intake a large quantity of alcohol may be associated with weakness, feminine behaviour or homosexuality (Gough & Edwards, 1998). Social, cultural, psychological and physiological factors are behind these differences. Nevertheless, intoxication and excessive

consumption have been linked and determined by typically masculine behaviour, which has been questioned and rejected by female students (Beccaria & Vidoni, 2002; Dempster, 2011). Other papers have shown very little differences between alcohol consumption in men and women, or possibly even a higher intake of alcohol amongst women.

Binge drinking and intoxication have been linked to other risk behaviours: having sexual relations without protection, multiple or casual partners etc. (Cooper, 2002) or expectations increase and sexual inhibitions are lost (LaBrie et al, 2011), with more cases of sexual abuse on Anglo-Saxon university campuses (White & Hingson, 2014); violent behaviour has also been associated, driving vehicles, accidents, health problems, alcohol-induced comas, memory loss and alcohol dependency (Wechsler et al, 2002; White & Hingson, 2014).

A series of factors for protection against alcohol abuse have also been mentioned: strong academic goals lead to its consumption being restricted (Palfai & Ralston, 2011); dating or beginning and maintaining a romantic relationship can lead to moderate alcohol use (Seaman & Ikegwuonu, 2011), religious or spiritual beliefs (VonDras, 2007) to mention but a few of those within the extensive literature on risk or protection factors.

This paper has three aims: firstly, to provide data on alcohol consumption in student halls of residence in Spain and to explore its relationship with hazing. Secondly, to provide some reflections on the methodology used with the aim of contributing elements to improve the Participatory Action Research (PAR) technique (Greenwood & Levin, 2007) given that its practice and application in a variety of scenarios is what enables us to contribute elements of improvement and progress to the technique. Lastly, to describe the results obtained with PAR on alcohol consumption in student halls of residence.

2. PARTICIPANTS AND METHODOLOGY: APPLYING PAR

In May 2011, two circumstances converged leading to this research with PAR being undertaken in a halls of residence: on the one hand, the team was researching risk behaviour in adolescents in a RDI project, one of which is alcohol consumption and I became curious to confirm some of the behaviour related to alcohol in young people and in older adolescents. On the other hand, the heads of the halls of residence are worried about the excessive alcohol consumption they detect in residents, mainly outside the residence,

given that alcohol can only be consumed in the cafeteria. It was considered whether to carry out PAR since the aim is not only to become aware of the consumption of alcohol in the halls, but how to prevent the consequences and repercussions the students face. It was clear from the very beginning that no amount of seminars or occasional activities which did not include the students themselves as the main protagonists would serve to change their behaviour.

As defined by Greenwood and Levin, 'Action Research is social research carried out by a team that encompasses a professional action researcher and the members of an organization, community, or network who are seeking to improve the participants' situation' (2007:12).

Considering all these facts, an investigation that was participatory in all research stages with the decisions made by everyone, as stated by the principles of PAR was proposed. This participatory dynamic leads to a greater understanding of alcohol consumption, broadened knowledge by means of further research, greater sensitivity towards the consequences and, lastly, proposals for action or intervention. The pace of the research process should be set by the group of students living in the halls of residence.

Therefore, firstly a working group was formed from which the whole investigation will be organised. In September 2011, a group with eight residents was formed. The aim was, alongside them and with their input, to be able to analyse them and make them more aware and more sensitive to alcohol consumption in the halls. The residents were adults, of legal age for alcohol consumption, who were living together with their peers far from parental supervision. The objective proposed at all times, both when the group was formed and in all the actions carried out, was not abstinence but rather moderate consumption or a reduction in the risks and harm caused when alcohol was consumed. As a result, the objectives and dynamic of the AR were made clear at the very beginning of the process.

During that year (2011-2012) various focus groups on alcohol consumption were carried out in the team with the aim of building a questionnaire to be given out to all students. This meant searching for documentation, preparing the questionnaire, passing it around the halls of residence with an accompanying letter to explain what we were doing, analysing it together with me with the SPSS program, which meant showing them how to use it previously, and preparing a presentation of the results for the whole halls. 128 students out of 200 filled out the questionnaire.

TABLE 1. RULES ON ALCOHOL BY THE RESIDENTS

THE TEN COMMANDMENTS OF THE GOOD DRINKER	
1.	Don't drink first thing in the morning or on a totally empty stomach, as the alcohol will metabolise much faster.
2.	Don't mix alcoholic beverages with others or with other psychoactive substances. The interaction between psychotropic substances can produce adverse reactions or intoxication, some of which have significant repercussions.
3.	Know your personal limits and do your best not to exceed them. Tolerance depends on many factors such as gender, age, physical condition etc. Learn to be more aware and control your consumption.
4.	Don't let alcohol make you lose your dignity or self-respect or that towards others as the consequences of excessive or abusive consumption of alcohol can be harmful to your health or make you regret certain situations, whether because you have caused harm to yourself or to another.
5.	Consume alcoholic beverages because you want to; don't let yourself be influenced by colleagues, friends or peers. Make your own decisions regarding alcohol consumption and decide when, where and who you will drink with.
6.	Consume good quality alcoholic beverages in moderation, prioritise quality over quantity.
7.	If you are going to drive, don't drink. You know that you will lose reflexes and the probability of having an accident is much higher.
8.	Abstain from alcohol if you are ill, taking medication or are suffering from any type of mental disorder. Alcohol may interact with the drugs and cause significant damage to your health. Do your research before doing so.
9.	Have fun and enjoy your drink consciously and in the way you choose. Aim to enjoy yourself and not get drunk or lose control.
Don't allow alcohol to lead you down paths you don't want to go down. Don't let alcohol turn you into someone you are not or stop being someone for the people who matter to you.	

In the second academic year 2012-13, there were some changes to the group; three members left, and four new members joined. In the first instance, we thought about carrying out the questionnaire again with the residents that had just arrived. This meant 47 questionnaires out of almost one hundred new students who moved into the halls of residence during that academic year. Secondly, I suggested the possibility of gathering experiences on alcohol consumption from the residents in story form, either written by the person involved themselves or by the members of the group. The

second option prevailed. The members of the group themselves found that the other students were willing to tell them about their escapades with alcohol. They were anecdotes when they were told but some of them had gone through some difficult times. The group itself was able to see the differences between boys and girls. The former narrated their experiences as achievements whereas the girls showed signs of guilt or embarrassment. Nevertheless, time got the better of us and we were not able to gather many stories, which was left pending for the following academic year. In spite of this, we ended that academic year with a list of rules on alcohol consumption.

In the third academic year, 2013-14, it was considered continuing to collect stories and implementing actions on risk prevention for alcohol consumption. It was considered as well, carrying out the questionnaires with the residents that had just started that academic year. It was a way of getting them to participate and asking for their collaboration. 68 out of the 70 that had just moved in filled out the questionnaire.

The idea of publicising the results of the questionnaires from the new residents was considered in order to compare them with the two previous years. Furthermore, it seemed appropriate to offer more basic information on the use and abuse of alcohol, which were issues affecting all of them. A round table was then carried out where the students themselves were the speakers—three third year medical students were invited to participate—, showing the sociological results of the questionnaire rounds, alcohol metabolism, why undesirable effects are produced during intoxication, how they vary depending on each person and the consequences of alcohol interaction with medicine. The conference room in the halls of residence was full and the speakers gave a presentation using simple language, which was down to earth and humorous, making the presentation very pleasant and fun.

Throughout the whole process, the residents did not feel that they had a problem with alcohol consumption, although they admitted that they drank too much. In fact, when calls were made for information or questionnaire results, the general comment was: 'I know what you're going to tell us, we drink too much, right?' On the other hand, drinking in the session with the working group of residents was, for many of them, a matter of being together in a group; they drank when there was outdoor drinking going on or a party, whether to celebrate something or just for the sake of drinking, with a certain amount of peer pressure.

3. RESULTS

The results were grouped into three types of information: firstly, quantitative and from the questionnaires on alcohol consumption in the halls of residence. Tables 2-4 reflect the results obtained in the three rounds of the questionnaire carried out with the students residing in halls, corresponding to the three academic years. As we have mentioned before, the analysis and results were performed by the working group and subsequently displayed to the rest of the residents in the halls by means of a round table.

TABLE 2. ALCOHOL USE

	2011 N=128 %(n)	2012 N=47 %(n)	2013 N=68 %(n)	TOTAL N=243 %(n)
Male	57	26	30	113
Female	67	21	35	123
Age (median and SD)	19,0 (1,13)	18,1 (0,42)	17,9 (0,5)	18,5 (1,0)
Any time her/his lifetime	99,2 (126)	100,0 (47)	98,5 (65)	99,2 (238)
Last 12 months	97,6 (121)	95,7 (45)	97,0 (64)	97,0 (230)
Last 30 days	89,0 (113)	85,1 (40)	97,1 (66)	90,5 (219)
Age first time to drink (Median and SD)	14,4 (1,7)	14,6 (1,7)	14,0 (1,3)	14,3 (1,6)
Average number drinks last event	3,2 (4)	4,3 (2)	1,6 (1)	3,0 (7)
— None	32,8(41)	51,1 (24)	20,3 (13)	33,1 (78)
— 1-2 drinks	33,6(42)	36,2 (17)	46,9 (30)	37,7 (89)
— 3-4 drinks	30,4(38)	8,5 (4)	31,3 (20)	26,3 (62)
— 5 or more drinks				
Paid drinks at the month				
— Less 20 euros	48,4 (59)	71,1 (32)	42,4 (28)	51,1 (119)
— 21-50 euros	41,0 (50)	26,7 (12)	53,0 (35)	41,6 (97)
— more 50 euros	10,7 (13)	2,2 (1)	4,5 (3)	7,3 (17)
Knows the limits of consumption	85,5 (106)	97,8 (44)	92,3 (60)	89,7 (210)

	2011 N=128 %(n)	2012 N=47 %(n)	2013 N=68 %(n)	TOTAL N=243 %(n)
Reason to drink alcohol*				
To eat	43,4 (53)	31,8 (14)	39,7 (25)	40,2 (92)
To celebrate sometime	97,6 (120)	95,7 (44)	98,5 (65)	97,4 (229)
Desinhibition	62,6 (77)	50,0 (23)	56,9 (37)	58,5 (137)
To do things she/he would not do	35,8 (44)	24,4 (11)	43,9 (29)	35,9 (84)
To go to “ <i>botellón</i> ”	80,5 (99)	84,4 (38)	92,4 (61)	84,6 (198)
To get pissed	62,3 (76)	60,0 (27)	68,2 (45)	63,5 (148)
To forget everything	37,4 (46)	15,9 (7)	36,4 (24)	33,0 (77)
Because I like it and I enjoy	81,1 (99)	82,2 (37)	95,5 (63)	85,4 (199)
To get merry	80,5 (99)	84,4 (38)	90,8 (59)	84,1 (196)
Because when I smoke I fancy a drink	17,1 (21)	13,3 (6)	30,3 (20)	20,1 (47)
Because everybody do it	26,0 (32)	17,8 (8)	23,1 (15)	23,6 (55)
Action for not get drunk*				
To eat	80,5 (99)	95,7 (44)	92,1 (58)	86,6 (201)
Not mixing drinks	77,9 (95)	77,8 (35)	75,8 (50)	77,3 (180)
Not prove unknown drinks	43,1 (53)	45,7 (21)	44,6 (29)	44,0 (103)
Not continue when it get merry with drinks	80,5 (99)	84,8 (39)	83,3 (55)	82,1 (193)
Drink a lot of water	32,5 (40)	34,8 (16)	48,5 (32)	37,4 (88)
Maintain control	78,0 (96)	91,3 (42)	95,5 (63)	85,5 (201)
Stop when she/he feels bad	82,1 (101)	93,5 (43)	92,4 (61)	87,2 (205)
To drink slowly	67,5 (83)	71,7 (33)	72,7 (48)	69,8 (164)

* Any time or sometimes

TABLE 3. ALCOHOL ABUSE

	2011 N=128 %(n)	2012 N=47 %(n)	2013 N=68 %(n)	TOTAL N=243 %(n)
GET DRUNK				
Any time her/his lifetime	88,4 (107)	83,0 (39)	95,5 (63)	89,3 (209)
Last 12 months	95,4 (104)	85,4 (32)	96,8 (60)	93,9(199)
Last 30 days	72,5 (79)	40,0 (16)	85,5 (53)	70,1 (148)
Number drinks to get drunk	4,5 (2,1)	4,0 (1,0)	4,2 (1,1)	4,3 (1,7)
Age first to get drunk (median and SD)	15,3 (1,7)	15,7 (1,1)	15,3 (1,3)	15,3 (1,5)
Frequency to get drunk last six month				
1-3 time	22,7 (25)	25,0 (9)	19,4 (12)	22,1 (46)
4-6 time	23,6 (26)	13,9 (5)	22,6 (14)	21,6 (45)
7-9 time	10,0 (11)	5,6 (2)	8,1 (5)	8,7 (18)
10-12 time	11,8 (13)	11,1 (4)	6,5 (4)	10,1 (21)
13 or more time	31,8 (35)	44,4 (16)	43,5 (27)	37,5 (78)
Drinking until to pass out	49,5 (55)	44,7 (17)	52,3 (34)	49,5 (106)
To do something when don't want under alcohol effect	51,7 (62)	43,5 (20)	56,7 (38)	51,5 (120)
Frequency to drink more 4 drinks				
Never	27,4 (32)	28,9 (13)	13,4 (9)	23,6 (54)
2-3 time at week	5,1 (6)	-	-	2,6 (6)
The weekends	27,4 (32)	22,2 (10)	29,9 (20)	27,1 (62)
2-3 time at months	29,1 (34)	28,9 (13)	38,8 (26)	31,9 (73)
Other frequency	11,1 (13)	20,0 (9)	17,9 (12)	14,8 (34)

	2011 N=128 %(n)	2012 N=47 %(n)	2013 N=68 %(n)	TOTAL N=243 %(n)
Risk situations when to drink alcohol*				
I was robbed	19,5 (24)	13,0 (6)	10,6 (7)	15,7 (37)
I have been physically assaulted	20,5 (25)	4,3 (2)	15,2 (10)	15,8 (37)
Someone have introduce drug in my drink	8,1 (10)	2,2 (1)	11,9 (8)	8,1 (19)
I forgot what I did yesterday	66,9 (83)	54,3 (25)	74,6 (50)	66,7 (158)
I have fought with one another	34,7 (43)	23,9 (11)	35,8 (24)	32,9 (78)
I have sex without thinking	53,2 (66)	41,3 (19)	53,7 (36)	51,1 (121)
I do not use condom	18,5 (23)	8,7 (4)	11,9 (8)	14,8 (35)
I have driven a car or motorbike	23,4 (29)	4,4 (2)	7,5 (5)	15,3 (36)
To attempt to abuse to me	10,5 (13)	4,3 (2)	3,0 (2)	7,2 (17)
Intervention Health-care	6,5 (8)	-	6,0 (4)	5,1 (12)
I have posed risk to others	15,3 (19)	6,5 (3)	4,5 (3)	10,5 (25)
My parents have punished me when they caught me badly.	17,9 (22)	15,2 (7)	19,4 (13)	17,8 (42)
The feelings of guilt for drinking	54,8 (68)	58,7 (27)	61,2 (41)	57,4 (136)
They have told me I drink too much	45,2 (56)	37,0 (17)	53,7 (36)	46,0 (109)
I think I drink too much	48,8 (60)	43,5 (20)	61,2 (41)	51,1 (121)
I have had an accident	8,9 (11)	6,5 (3)	3,0 (2)	6,8 (16)
I have mixed alcohol with medicine.	39,5 (49)	26,1 (12)	35,8 (24)	35,9 (85)

* Any time or sometimes

TABLE 4. ALCOHOL ABUSE AND USE BY SEX
 TABLA 4. GENDER DIFFERENCES

USE	Male %(n)	Female %(n)	ABUSE	Male %(n)	Female %(n)
Drink alcohol			Get drunk		
Any time her/his lifetime	100 (111)	98,4(120)	Any time her/his lifetime	87,9 (94)	90,0 (108)
Last 12 months	96,4(107)	97,5 (116)	Last 12 months	94,8 (92)	93,5 (101)
Last 30 days	92,9 (105)	87,7 (107)	Last 30 days	70,4 (69)	69,8 (74)
Median Age first time to drink	14,3	14,4	Age first to get drunk	15,0	15,7
Average number drinks last event			Frecuencia de embriaguez seis meses		
— None	2,7 (3)	3,4 (4)	1-3 time	21,1 (20)	22,6 (44)
— 1-2 drinks	33,3 (37)	34,7 (41)	4-6 time	21,1 (20)	22,6 (24)
— 3-4 drinks	28,8 (32)	44,1 (52)	7-9 time	6,3 (6)	11,3 (12)
— 5 or more drinks	35,1 (39)	17,8 (21)	10-12 time	8,4 (8)	12,3 (13)
			13 or more time	43,2 (41)	31,1 (33)
Paid drinks at the month			To do something when don't want under alcohol effect	51,4 (57)	51,3 (59)
— less 20 euros	44,0 (48)	58,1 (68)			
— 21-50 euros	45,9 (50)	38,5 (45)		46,9 (46)	51,4 (56)
— more 50 euros	10,1 (11)	3,4 (4)	Drinking until to pass out		
Knows the limits of consumption	87,3 (96)	93,2 (109)	Number drinks to get drunk (median)	4,8	3,8

USE	Male %(n)	Female %(n)	ABUSE	Male %(n)	Female %(n)
Reasons to drink alcohol*			Risk situations when to drink alcohol *		
To eat	45,8 (49)	64,3 (74)	I was robbed	8,2 (9)	22,0 (26)
To celebrate some-time	95,5 (105)	99,2 (117)	I forgot what I did yesterday	64,0 (71)	68,9 (82)
Desinhibition	57,3 (63)	58,1 (68)	I have fought with one another	38,7 (43)	27,7 (33)
To do things she/he would not do	35,8 (39)	35,6 (42)	I have sex without thinking	53,2 (59)	48,7 (58)
To go «botellón»	84,4 (92)	83,9 (99)	I do not use condom	12,6 (14)	15,1 (18)
To get pissed	59,6 (65)	66,7 (78)	I have driven a car or motorbike	18,9 (21)	11,1 (13)
To forget everything	33,9 (37)	31,6 (37)	I have posed risk to others	17,1 (19)	3,4 (4)
Because I like it and I enjoy	79,8 (87)	91,5 (107)	My parents have punished me when they caught me badly.	22,5 (25)	11,9 (14)
To get merry	80,6 (87)	87,3 (103)	The feelings of guilt for drinking	58,8 (63)	59,7 (71)
Because when I smoke I fancy a drink	15,6 (17)	23,7 (28)	They have told me I drink too much	49,5 (55)	42,9 (51)
Because everybody do it	17,4 (19)	28,2 (33)	I think I drink too much	50,5 (56)	52,1 (62)
Action for not get drunk *			I have had an accident	10,8 (12)	2,5 (3)
To eat	84,3 (91)	89,7 (105)	I have mixed alcohol with medicine.	30,6 (34)	38,7 (46)
Not mixing drinks	71,6 (78)	84,6 (99)			
Not continue when get marry	74,8 (83)	89,7 (105)			
Drink a lot of water	33,3 (37)	41,0 (48)			
Maintain control	82,9 (92)	89,7 (105)			
Stop when she/he feels bad	83,8 (93)	90,6 (106)			

* Any time or sometimes

The second type was qualitative. Along with the questionnaire, three focus groups were held amongst the participants with the aim of talking in more depth about alcohol consumption, firstly, to gather information on alcohol from the other students and, secondly, to gather ideas on how to

design preventive activities. There were three aspects that stood out in their talks:

1) The risk associated with alcohol consumption, related to the type of consumption linked to the intensity and quantity of alcohol intake. They clearly saw the difference between drinking for fun '*drink to get merry*' and drinking to get drunk, '*not to get pissed*'. This is how they explained it:

GIRL: of course, having two drinks is not the same as having four, it affects you differently.

BOY: if you don't drink very much, everyone says you just want to get merry, which just makes you laugh even more, the pretty moment of alcohol, and if you drink more then you're drunk. And if you drink more then you're pissed. (FG, Oct 2011).

Even when the questionnaire was being drawn up and we were talking about *getting intoxicated* or *getting drunk*, these terms were associated with those used by their parents, as the following discussion illustrates. The boys and girls colloquially used the expression «*to get pissed*» which is why it was used in the questionnaire, a phrase that a research technique manual would never recommend for drawing up a questionnaire for a survey.

BOY: it sounds like something my mother would say to try and sound cool.

Interviewer: but think about this, if I was the only one who was going to present it then I wouldn't use it, but you are the ones who are going to present it to your peers.

GIRL: but that sounds like something older people would use. (FG, Nov 2011).

Going out to get drunk was acceptable in their group of peers and was one of the wide-spread options associated with alcohol consumption in the halls of residence. Sociability may be linked to a light or heavy intake of alcohol.

GIRL: it's just taken for granted that if you go out and drink it's to get drunk, not to just have one... (FG, Nov 2011).

2) In these discussions there were some possible risk behaviours associated with alcohol consumption, amongst which were sexual relations without protection and violent conduct.

GIRL: the thing is that this type of violence is just something that comes naturally to a lot of people and it's more typical in guys than in girls. Guys have more of a temper than girls in general. If they say something to a girl, then it's more a case of talking about it but if another guy annoys them, they'll more likely lose their temper as they feel like it's expected of them for being a guy. So all of this is

fuelled by alcohol; it's fuelled so much that they lose their temper more easily and when they lose it they start to fight because they've lost control.

BOY: It's like you're bringing out the hidden side of your personality to the max. Because there are people who start a brawl straight away when they're drunk but then there's also the typical annoying bloke who corners you and gets talking and then goes on and on. But there are people who talk, some who fight and others who cry. And others who pull girls (FG, Oct 2011).

The participants highlighted that alcohol was not what produced violence or other risk behaviours, rather it was the person who already had a behavioural streak and alcohol simply increased or intensified it. The same thing happened with protection during sexual relations under the effects of alcohol.

GIRL: I think that with alcohol you just don't think about some things. If you are usually very careful about that, then you'll be careful under the effects of alcohol too because it's something you have in your head, but if it's something that doesn't matter that much to you, then you'll not be thinking about it when you've been drinking. It's like with violent behaviour.

GIRL: It could happen if you're drunk and that and you're not thinking about whether you're using protection or not, you're getting what you're after and that's it. It could be because of that; you don't pay attention because you've lost all control. (FG, Oct 2011).

3) Control was also highlighted in the talks, as were the limits and going from one state to another or not, as well as the effects and consequences that alcohol consumption could produce. For many of them, drinking alcohol and getting drunk was a rite of passage that they had to go through, a way of learning to drink and discovering how and when to keep control at all times when they were drinking.

BOY: I'm going to share my experience; two drinks don't do much for me but after five, there's usually a moment I won't remember. Not because I'm that bad. I usually remember up until quite late but then... for example, when we went to Capital, I don't remember getting a taxi,
(...)

GIRL: I have a theory. When you've been drinking and you begin to feel sick, if you make the effort to remain aware even when you've drunk a lot, I think that the next day you'll remember much better than if you let yourself go completely and don't make the effort to remain aware after drinking a lot. If you are not aware at that moment, how are you going to remember the next day? If you make the effort like, I've been drinking but I'm going to see the taxi rank, I've been drinking but I'm going to be fine, I'm pretty sure that you'll be better the next day. (FG, Oct 2011).

This experience in the halls of residence formed part of the hazing activities, as the vast majority of them were linked to alcohol. This is what Keane called the controlled loss of control (2009).

BOY: but then that means that it just happens amongst young people and hazing is a reality and OK, it might not be a habit but it's something real that happens and everyone will go through it at some point.

Hazing was a problem when we suggested collecting the levels of consumption of the residents in the group. In order to measure the alcohol consumption of the students and the moment when the questionnaire should be given, a debate was held as to whether this should be done before or after the hazing period, as this was a deal breaker. Drinking games were present in all hazing activities. If it was filled out immediately after this event, the results for alcohol consumption would be through the roof in terms of frequency in the last 30 days, but if we waited two or three months it would not have any affect. Thus, the frequency of the last month would be affected but not that of the last 12 months.

Interviewer: but sure how long can the hazing period last?

EVERYONE: a month...

Interviewer: that long? I thought it was only a week...

EVERYONE: until mid-October, with people arriving in dribs and drabs...

CARMEN: ah, well that's true, until they have all joined

GIRL: yes, some arrive on 2nd September and other 2nd October.

BOY: besides, it increases proportionally according to the person, if you only drink a little then you drink a little more, if you drink a bit then you drink quite a bit and if you drink quite a bit then you drink a lot, you know, I think it's proportional to...(FG, Nov 2011).

Hazing could not be avoided, not even for teetotalers. You had to drink to form part of the halls of residence, all of this without the consent of the authorities there, (who were aware, it should be noted).

On the other hand, two fundamental aspects stood out amongst the alcohol consumption stories gathered from the students, which are illustrated in three of the stories:

- a) The experience of alcohol consumption was positive for many of them; alcohol produced a state of pleasure and well-being where it was only necessary know your limits (see story 1 in table 5).
- b) The stories reflected positive experiences when they had consumed alcohol, but also negative ones. The latter were experienced and narrated by the boys and girls in a different way. While for boys it was like a type of adventure or achievement, for the girls it was an experience

that they would rather forget, embarrassing and with clear feelings of guilt. This can be observed in the two following stories told by the people involved (see story 2 and 3 in table 5).

TABLE 5: STORIES ON ALCOHOL CONSUMPTION

Story 1. “The first time I tried alcohol I was 14 years old, it was at a friend’s birthday and out of pure curiosity. She had bought Malibu and we tried it. We liked it. However, I began to drink alcohol more often when I started to go out, drinking outside or at friends’ birthday parties as I always associated going out with drinking, with that pressure that my friends and people I knew indirectly exerted over me, many of whom drank really often when they went out and boasted about it. This was how I discovered that alcohol made me less embarrassed when talking to people, it made me lose my inhibitions. I don’t regret having tried it as I feel I have a good sense of control and know when to call it quits. I know how to control myself somehow. I learnt this when one day two friends and I drank a lot more than we could (we believed that what we were drinking was a weak strawberry liqueur when really it was vodka, which is why we got so drunk). I’ve known my limits ever since then and I never drink more than three drinks no matter how I feel, to avoid losing control. Besides, the lack of inhibitions that 2 drinks give me just turns into stupidity when I drink anymore and at times I have really regretted my behaviour, which means that now I know how to control myself better. This is why I have never thought I needed to stop drinking altogether, although I think some of my friends should since as soon as they try alcohol, they turn really aggressive. I don’t think it does anything bad to me. Anyway, I like the flavour of certain drinks such as whiskey or beer and I like to drink them when I am out with my close friends at a party or drinking outside.”
(**Female, 18 years old**)

Story 2. Spring is celebrated in my town so I’d gone to the grounds where the party was being held to drink outside with my friends. I made the mistake of going by scooter. The evening passed and it was time to leave. I thought me and my friend, who I was taking home, were in perfect condition but neither of us realised we were in no fit state and it seems none of our other friends did either. We got on the scooter and began to drive. I was a bit more protected as I had a leather jacket on but my friend didn’t. We were happy on the scooter, singing away and screaming. Going at full speed, we got more excited about tilting the scooter on the bends as if we were professionals. In the end, the scooter tilted too far and we began to skid on the road. It felt as if time was going slower and everything was happening in slow motion. When I actually fell, I didn’t feel the pain of the impact with the road, the only thing I was able to think about was my friend who was riding on the back and the fact that I had been irresponsible for taking the scooter given my state; when everything

stopped, I got up and ran over to her to see how she was but she couldn't stop laughing, probably still due to the alcohol, whereas I couldn't stop crying and asking her how she was. She began to notice she was hurt when what had happened finally sunk in. She saw blood on her hands, arm and leg, checked she could still walk and then, in a serious tone, said that we should go. We got the scooter and I took her home slowly. I couldn't stop apologising and she just kept saying that it was OK and these things happened. When I arrived home, I began to feel pain. I hadn't seen any blood on myself but after taking my clothes off I noticed my left arm was swollen and bleeding from the chafing and my leg was the same. I think that the helmets and the fact that we didn't go so fast on one bend saved us that night. It's a horrible experience I don't ever want to have to go through again and the feeling of guilt is the worst of it all. **(Female, 18 years old)**

Story 3. Some friends and I were drinking on the beach, as we used to do a lot, and I think that night we maybe had a few joints too, which is why the effect could have been worse. When it was really late at night, I had the wonderful idea of going home by boat, so my friends and I stole one of the boats the fishermen had left on the beach. I said goodbye to my friends when I was already in the boat and began to row with a stick as an oar. I noticed that the current was taking me quite far out and before I knew it, I was quite a distance from the shore. I tried to take the boat back towards the shore so I left all my valuables in the boat and some of my clothes, dived into the water and put the rope from the nets in my mouth with the other part hooked onto the boat so that I could take all my things back to land with me. In the end, some fishermen in a boat found me and towed me back to the beach where my house was. I went out in the boat around 6am and didn't arrive back until 11am. **(Male, 18 years old)**

Lastly, the interventions carried out with the students highlighted two important aspects: a) prevention of alcohol consumption in young people of legal age should involve them, i.e. be designed by them for them, and the messages written and sent amongst them are more effective and have a greater impact than those created by prevention campaigns or by adults; b) the objective of risk reduction with positive attitudes is a more viable aim amongst young adults with access to and the opportunity to consume alcohol than abstinence, punishment or banning. Both aspects were results of the participatory action research process.

4. DISCUSSION AND CONCLUSIONS

The results show very relevant aspects for the three objectives proposed. Firstly, in the student university halls of residence alcohol may be one of the most consumed psychoactive substances with a higher frequency and intensity of consumption than in other contexts and sectors involving young people. Secondly, the intervention to prevent alcohol consumption amongst young people of legal drinking age should focus on risk reduction and reinforcing that they themselves need to lead the preventive messages and actions, as otherwise they would not be effective. Lastly, there are certain difficulties when it comes to starting action research processes on risk behaviours of young people given that the perception and awareness of the risk are not always present in their behaviours and, therefore, the driving force is missing for the participatory dynamic. In other words, the action begins when there is a feeling or awareness that the problem exists and that it requires intervention and change. A brief discussion focussing on each of them follows.

Due to the lack of studies on our sociocultural context, our results could be challenged with studies published in other contexts such as in an Anglo-Saxon context, which is very different to the Spanish or Mediterranean context, as we have mentioned before.

ALCOHOL CONSUMPTION AMONGST UNIVERSITY STUDENTS LIVING IN HALLS OF RESIDENCE

The abusive consumption of alcohol, whether or not it is linked to hazing activities, is one of the main public health problems amongst young people, and specifically amongst university students. The data obtained on the prevalence of alcohol consumption in the sample of students living in halls of residence is superior to that obtained in Spanish national surveys (EDADES and ESTUDES). The increased female participation in these behaviours is especially noteworthy, although our results show a lower level of consumption in women than men when compared with other studies (Wechsler et al, 2002) and they show feelings of guilt regarding the excesses and associated problems.

Abusive consumption of alcohol and intoxication is seen as a form of masculinity in the halls of residence, which girls join in with to show their independence and autonomy, inherent in a society which strives for gender equality. The period in the halls of residence is a liminal phase between

two states; adolescence and adulthood (Seaman & Ikegwuonu, 2011) where many possibilities are explored, and our identity is molded. It is a preparation and training period for us as professionals, in our search for a partner, autonomy and financial independence. However, it is also a learning period in terms of alcohol consumption, one where you get to know your limits, make decisions on alcohol consumption, as well as other drugs, and on the control you have over it. For many students, it is about exploring new identities and relationships without any parental supervision (Leigh & Lee, 2008).

The perception that the students had on their excessive consumption was marked by their language, as has been mentioned in other papers (Levitt et al, 2013), such that the effects of intoxication are perceived, assumed and developed in different stages. Some of these are desirable, such as consumption that leads to sociability, moderate inhibition and fun, which is what they call *getting merry*. The students wanted to get into this state which meant they would still be in control, safe and could have a good time. Other stages, ways and aims of drinking were described as *getting pissed*, in other words, a drunken state that could mean a loss of control and subsequently undesirable behaviour, deemed inappropriate amongst them. Nevertheless, this whole way of seeing the consequences and effects of alcohol was put to one side when alcohol consumption during the hazing period was mentioned. However, gender roles were definitely present in these two circumstances. Girls made out that they controlled their consumption in comparison with their male peers, playing a role where consumption reduction was key and as was not going overboard in the hazing period, in other words, risk reduction (Lindsay, 2006).

Deciphering the hidden codes, meanings and deep structure in the rituals and alcohol culture with the aim of intoxication entails dynamics that are close to home and focused on the young people themselves (Sande, 2002). Alcohol use is a key symbol for young people, a ritual process which communicates a series of meanings amongst them, especially when it comes to intoxication linked to hazing. It may be understood as the separation of individual identity and social category where one passes into a liminal state, a different time, one that is in transition.

During this university period excess is encouraged or contained; but the transgression model is a minority. Intoxication and loss of control is not seen in a favorable way. The social image of losing control is linked to adolescence, the first few years in halls of residence and with not having learnt how to use this substance (Beccaria & Vidoni, 2002). In this sense, age is an important factor. The benefits of drinking are not usually mentioned (Harrison et al, 2011) and age marks difference patterns of alcohol consumption,

from an experimentation pattern during adolescence to an abusive pattern or one of excess in youth (18-24 years old), and then a pattern of control and moderation at a later stage (Harnett et al, 2000).

While the quantitative data obtained may be cause for concern, as nearly 90% know their limits when it comes to alcohol and nonetheless, almost half have lost control when they have been drinking and almost 40% have got drunk more than 13 times in the last six months, the qualitative data and conversations gathered may show another interpretation. As we have already mentioned, the stages pertaining to a lack of control and complete intoxication typically appear in the first few years in university halls of residence. They are there for exploration and experimental purposes and are heavily associated with hazing activities and living without their parents in the first year there. As the years go by, these situations where they display a lack of control are few and far between and even socially frowned upon by young people, especially the girls, as has been mentioned in other papers (Levitt et al, 2013).

PREVENTIVE INTERVENTION WITH YOUNG PEOPLE ON ALCOHOL CONSUMPTION

The results show that the interventions on risk reduction in alcohol consumption are more effective on young people who consume alcohol than other types of interventions, especially informative ones, as the abundance of information on the risks associated with alcohol increases levels of uncertainty and does not reduce its consumption (Harrison et al, 2011).

The preventive intervention the peers were involved in was documented as one of the most effective (Botvin & Tortu, 1988) in preventive programmes on alcohol consumption. The results reflect this given that the risk reduction messages given out by the students living in the halls of residence were heard loud and clear by their peers, much louder and clearer, we dare to say, than if it were from experts or adults. It is very likely that there would have been poor attendance and zero interest if we had organised a talk or something similar on the effects and consequences of alcohol consumption. Although some had considered that the policies for reducing opportunities for alcohol consumption —availability of alcohol and advertising— reduce consumption and the associated problems (Wechsler et al, 2004; Mitchell et al 2005), these actions depend on the social and cultural context of the university halls. In Spain, alcohol advertising and availability is restricted or controlled, however that does not stop university students accessing or consuming it, especially as alcohol is given out in university cafeterias and halls

of residence, a fact that likely does not influence students' consumption, as was the case in the halls of residence studied for this research. The outdoor drinking events, which take place in an area next to the halls of residence, led us to the privileged drinking area. On the other hand, even though abstinence was not the focal point, the initial interventions on consumption were seen as condemning by the residents and therefore had very little impact.

The services that the halls of residence or universities may have on the prevention of abusive alcohol consumption have been related to a reduction in alcohol consumption and associated problems (Wechsler et al, 2004). In this regard, the actions that are put together by the students themselves and which are included in the structure of the halls of residence could be a first step towards creating a dynamic of control and learning, as what is really at stake is knowing when to stop drinking.

Repressive or prohibitive measures may have a powerful symbolic effect amongst minors, but not amongst young people with access to alcohol. The preventive measures influencing behaviour should focus on their interests and their most immediate contexts. It may well be true that peer pressure is a powerful factor when it comes to alcohol consumption, however, so is helping each other and learning together in the more drastic situations of intoxication or their associated risks, as was highlighted in some talks by the residents.

AR DEVELOPMENT IN RISK BEHAVIOURS OF YOUNG PEOPLE

The development of an AR strategy amongst the students for preventing risk behaviours may build a path towards sensitisation, increased awareness and behavioural changes. Nevertheless, from the experience in the halls of residence studied, the following aspects must be taken into account for said strategy to be effective:

- The study problem that constitutes the beginning of the action research strategy should be considered by the participants as a problem or aspect to be changed. In the case of alcohol consumption, the vast majority of the students in the halls of residence did not see it as a big or serious problem, except in some of their peers, but they certainly did not consider it a collective problem. This prevents initial awareness and joint action which then has repercussions on the whole action research process. Success of the research strategy is closely related to awareness of the problem and the need for change, both of which are scarce in a lot of young people's behaviour.

Consequently, as has been previously considered, the level of participation is linked to the nature of the problem the project addresses (Greenwood, Whyte & Harkavy, 1993).

- The results are validated by the active participation of the young people themselves and by verifying the results obtained throughout the investigation process (Van der Meulen, 2011). In this regard, the group of young people in question who analysed the questionnaire and the stories, together with the group coordinator, verified that the results were in accordance with their perceptions and behaviours in their immediate surroundings. When analysing the questionnaire and gathering the stories on risk behaviours associated with alcohol consumption, the residents gained awareness. Nonetheless, the working group still needed to find a strategy to transmit this very clear vision to the rest of the residents.
- The changes and transformations that were produced in the PAR process may be occasional or structural. Any knowledge or awareness dynamic creates an impact on people and collective groups. However, this impact may be intangible and not produce any important long-term awareness or change in people and social structures. The significance of the temporary dimension should be considered in these action research processes. In this case, the structural effects of the process carried out in the halls of residence are transverse and not longitudinal, as they were not interwoven into the structure of the halls of residence for various reasons.
- AR breaks down and questions the hierarchies and dichotomy being researched—the researcher and the researched—and gives an equal say to all members, both researchers and participants. Nevertheless, the experiences of the social differences are not something that can be changed from one day to the next. In this case, the teacher-student, adult-young person relationship is culturally laid out and the social distances that are created culturally cannot be removed overnight. It is necessary to break down these barriers so that the AR process can run normally, such that the researcher is just another member or the research expert who guides and directs part of the project. Therefore, one way of breaking down these cultural barriers is to observe the participant which, as we will explain later, was one of the limitations of our work, yet one which is necessary in the first phase of AR (Greenwood, 2000).
- Lastly, PAR is a social research strategy made up of data, analysis and qualitative and quantitative results in the most inclusive way

possible, better than any research design, because it is the reality of the study subjects and they themselves get involved in both processes in a complementary and combined way (Bericat, 1998). Every contribution from every methodological approach is aimed at raising awareness and sensitivity among the participants themselves regarding the study problem. The stories gathered had quite an impact on the participants who collected them, increasing their knowledge and experience on the consequences of alcohol, all of which complimented the results of the questionnaire.

Limitations. As already mentioned, this study is based on a unique sample of university students living in halls of residence, it cannot be generalised for other university halls of residences and further research in the future is pending. On the other hand, this study has not discussed in detail the relationship between alcohol and hazing activities and therefore, more thorough research can likely offer significant insight into preventing undesirable risks and consequences in these events. Lastly, one of the limitations which was not carried out and would have improved the process was participant observation by the coordinator. Immersion in the university context, even if for only a month, would have facilitated resident interaction and knowledge, as well as reducing hierarchy with them since, even though I had a close relationship with them, they did not forget that I was a university professor. Exclusive dedication from the researcher in the initial stages of the PAR dynamic may be essential in some contexts to obtain more structural results. Participant observation is also closely linked to PAR (Greenwood, 2000).

In conclusion, this paper points towards wide-spread alcohol consumption in Spanish university students who are living in halls of residence; the conceptualisation that the students perform on the different levels of alcohol consumption; and how risk reduction associated with this consumption is the key preventive strategy as it involves the participants themselves. Such findings have implications for the research and intervention on the prevention of risk behaviours linked to alcohol consumption in this group and context.

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