"Cheers! Drink to Everyone's Health"

Attitudes of Young People
Towards Alcohol Consumption

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To the young
and
the not so young
whose lives, and the lives of their families and friends
are burdened by problem drinking.
That
they may never
give up
wanting to and dreaming of
becoming free!
I, the undersigned, declare that this dissertation is my original work and was carried out under the supervision of Ms. Sina Bugeja M.Sc. (Wales) FRSH and advice of Dr. Richard Muscat Ph.D.

Marvic Sammut
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Marvic Sammut
Abstract

The objective of this study was to research alcohol consumption patterns in young people and their attitudes towards alcohol drinking. The results are intended to help create "positive" messages promoting low risk drinking. Three research tools were used in this study, a questionnaire, a focus group and interviews. This methodology was based on the concept of triangulation. The questionnaire was completed by 347 University of Malta students, aged 18 to 22 years. The focus group was carried out with young people also within this age group. The interviews consisted of face-to-face interviews with 3 bartenders. The results showed that the participants of this study tended to consume alcohol frequently. Beer and spirits were the commonest alcoholic beverages. The rate of alcohol consumption, binge drinking, drunkenness and the perceived level of drunkenness were found to increase with age. Drink driving also appeared to be quite a common practice. Sixty nine point eight percent of the respondents thought that there was a drinking problem among young people in Malta. This study indicated that alcohol drinking and related problems might constitute a public health problem among university students. In developing preventive interventions, the drinking patterns and the social-psychological perspective of this practice should be taken into consideration.
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The act of drinking alcohol cannot be understood solely within the context of the individual; it is an act infused with meaning that derives from socially determined conventions and consequences. (Johnson & Johnson, 1999).

Alcohol drinking is a common practice in many countries and very often forms an integral part of social events. This is one reason why alcohol drinking is a frequent practice among young people. As long as there is alcohol use without misuse, this act will not lead to any problems. Alcohol consumption is taken to be misuse when it results in a disturbance in mental health, interpersonal relations, economic functioning and pathophysiological changes (C. Roberts, 1996). Males are two to five times more likely to misuse alcohol than females (Handbook of Diseases, Norris, 1996). Alcohol misuse represents some of the greatest short-term and long-term health and safety risks to young people (Mosher, 1995).

Excessive alcohol consumption over prolonged periods may lead to medical problems. These include recurrent stomach problems and diarrhoea, cardiovascular disorders such as high blood pressure or palpitations, strokes, liver damage and peripheral neuropathy. Alcohol misuse may in the long-term lead to anxiety or depression, blackouts, forgetfulness and insomnia (Handbook of Diseases, Norris, 1996; Textbook of Medicine, Souhami & Moxham, 1990; C. Roberts, 1996).
Excessive alcohol drinking in young people and the negative outcomes of this practice seem to be on the increase, not only in Malta, but also in other countries (C. Roberts, 1996; Buka & Birdthistle, 1999; Gruenewald et al., 1999). The number of persons aged 18 to 22 years, admitted to St. Luke's Hospital with problems resulting directly from excessive alcohol consumption increased in number between 1994 and 1998: 6 persons were admitted during 1994 and 15 persons were admitted during 1998 (R. Pace Axiaq & M. Gatt, personal communication, February 2000). Between October 1999 and January 2000, all breathalyser tests performed on persons aged 18 to 22 years, were carried out in the context of vehicle collisions (P. Caruana, IT Services, Malta Police, personal communication, February 2000). In Australia, it was found that drinking and driving were associated with approximately one-third of deaths and one-fifth of people injured on the road (Gruenewald et al., 1999). In 1993, 43.5% of all traffic fatalities in the U.S. were the result of alcohol-related crashes. (National Highway Traffic Safety Administration, 1994), (Buka & Birdthistle, 1999).

The attention given to the prevention and intervention efforts directed towards alcohol misuse in young people is well deserved. Moreover, it has been shown that early intervention in the form of brief education sessions resulted in a reduction in alcohol drinking, to the recommended limits of alcohol consumption (Edwards, 1996; C. Roberts, 1996; Senft et al., 1997).

This study researched the consumption patterns of alcohol of young people between 18 and 22 years of age, and their attitudes towards alcohol consumption. This topic was selected as a result of the author's work experience as a doctor in different departments,
such as the Accident and Emergency Department, and the Health Centres within the community. It was observed that excessive alcohol consumption and its negative consequences in young people, may indeed constitute a public health problem.

This study was conducted to determine consumption patterns, attitudes and perspectives of young people with respect to alcohol. The results of the study are intended to be used by agencies promoting "low-risk drinking" (British Medical Association), or who work with young people, in order to create positive messages towards low-risk drinking, based on the way young people perceive alcohol consumption. Using this knowledge as a "foundation", the messages created will be expected to reach the target population, and be more effective in bringing about changes in beliefs and eventually behaviour. It is very important that the messages created are positive, since it is well known and supported by research, that "negative" messages such as "Don't drink and drive", may lead to the person "blocking" them out much more, than if conveyed in a positive manner (Bunton & Macdonald, 1992).

1.1 Objectives of the Study

The objectives of this study were:

1. To discover the views of University students between 18 and 22 years of age regarding:

   • drinking within the recommended limits
   • binge drinking
2. To discover whether young people think that excessive alcohol consumption may lead to motor vehicle accidents (MVA's), problems in the family, problems at work and other alcohol-related incidents such as fighting after drinking.

3. To view the students' idea of low-risk drinking.

4. To discover whether there are differences in the drinking patterns of students:
   - reading different University courses
   - having a part-time job

5. To discover the views of this cohort regarding alcohol-related incidents compared to perceived quantity of alcohol consumed.

6. To discover whether certain factors, such as family and social background influence students' drinking patterns.

These objectives were elicited to varying extents by two of the tools used in this study; the questionnaire, which was used as a quantitative tool, and the focus group which was used as a qualitative tool.

1.2 Research Questions and Hypotheses

The questions and hypotheses that were answered and tested respectively in this study using the answers of the questionnaire are the following. The first three questions are
questions which could be answered by analysis of the relevant questions in the questionnaire. Hypotheses could be drawn from the rest of the questions listed below. The respective hypotheses are included with the questions in this section.

1.2.1 Research Questions

1. How much do young people drink? This included studying the frequencies of occasions of alcohol consumption and the amounts of different alcoholic beverages consumed, and the frequency of binging, drunkenness, and the students' perceived scale of their drunken state.

2. Do these young people think that excessive alcohol consumption may lead to motor vehicle accidents, problems in the family and at work, and other alcohol-related incidents such as fighting when inebriated?

3. What is the low-risk drinking limit, when one is going to drive and when one is not driving?

1.2.2 Research Questions and Hypotheses

Research question: Do students coming from different areas in Malta have different drinking patterns?

Hypothesis 1. There is a difference in the drinking patterns in students living in different areas of the Maltese Islands.
Research question: Do students reading different courses at the university have different drinking patterns?

Hypothesis 2. There is a difference in the drinking pattern of students reading different courses at the university.

Research question: Do students who have a part-time job drink alcohol more often than students who do not?

Hypothesis 3. Students who have a part-time job drink alcohol more frequently than students who do not have a part-time job.

Research question: Does living with family, with friends or alone make a difference in the alcohol drinking patterns?

Hypothesis 4. There is a difference in the drinking patterns of students who live with their family and those who live with friends or alone.

Research question: Does the way free time is spent differ with the amount of alcohol drunk?

Hypothesis 5. There is a difference in the frequency of alcohol drinking as related to the way students spend their free time.

Research question: Do students who know someone who died of alcohol-related problems drink less frequently?

Hypothesis 6. Students who know someone who died of alcohol-related problems drink less frequently.
Other questions and hypotheses related to the ones mentioned above were also analysed, so that a more detailed dimension would be given to the objectives in question.

Objectives numbers 2, 3, 5, and 6 mentioned above were drawn, not only by analysis of the relevant data from the questionnaire, but also from the results of the focus group. The bartender interviews also helped to confirm the findings or differed with the results obtained by the other two research tools used in this study.

1.3 Definitions of Key Terms

**Recommended limits for alcohol drinking.**

The limits for alcohol drinking recommended by the British Medical Association’s (BMA) board of science and education is no more than 14 units for women and no more than 21 units for men a week (Edwards, 1996). This is also expressed as not more than 2 units for women and not more than 3 units for men every day. It is also advised that there should be alcohol free days every week (Kumar & Clark, 1990).

**Binge drinking.**

Persons are said to have binge drank when they have consumed 5 or more units of alcohol in a row.
Blood Alcohol Concentration.

The legal blood alcohol concentration (BAC) when driving is 0.5 g/l in some countries such as Belgium and Denmark, and 0.8 g/l in other countries such as the United Kingdom and Italy (Overview of National Alcohol Policies in the 15 Countries of the European Union, 1998). In Malta the legal BAC stands at 0.8 g/l (Zerniq, Alcohol Residential Programme. Sedqa Agency, Malta, personal communication, August 2000).

Breath Alcohol Concentration.

The legal alcohol level in exhaled air measured during the breathalyser test also varies between different countries. In Malta the legal alcohol level in exhaled air is 0.35 mg/l (Traffic Branch, Malta Police, personal communication, August 2000).

Drink driving.

In this study drink driving is taken to mean driving with a BAC or an alcohol level in exhaled air above the established legal limit, or driving after consumption of 3 or more units of alcohol.

1.4 Conclusion

This chapter has given a brief background as to how the subject of this study was determined and what the objectives of this study were. The next chapter explains how the literature review enabled the development of the different aspects of this study.
Chapter 2 - Literature Review

Alcohol consumption in young people, and the beliefs associated with this practice, have been studied widely. This chapter gives a review of the literature which forms the background of this study. It starts by discussing alcohol consumption in young people as a public health issue, and then goes on to review alcohol consumption and its consequences. The literature exploring factors which influence alcohol consumption is discussed in the last section of this chapter.

2.1 Alcohol Consumption in Young People

as a Public Health Problem

Several studies have indicated that alcohol misuse constitutes a public health problem in young people, in many developed countries. It has been described as reaching epidemic proportions (Bennett et al. 1999). Alcohol drinking has become a "culture" especially among young people. Sulkunen (1998) stated that drinking culture is culture indeed, and in a very wide sense. As Public Health has increasingly turned its focus from treatment of health problems as they arise to prevention, more and more alcohol studies have been concerned with alcohol drinking in young people (Forster et al., 1995; Bianchi et al., 1997; Bennett et al., 1999; Feldman et al., 1999). The psychology behind alcohol drinking has also been studied, in order to establish the reasons why people drink or refrain from doing so (Laurent et al., 1997; Baer & Bray, 1999; Feldman et al., 1999; Gerrard et al., 1999; Jaccard & Turrisi, 1999; Johnson & Glassman, 1999; Nye et al., 1999; Quigley & Collins, 1999; Slater et al., 1999).
Alcohol misuse has also been shown to be a major concern on university and college campuses (Black & Coster, 1996; Mosher, 1995). It has been related to about 66% of all violent behaviour on college campuses, about one-third of all emotional distress and just below 30% of all academic problems (Black & Coster, 1996). MVA fatalities related to alcohol drinking have also been found to constitute an important public health issue especially among young men (Gruenewald et al., 1999; Nelson et al., 1999). Moreover, excessive alcohol drinking in young people could be reduced considerably if children and adolescents were targeted by preventive measures. This would lead to young people taking up drinking at a later age. It has been shown that lifetime alcohol dependence rates of those who start drinking alcohol at 14 years of age, are four times as high as those who start at 20 years or later. Also, the odds of dependence were found to decrease by 14% with each additional year of delayed onset of alcohol consumption (Spoth et al., 1999).

2.2 Alcohol Consumption and its Consequences

Alcohol drinking has often been studied in terms of the three main alcoholic beverages available, namely, beer, wine and spirits. Particular patterns of consumption of the different beverages were consistently found.

Beer has been shown to be drunk predominantly by men. Data from the 1995 Census of Population and Housing in Malta showed a marked difference between beer consumption by males and females. A study by Nelson et al. (1999) carried out among
men aged 21 to 35 years showed that 82% of the respondents reported that beer was their most frequently drunk alcoholic beverage. In another study with 16 to 24 year olds, beer was also the most popular alcoholic drink (Yu & Shacket, 1999). Participants under 25 years in a study by Smart and Walsh drank only beer (30%), spirits only (21%) or beer and spirits (32%). Only 8% drank wine only. Women tended to drink more wine and spirits than beer. The 1995 Census of Population and Housing in Malta still showed a male predominance in the consumption of wine and spirits, although the difference between the genders was less marked than that for beer drinking. Smart and Walsh (1999), however, obtained different results in their study. Females were overrepresented in the wine only, spirits only and wine and spirits categories. The gender difference in drinking patterns for different beverages was shown to exist in young people, when men tended to drink more than women. This difference weakened with age and eventually disappeared.

These different patterns of alcoholic beverage consumption have consistently been found to be associated with particular behaviours. Heavy drinking and related problems including drink driving, were most prevalent among beer only drinkers and beer and spirits drinkers (Gruenewald et al., 1999; Smart & Walsh, 1999; Yu & Shacket, 1999).

Drink driving has been found to be one of the commonest and potentially fatal practices associated with alcohol consumption. Studies have shown that driving under alcohol influence is responsible for 30% to 50% of all fatal MVA's (Gruenewald et al., 1999; Jaccard & Turrisi, 1999). Moreover, Nelson et al., (1999) found that males in the 20 to 39 age group constitute 70% of alcohol-related fatalities in males (Nelson et al.,
Men appeared to be more prone to this form of injury and death, a risk which ran parallel with the heavier alcohol consumption among males. Reducing alcohol-intake has been shown to significantly reduce alcohol-related MVA's. This has been brought about in different ways including increasing the minimum age for alcohol drinking, lowering the legal blood alcohol concentration, a greater enforcement or introduction of administrative "per se" laws and prevention programmes (Hansen, 1994; Mosher, 1995; Smart & Mann 1997; Gruenewald et al., 1999; Nelson et al., 1999).

Another practice in which young people were found to engage was riding with drunk drivers. Studies have shown that between 18% and 25% of young people had ridden with a drunk driver during the previous month (Grube & Voas, 1996; Yu & Shacket, 1999). A study by Yu and Shacket (1999), indicated that regardless of age, approximately one-third of 16 to 24 year olds admitted to riding with drunk drivers. These authors also found that there appeared to be a relatively strong relationship between drinking-driving (DD) and riding with drunk drivers (RWDD), but the relationship between RWDD and DD was small and insignificant. While these two behaviours were found to be affected by alcohol use, (Feldman et al., 1999; Yu & Shacket, 1999), indicating a similarity between them, the predictors for the two behaviours differed. This suggested a uniqueness between these two practices (Yu & Shacket, 1999). Therefore prevention strategies directed at these two groups would have to be constructed in a different manner.
2.3 Factors Affecting Alcohol Consumption

Several factors were shown to influence young people when deciding whether or not to drink. These included age, gender, family, culture, religion, friends and drinking history (Hansen, 1994; Houghton, 1997; Feldman et al., 1999).

These factors have been increasingly studied from the social-psychological point of view. Bandura’s social learning theory (1969, 1977), has often been applied to try to understand certain behaviours and related factors associated with alcohol drinking (Feldman et al., 1999; Quigley & Collins, 1999). The basic tenet of this theory is that behaviour is guided by expected consequences (Bunton & McDonald, 1992). Furthermore, different individuals were found to attach different meanings and values to their expectations. The study of these various cognitions has helped researchers understand the different behaviours and effects associated with alcohol consumption, in different cultures and sub-cultures (Johnson & Glassman, 1999). This is becoming a key characteristic of effective preventive actions.

Another model used in alcohol consumption studies is Jaccard’s behavioural alternative model, a decision theoretic framework (Jaccard & Turrisi, 1999). The study in which this model was applied, explored drunk driving. This behavioural model focused on the decision to drink and drive, and the alternatives to this action. Here too, the decision was influenced partly by the meaning attached to drunk driving and the alternatives. The meaning was composed of a set of generalised perceived advantages and disadvantages, which had been accrued from personal experience, through
observational learning and by information from peers and other sources. Moreover, there were also perceptions that were unique to the particular situation. Both the general and specific perceptions might have been reviewed by the individual, and the attitude modified accordingly.

It was specifically shown that in the situation of drink driving, individuals drove so frequently and regularly that they tended to assume that it was safe to drive after alcohol consumption. This might have changed if something caused the person to cognitively review the state of intoxication. This might have resulted from input by peers and family about the ability to drive, or the person perceiving certain physiological or psychomotor changes. These perceptions, cognitive reviews and the resulting behaviour could overall have been influenced by personality, social factors, and individual beliefs.

The main factors that influenced drinking behaviour, and which interplayed with behavioural models such as the above, included gender, culture and sub-culture, family influences and peer pressure. These will be discussed in the following sections.

2.3.1 Gender

The differences between men and women regarding the type of beverage and the amount consumed have already been discussed above. In a study among university students, Connor et al., (1999) studied restraint towards alcohol drinking. Restraint is a relatively new cognitive construct that has been shown to be related to alcohol use and misuse. The results showed that male and female students appeared to think differently
about alcohol drinking. It was hence different affective responses and reasons for drinking, that resulted in the different drinking patterns between males and females, observed earlier in this chapter. Johnson and Glassman (1999), proposed that men generally tended to drink more than women, partly because the meaning of the expected effects of drinking are more typical of male than female gender-role behaviours.

2.3.2 Culture and Sub-Culture

Alcohol drinking has different meanings in different cultures. This has resulted in different patterns of consumption between persons of different ethnic origins (Bradizza et al., 1999). For example Hispanic culture has been shown to emphasise “familism”, which means a strong sense of family. Another important value in this culture is respect, especially towards relatives. These two values have sharply limited any behaviours, such as alcohol drinking, that might jeopardise family relationships. Alcohol drinking has been found to be restricted to special occasions or to extrafamilial circles (Johnson & Johnson, 1999). On the other hand, Irish Americans, whose culture of origin considers drinking as part of socialising, were not found to be buffered from alcohol misuse (Johnson & Glassman, 1999).

In Malta the “wine culture” has existed for centuries, and many Maltese and Gozitans still press their own wine (Mallia, 1998). However in spite of this alcohol drinking especially among young people has escalated only over the past few years (R. Pace Axiaq & M. Gatt, personal communication, February 2000). One of the reasons for this might have been that wine drinking has not usually been associated with heavy alcohol
consumption (Smart & Walsh, 1999). There still remains the fact, however, that Maltese children might be introduced to wine at mealtimes and sometimes encouraged to taste it.

The concept of sub-culture has already been alluded to earlier in this chapter. Studies have shown that within a sub-culture too, drinking alcohol and its consequences attain a particular meaning. This would in turn create a negative or positive image towards alcohol in general, or towards certain beverages such as beer and spirits (Sulkunen, 1998; Yu & Shacket, 1999).

2.3.3 Family Influences and Peer Pressure

The data about the influence that family factors and peer pressure have on alcohol drinking was mostly derived from studies with adolescents (Laurent et al., 1997; Baer & Bray, 1999; Costa et al., 1999; Gerrard et al, 1999; Johnson & Johnson, 1999; Loveland - Cherry et al., 1999; Spoth et al., 1999). Nevertheless, the pattern of alcohol consumption developed during adolescence could possibly indicate the drinking situation in adulthood (Bradiazza et al., 1999; Spoth et al., 1999).

Family factors that were found to be protective towards alcohol use included, a cohesive supportive family environment, clearly defined expected behaviour, parental monitoring, and parents' awareness of the consequences of alcohol misuse (Baer & Bray, 1999; Costa et al., 1999; Gerrard et al, 1999; Johnson & Johnson, 1999; Loveland - Cherry et al., 1999; McCubbin et al., 1999).
It has been found that the maternal relationship was especially significant in protecting or otherwise the young person from alcohol misuse (Baer & Bray, 1999; Gerrard et al., 1999; Johnson & Johnson, 1999). Gerrard et al., (1999), also found that mothers’ evaluations of the typical young drinkers were instrumental in shaping adolescents’ evaluations. Moreover, this influence was found to be independent of the mother’s drinking behaviour and her relationship with the adolescent. The latter two characteristics however stood in opposition to related findings in other studies. (Loveland - Cherry et al., 1999; Baer & Bray., 1999; Johnson & Johnson, 1999). On the other hand a father who drank, influenced adolescents by making them more willing to drink if the opportunity arose, rather than motivating them to seek drinking opportunities (Gerrard et al., 1999).

Peer pressure was shown to be a strong influential factor in alcohol consumption (Bradizza et al., 1999; Costa et al., 1999). In their study, Feldman et al., (1999) found that peers seemed to exert the most powerful influence over behaviour. They stated that social theories assumed that emotional attachment to peers who abused alcohol, was a primary cause for such behaviour. Peer pressure however, appeared to be a function of family conditions and vice-versa (Baer & Bray, 1999; Gerrard et al., 1999). Association with peers who drank appeared to set into motion a dynamic process that attenuated parental influence, increasing the likelihood that cognitive shifts would occur promoting future drinking (Gerrard et al., 1999). This same study indicated that these alcohol cognitions were not a passive movement away from parents’ attitudes and beliefs, but rather an active rejection of parental influence.
In young men, a factor which has been found to be effective in avoiding drinking and driving, is the presence of a girlfriend/wife or a close friend. The presence of a girlfriend/wife was found to be more strongly associated with successful avoidance of impaired driving than the presence of a friend (Nelson et al., 1999).

2.4 Conclusion

In conclusion, alcohol consumption in young people has presented a public health problem in many developed countries. It has been found to be a major issue in several universities and colleges. Young males seemed to be the ones who were most at risk for negative consequences of alcohol drinking, especially since they consumed more alcohol and tended to engage in drink driving more often than females.

Several factors have been shown to come into play when a person is deciding whether to drink or not. The most influential factors were found to be family influences and peer pressure. Such factors have increasingly been studied from the social-psychological perspective. Understanding the psychology that lies behind drinking behaviours, has been shown to guide the manner in which preventive actions might be developed.

This chapter has unfolded the background of this study in terms of the literature review. The next chapter will explain in detail the methodology applied in this study.
Chapter 3 - Methodology

'When a hypothesis can survive the confrontation of a series of complementary methods of testing, it contains a degree of validity unattainable by one tested within the more constricted framework of one method.'

(Campbell & Fiske, 1959).

This chapter explains the methods used in carrying out this study. Three different research tools were used in this study. A questionnaire was developed and used as a quantitative tool, whilst a focus group and interviews were used as qualitative tools. The research method adopted in this study was based on the concept of triangulation, whereby data collected from one source is compared to data collected from at least two other sources (H. Roberts, 1999). Triangulation helps to validate findings when analysis of different study methods lead to similar results. Conversely, conflicting results lead to rejection of these findings, or to the need to modify study methods.

3.1 The Questionnaire

The questionnaire was the quantitative tool used in this research study (See Appendix A1), (Lydeard, 1991; Stone, 1993; H. Roberts, 1999).

A substantial part of the questionnaire, that is questions numbers 12 to 20 and questions numbers 22 to 25, was based on questions used in the European School Survey Project on Alcohol and Other Drugs (ESPAD, 1998) questionnaire. This questionnaire is used in surveys to study alcohol and drug use patterns in 16 year old
students in more than 20 European countries. Dr. Richard Muscat recommended the use of this research tool in order to construct the questionnaire used in the present study. Some minor modifications were made to the questions mentioned above, in view of the different age range within the sample of this study.

Questions numbers 1 to 11 were included to collect demographic data and data about the background of the responder, e.g. if they lived with family, friends or on their own, and the way they spent their free time. Questions numbers 26 to 30 focused on attitudes and perceptions related to alcohol drinking (Feldman et al., 1999; Nelson et. al., 1999).

While formulating questions numbers 1 to 11 and questions numbers 26 to 30, great care was taken so that the wording of the questions would in no way be judgmental of any particular attitude, or biased towards a particular answer.

The questionnaire was kept to the minimum possible number of questions to encourage response. The font used was "Comic Sans", which was easy to read and gave an "informal" look to the questionnaire. It had been intended that the questionnaire would be four A4 pages long, printed on both sides of two sheets. However the questions were spaced out onto five A4 pages printed on three sheets, in order to avoid a "crammed" appearance.
3.1.1 The Pilot Study.

The questionnaire was piloted among twelve persons. Six of these persons were Masters graduates in the Science and Sociology fields. The other six participants were University of Malta students, aged 18 to 22 years of age. The participants were asked to answer a few questions regarding the understandability and ease of answering the questionnaire (See Appendix A2 for letter attached to pilot study). The persons with post-graduate degrees were included in the pilot study as it was felt that their comments would be helpful, especially since many of them supervise undergraduates in similar studies.

Following the pilot study, some changes were made to certain questions e.g. in question number 7 the option "retired" was added, when asking about the father's employment.

3.1.2 The Research Sample

The sample consisted of a random sample of 500 students aged 18 to 22 years, attending the University of Malta. The sample was stratified by age and gender. Effectively 100 students from every age group were chosen randomly with an equal number of male and female students. The random sample was selected by University staff, after permission was sought and obtained from the university rector.
3.1.3 The Research Procedure

The questionnaire was posted to the 500 University students at the end of January 2000. A letter explaining the aim of the questionnaire and a self addressed and stamped envelope were enclosed with the questionnaire. The letter enclosed with the questionnaire addressed the student by his/her first name, the latter having been hand written prior to enclosing it with the questionnaire. This method was adopted, as it was felt that a personalised letter would encourage response. The students were asked to keep the latter and to send only the questionnaire so that the responders would remain anonymous. Again anonymity was stressed with the intention of encouraging a good response, both in terms of the number of questionnaires returned, and the genuinity and quality of the answers given (Black & Coster, 1996).

The questionnaire was posted and reached the students in the week following the end of their mid-year tests. Such timing was chosen to maximise the response as much as possible. The participants were asked to return the questionnaire by the 12th February 2000, but were reassured that if this was not possible they could return the questionnaire after this date. (See Appendix A3 for letter enclosed with questionnaire).

By the 12th February, three hundred (60%) of the questionnaires had been returned. Towards the end of February a thank you letter cum reminder (See Appendix A4) was sent to all the 500 students in the sample. A further 47 (9.2%) questionnaires were received after this, totalling the response rate to a 69.2%. All questionnaires received were valid for use in the data analysis.
3.1.4 Data Analysis.

The Statistical Programme for Social Scientists (SPSS), version 10.0 computer programme, was used for analysing the data from the questionnaires. The data was entered in the form of 99 variables, which were then analysed to obtain the results to the questions and hypotheses formulated beforehand.

3.2 The Focus Group

The focus group was originally intended to be recruited and carried out in a popular pub in Paceville. The latter town is the most popular place in Malta where young people meet, and is characterised by a big number of pubs within a relatively small area. However, the planned recruitment method was not successful. In view of this the university canteen was used as the recruitment place. A group of about six students were approached and asked whether they would like to participate in the focus group. The way a focus group is carried out and the aim of this particular focus group were explained during this first meeting. It was agreed that the focus group would be carried out on a certain date at a particular pub in Paceville. Contact was kept with a key person of this group. Three tentative attempts to meet and carry out the focus group however proved futile, since most of the persons dropped out from this commitment.

Another group of persons was then recruited through a key informant. The focus group was carried out at a place where these persons were spending a weekend live-in with friends, since this was the most convenient meeting place for the participants (Forster et al., 1995; Johnson & Johnson, 1999; Slater et al., 1999).
The focus group lasted about thirty minutes and six persons took part in it. The participants consisted of 3 males and 3 females, all receiving tertiary level education. All were within the 18 to 22 year old age group. A few points regarding certain attitudes and perceptions pertaining to alcohol drinking, had been prepared beforehand to help generate and direct the discussion during the focus group. The discussion points had been prepared both in Maltese and English (See Appendix B1 for the focus group discussion points). The focus group participants chose to carry out the discussion in Maltese. The discussion was tape-recorded with the group's permission, and then transcribed.

Analysis of the transcript was then carried out by reading through it and identifying different types of information, namely knowledge, attitudes and reported behaviour. Particular patterns and/or themes were noted and then summarised (See Chapter 4 Section 4.2). An interpretation of the focus group analysis is presented in the discussion (section 5.4) in Chapter 5 (Pope & Mays, 1995; Gibbs, 1997; H. Roberts, 1999).

3.3 The Interviews

Interviews were the other qualitative tool used in this research study (Pope & Mays, 1995; H. Roberts, 1999). They consisted of face-to-face interviews with bartenders working in three different pubs (Buka & Birdthistle, 1999; Gruenewald et al., 1999). The pubs were chosen by analysing the data of one of the questions in the questionnaire. In this question the responders were asked to mention the name of the bar/pub or restaurant where they had last drank alcohol. The three most popular places were then chosen.
A letter, in which a short description of this study was given, was sent to the manager of each pub. The manager was asked if s/he would agree to an interview with one of the bartenders working in that establishment. The managers were also informed that within a few days, they would be contacted by telephone for an answer. (See Appendix C1) A letter written on a University of Malta letterhead and signed by the course coordinator was enclosed with the letter to the pub managers, as proof that the study had been authorised by the University of Malta (See Appendix C2).

Two of the managers were contacted by telephone a few days later, whilst the third was spoken to at the pub itself, since he could not be contacted by telephone. All three managers agreed to the interview and a date, time and the name of the bartenders to be interviewed determined.

Each interview took place at the establishment itself. Two barmen and a barwoman were interviewed. The questions asked during the interview had been prepared beforehand in both the Maltese and English language, and the bartender asked at the outset of the interview which language they preferred to communicate in (See Appendix C3). Each interview lasted about ten minutes. Two of the persons interviewed asked to be sent a summary of the results of the study.

Brief notes of the answers given to each question were made during the interview itself. A summary of each interview was then made. This included not only the answers to the questions, but also the general atmosphere present during the interview e.g. whether the bartender appeared relaxed and talked easily, or was curt in his/her replies.
3.4 Conclusion

This chapter has explained the research methods used in this study. Using the concept of triangulation, one quantitative and two qualitative methods were used to study the consumption patterns of alcohol and the attitudes towards alcohol drinking in young people. The next chapter presents the results obtained with these research tools.
Chapter 4 - Results

As stated in the first chapter, this study researched the consumption patterns of alcohol in young people between 18 and 22 years of age, and their attitudes towards alcohol drinking. This chapter is presented in three sections based on the three different research tools used in this study. The results obtained from analysis of the data from the questionnaires are reported in the same order as the questions and hypotheses were presented in Chapter One in section 1.2. The other two sections report the analyses of the focus group and the interviews respectively.

4.1 Analysis of the Questionnaire Data

4.1.1 Research Question 1

How much do young people drink? This analysis included studying the frequency of alcohol consumption over different time periods, the consumption of different types of alcoholic beverages, the frequency of bingeing and drunkenness, and the students' perceived level of their drunken state.

The results to question 13 in the questionnaire (See Appendix A1), in which the students were asked whether they thought they would be drinking alcohol when they would be 30 years old, are also given.
Frequency of alcohol consumption over different time frames.

Analysis of question 12 in the questionnaire (See Appendix A1), showed that there was no statistical significance in the number of occasions of drinking during the last 12 months and the last 30 days, between students of different ages ($p = > 0.05$ for both time periods). Nevertheless, the highest number of students for the number of occasions of drinking at all ages during the last 12 months is in the $>= 40$ times range (See Figure 1).

Figure 1. Number of occasions of drinking during the last 12 months by age.

The results of the analysis of the number of occasions of drinking in a lifetime, showed a gradual increase in the respondents answering for $>= 40$ occasions of drinking between 18 and 22 years. A 22 year old, however, would most probably have had more occasions to consume alcohol than an 18 year old. The possibility of recall bias over the
period of a lifetime also increased (Labouvie et al., 1997). In view of these reasons, only
the number of occasions of drinking during the last 12 months, and where relevant
during the last 30 days, would be used in further analyses in this study. Moreover, the
number of occasions of drinking during the last 12 months as compared to the other two
time frames would probably give the most reliable indication of the drinking pattern of
the respondents.

When the number of occasions of drinking during the last 12 months were analysed
for gender, there again was no statistical significance between males and females. The
highest number of occasions of drinking, however, was again in the >= 40 range for both
males and females. There was likewise no statistically significant difference between the
number of occasions of drinking during the last 30 days between the genders. In the
latter analysis the highest number of respondents was in the 1-2 and the 3-5 times ranges
for both male and female students.

The number of occasions of drinking during the last 12 months were then analysed for
gender divided into the different ages. Since this cross-tabulation resulted in dividing the
number of respondents into several small groups (<= 5 respondents), the number of
occasions of drinking were arbitrarily divided into a "low" and a "high" number of
occasions. The range between 0-19 occasions of drinking during the last 12 months was
termed "low" and the range of 20 or more occasions of drinking during the last 12
months was termed "high". This arbitrary division was taken, taking into account that a
maximum of 19 occasions of drinking during the last 12 months would mean about one
occasion every 15 days.
Analysis showed that in the 18 and the 19 year old age band, there was a statistically significant difference ($p = < 0.05$) between males and females, with males drinking on more occasions than females. There was no statistical significance between the number of occasions of drinking in males and females in the 20, 21 and the 22 age bands. The pattern of the results, however, showed that males within these age groups tended to drink more frequently than females.

**Consumption of different alcoholic beverages.**

The results for this research question have been obtained by cross-tabulating gender with the data from questions 15 to 18 in the questionnaire for every age band (See Appendix A1). The answers to questions 15 to 18 in the questionnaire were divided into 3 levels of consumption. These consisted of "non-drinkers" which included the respondents who said they never drank the alcoholic beverage in question, "low level drinkers", which included those who answered within the next 3 sub-sections in questions 15 to 18, and "high level drinkers" who have answered the last 2 sub-sections in questions 15 to 18.

Analysis showed that overall, males consumed more beer than females did. This result was statistically significant for every age group ($p = < 0.05$). When analysis for consumption of alcopops and wine in males and females was performed separately for each age group, it was found that females in the 19 age group drank alcopops more than males of the same age ($p = < 0.05$).
Regarding the consumption of spirits, results showed that there was statistical significance only in the 20 year old age group, with females consuming more spirits than males.

**Frequency of bingeing.**

The answers to question 20 in the questionnaire, were used to study the frequency of bingeing in the sample taken in this study. The respondents to this question were divided into those who had never binged and those who had binged at least once. These two categories are labelled "non-bingers" and "bingers" respectively. Binge drinking appeared to increase with age, although the change was not statistically significant (See Figure 2).

![Figure 2. Binge drinking by age.](Image)
Males tended to binge drink more often than females ($p = < 0.05$), as indicated in Figure 3.

*Figure 3. Binge drinking by gender.*

When binge drinking was studied across the 18 to 22 age range, the difference in the bingeing pattern between males and females became statistically significant ($p = < 0.05$), only in the 22 year old age group.

*Frequency of drunkenness.*

No significant difference was found between the different age groups and the frequency of their drunken state. There was also no significant difference in this analysis between male and female students. These results were obtained by analysing the data from question 22 in the questionnaire. (See Appendix A1).
The result for the different time frames in this study, namely the number of occasions students were drunk in a lifetime, during the last 12 months and during the last 30 days was similar to the preceding findings.

**Perceived level of drunkenness.**

Results for perceived level of drunkenness were obtained by computing the data from question 23 in the questionnaire (See Appendix A1). The arbitrary scale from 1 to 10, used for indicating the perceived level of drunkenness, was divided into two level ranges; levels 1-5 and levels 6-10. This was done due to the fact that, analysing the data using 10 levels would fragment the number of respondents to such an extent that the results would be unreliable due to the small numbers in each analysis cell.

There was no statistical significance in the perceived level of drunkenness between the different ages. One may however note a small gradual increase with increasing age in the percentage of respondents who perceived their drunken state to be in the 6-10 range. See Figure 4 below.
There was however a statistically significant difference in the perceived level of drunkenness between male and female respondents ($p < 0.05$), with 15.1% of male respondents perceiving their drunken state to be at the 6-10 level as compared to 9.5% female respondents perceiving this level of drunkenness. Figure 5 depicts this difference more clearly.
Analysis of question 13 in the questionnaire (See Appendix A1), revealed a minimal difference in the number of "No", "Yes" and "Don't know" answers between male and female students.

As Figure 6 shows, however, when analysis was carried out according to age of respondents, there was a significantly greater number of "Yes" answers in the 22 year old age group. \( p = < 0.05 \). When the age groups were divided by gender of respondents, it was discovered that female respondents were responsible for this significant difference; 61.8% of the female respondents as compared to 55.3% of the male respondents answering "Yes".

Figure 5. Perceived level of drunkenness by gender.

Drinking at 30 years of age
Figure 6. Drinking at 30 years of age by age.

4.1.2 Research Question 2

Do these young people think that excessive alcohol consumption may lead to motor vehicle accidents, problems in the family and at work, and other alcohol-related incidents such as fighting when inebriated?

This question was studied by using the data from question 25 in the questionnaire (See Appendix A1). Results showed significance only for the "problems at work" variable. As Figure 7 indicates, the majority of the respondents thought that alcohol drinking did not cause problems at work. As seen in Figure 7, though, there was a statistically significant increase in the number of respondents in the 18 to the 21 age bands, who thought that alcohol drinking caused problems at work (p < 0.05).
Figure 7. Alcohol-related problems at work by age.

Analysis of the other variables in question 25 revealed no significant results, indicating that the respondents thought that alcohol drinking did or did not result in more fun, or problems such as family problems and MVA’s.

4.1.3 Research Question 3

What is the safe drinking limit, when one is going to drive and when one is not driving?

Analysis of the data from question 27 in the questionnaire (See Appendix A1), gave the results to the above question. This analysis studied the levels of alcohol limits given when the respondents were asked what they thought was the safe drinking limit for one
evening, when driving and when not driving. Two alcohol limit ranges were used in the analyses; that of 1-3 units of alcohol and that of more than 3 units of alcohol.

When the data for alcohol limit when driving was analysed for the different age group, no statistically significant differences were found (53.8% in the 1-3 units category and 46.2% in the > 3 units category). There was, however, a greater number of respondents in the 21 and 22 age bands, who mentioned alcohol limits above 3 units (See Figure 8).

Figure 8. Alcohol drinking limit when driving by age.

The analysis of the alcohol limits when not driving, again did not give any statistically significant results. On the other hand, the number of respondents who gave alcohol limits above 3 units for an answer was greater (78.8%) than the number who stated alcohol limits between 1-3 units (21.2%). This was true for all age groups (See Figure 9).
Figure 9. Alcohol drinking limit when not driving by age.

When the above data was analysed for gender, there was no statistical significance in the way males and females answered regarding alcohol limits when one was driving, although there was a greater difference between the percentages of female respondents for the different alcohol limits (29.7% for 1-3 units of alcohol vs. 20.3% for > 3 units of alcohol), than between those of male respondents (24.1% for 1-3 units of alcohol vs. 25.9% for > 3 units of alcohol) (p = 0.059). This is shown in Figure 10.
The results for alcohol limits when not driving showed that the majority of both male and female respondents gave alcohol limits above 3 units as an answer. This change, as compared to the limits when driving, can be noted clearly if one compares Figure 10 with Figure 11.

*Figure 10. Alcohol drinking limit when driving by gender.*
When the students were asked whether they would ride with a driver who had had more than 3 drinks, 43.0% of respondents said that they did not know what they would do. There was no significant difference in the way male and female respondents said they would behave in such circumstances. There was also no significant difference in the answers given by students of different ages groups.

*Figure 11. Alcohol drinking limit when not driving by gender.*
4.1.4 Hypothesis 1

There is a difference in the drinking patterns of students living in different areas of the Maltese Islands.

The cross-tabulation of the relevant data was performed to test the null hypothesis of the above hypothesis, namely that;

Null Hypothesis 1. There is no difference in the drinking patterns of students living in different areas of the Maltese Islands.

The data obtained from question 3 in the questionnaire, for the towns and villages of residence of the respondents, were grouped into the 6 regions used to arbitrarily divide the Maltese Islands for census survey purposes. This was done to avoid excessive fragmentation of the data. The data for regions were then cross-tabulated with the number of occasions of drinking during the last 12 months. The variable reduced into "low" and "high" occasions of drinking used in question 1 in this chapter was applied.
Analysis of this data showed that there was no statistical significance between the drinking patterns of students living in the different regions of the Maltese Islands (p = > 0.05). Figure 12 shows the percentages of the respondents by region. This figure is necessary to help the reader to interpret the data presented in Figure 13.
When the above analysis was carried out for gender the results were again not statistically significant \( p = > 0.05 \). Therefore the null hypothesis cannot be rejected.

Certain patterns can however be noted from the results. In the Inner Harbour, the Outer Harbour, the South Eastern and the Northern regions, males tended to drink on a higher number of occasions than females. Male respondents living in the Outer Harbour region seemed to drink more often, to a greater extent, as compared to males in other regions. In Gozo male and female respondents seemed to have practically the same pattern for drinking occasions, namely both drinking more on the higher level of occasions than the lower level.

4.1.5 Hypothesis 2

*There is a difference in the drinking pattern of students coming from different courses*

*Null Hypothesis 2.* The *null* hypothesis is that there is *no* difference in the drinking pattern of students coming from different courses.

Figure 14 shows the number of respondents according to Faculty. This data was derived by analysis of question 4 in the questionnaire (See Appendix A1).
The faculties were then grouped into the two major disciplines, Arts and Sciences, to minimise fragmentation of data and enable emerging associations to be noted more clearly. The resulting variable was cross-tabulated with the "low" and "high" number of occasions of drinking during the last 12 months.

The results indicated that students reading Arts courses tended to drink more frequently in general than students reading Science courses. The latter respondents seemed to have a more equal distribution between "low" and "high" occasions of drinking during the last 12 months. This difference was just not statistically significant (p = 0.065). The bar graph in Figure 15 shows this drinking pattern more clearly.
Figure 15. Major disciplines by number of occasions of drinking (low and high) during the last 12 months.

The difference remained statistically not significant when analysed for the different age bands and when the data was divided by gender.

The null hypothesis cannot therefore be rejected.
4.1.6 **Hypothesis 3**

*Students who have a part-time job drink more often than students who do not have a part-time job.*

**Null Hypothesis 3.** The *null* hypothesis is that there is no difference in the amount drunk by students who have a part-time job and students who do not.

The above null hypothesis was tested by cross-tabulating the data from question 5 in the questionnaire with the two levels of occasions of drinking during the last 12 months. There was no statistically significant result for male respondents, but there was a statistically significant difference in the frequency of drinking between females who had a part-time job and those who did not. While in the female group who drank less frequently, 41.3% had a part-time job compared to 61.2% who did not, 58.7% of the female respondents who drank more frequently had a part-time job, as compared to 38.8% of females without a part-time job within this category ($p < 0.05$).

The null hypothesis can thus be rejected for the female population but not for the male population.

The presence of any association between the respondents who had a part-time job and those who said that alcohol drinking resulted in problems at work (question 25 in the questionnaire), was studied. The results showed no association between these two factors ($p > 0.05$).
4.1.7 Hypothesis 4

*Students who live with family drink less often than students who live with friends or alone.*

Null Hypothesis 4. The *null* hypothesis therefore is that there is *no* difference in the drinking frequency between students who live with their family and those who live with friends or alone.

The number of students who lived with friends or alone in the sample taken in this study, totalled to less than 10 students. In view of the absence of a representative sample in this category, it was not possible to test this null hypothesis.

An analysis of the employment type of the father and mother was made against the frequency of occasions of drinking during the last 12 months. No significant differences were found. The employment types of the parents were divided according to the following categories:

- **Class 1** - Higher professional and administrative occupations.
- **Class 2** - Lesser professional occupations and employers in industry and the retail trade.
- **Class 3** - Skilled occupations; N - non-manual; M - manual.
- **Class 4** - Partly skilled occupations.
- **Class 5** - Unskilled occupations.
4.1.8 Hypothesis 5

*There is a difference between the frequency of alcohol drinking as related to the ways students spend their free time.*

**Null Hypothesis 5.** The *null* hypothesis is that there is *no* difference in the frequency of alcohol drinking as related to the ways students spend their free time.

The 10 variables in question 9 in the questionnaire (See Appendix A1), were analysed against the frequency of occasions of drinking during the last 12 months. Statistically significant results were found for respondents who spent their free time at the bar, at the football club, doing sports and/or dancing.

The students who spent their free time at the bar drank significantly more frequently than those students who did not spend their free time in this manner (p = < 0.05).
Figure 16. Bar attendance by number of occasions of drinking (low and high) during the last 12 months.

The significant difference between the respondents who spent their free time at the football club and those who did not was that the former tended to be higher frequency drinkers ($p = < 0.05$).

A similar pattern was seen with students who performed sports in their free time. The persons engaging in sports tended to have a higher frequency of drinking occasions during the last 12 months ($p = < 0.05$).

Students who spent their free time dancing also tended to have higher frequencies of drinking occasions during the last 12 months, as compared to students who did not go dancing ($p = < 0.05$).
Therefore the null hypothesis can be rejected for the above four ways of spending free
time, and the alternative hypothesis accepted.

When the association between frequency of drinking occasions and the other ways of
spending free time - watching TV/videos, using the computer, at the band club or reading
- was studied, no significant association was found with any of these circumstances
(p = > 0.05).

4.1.9 Hypothesis 6

Students who know someone who died because of alcohol-related problems,
drink less often.

Null Hypothesis 6. The null hypothesis is that there is no difference in the frequency
of drinking alcohol between students who know someone who died of alcohol-related
problems and those who do not.

Analysis of the data from question 26 in the questionnaire was used to test this null
hypothesis. Figure 17 shows the number of students who knew or did not know
someone who died from alcohol-related problems.
Figure 17. Number of respondents who did not know or who knew someone who died of alcohol related problems.

The results showed that there was no significant difference in the number of occasions of alcohol consumption during the last 12 months, between the two categories of students (p > 0.05).

The null hypothesis therefore cannot be rejected.

4.1.10 Further Analyses

As noted in Chapter One, the following results are presented in order to give a more detailed dimension to the objectives of the study listed in Chapter One.
Further Hypothesis

Students who drink more frequently smoke more than students with a low frequency of drinking.

Null hypothesis. The null hypothesis is that there is no difference in smoking patterns between students with a high frequency of drinking and students with a low frequency of drinking.

The results, obtained by cross-tabulating data from question 10 in the questionnaire with the number of occasions of drinking during the last 12 months, showed that students who drank more often tended to smoke more. This difference was statistically significant ($p < 0.05$). The trend is clearly depicted in Figure 18.

Figure 18. Smoking by number of occasions of drinking during the last 12 months.
Further Question 1

Does the level of spending on entertainment vary with increasing age of respondents, and between males and females?

Data from question 11 in the questionnaire was divided into two categories, the "low spenders", that is, the students who spent less than Lm 10 on entertainment every week, and the "high spenders", that is, the students who spent more than Lm 10 on entertainment every week. This arbitrary dividing figure was based on observing, while inputting the data, that this amount appeared to be the average amount spent on entertainment per week. This reduced variable was analysed for the different age bands and then for gender. The results showed that with increasing age, students tended to spend more money on entertainment (p = < 0.05). This pattern can be observed in Figure 19. There was also a statistically significant difference between the amount of money spent by males and females. The latter tended to spend less money on entertainment than the former (p = < 0.05).

![Figure 19](image_url)
Further Question 2

Is there a drinking problem in young people in the Maltese Islands?

This question was answered by using the data from question 28 in the questionnaire and analysing it for the different age groups and for gender. Results indicated that there was no significant difference in the answers given by students from the different age groups. Likewise, the results for gender showed that male and female students answered this question in a similar manner. It was noted, however, that overall, 69.8% of the respondents thought that there was a drinking problem among young people in Malta.

A further analysis studied the presence or absence of an association between binge drinkers and whether or not they thought that there was a drinking problem in young people in Malta. The results showed a significant difference between respondents who binge drank and respondents who did not (See Figure 20). Far fewer binge drinkers than non-binge drinkers thought that young people in Malta had a drinking problem ($p = < 0.05$).

![Figure 20. Drinking problem among Maltese young people by binge drinking.](Figure_20.png)
Further Question 3

Is there anything, in particular that you do not like in the way alcohol drinking is approached in Malta?

In question 30 in the questionnaire, the students were asked whether there is anything they do not like in the way alcohol drinking is approached in Malta, on the media, from the education point of view and from the legal point of view.

The respondents who answered this question, in general did not like the way alcohol drinking was approached in Malta, in any of the three categories mentioned in this question. The following figures show the results of the analyses of question 30.

(See Figures 21, 22 and 23). (See Appendix A6 for further explanation of the answers given, as indicated in Figures 21, 22 and 23).

![Dislike of approach to alcohol by Media](image_url)

Figure 21

Shortcomings on Media
Figure 22.

Dislike of approach from Educational perspective

Count

Shortcomings in Education

Figure 23.

Dislike of legal approach

Count

Legal limitations

Figure 23.
Further Question 4

What should be done to address the alcohol problem?

Question 29 in the questionnaire asked the student to indicate what they feel should be done if they think that there is a drinking problem among young people in Malta.

Five categories of interventions to be implemented, plus the "other" category were included in this question (See Appendix A1). The "other" category was answered by very few respondents. Therefore, the frequencies with which the 5 categories as listed below were answered, were analysed. These are depicted in Figure 24.

What should be done to address the alcohol problem?

- more education on the media?
- stricter laws?
- increased breathalyser testing?
- heavier fines?
- higher alcohol prices?
What should be done to address the alcohol problem?

![Bar chart showing different suggestions with corresponding counts]

Figure 24

The results indicated that most respondents thought that there should have been more breathalyser testing. This was followed closely by the suggestion that stricter laws be implemented. More education on the media and stricter fines were the next two suggestions on this list. Increasing alcohol prices did not appear to be a popular option with the respondents to this questionnaire.
4.2 Analysis of the Focus Group

As mentioned in Chapter 3, the focus group was carried out at a place where the six focus group participants, who had been contacted by a key informant, were spending a weekend live-in with friends.

The focus group participants belonged to a Christian group. This fact is being mentioned to give a background to the way the discussion evolved. Although the author was concerned as to whether a group with this background would in fact be appropriate within this study, the results proved interesting and at times provided a challenging contrast with the results obtained by means of the other two research tools.

The first point discussed during the focus group was the amount of alcohol the participants thought that they and their friends drank, and why (See Appendix B1 for the points discussed during the focus group).

All participants agreed that they and their friends drank infrequently, and when they did so drank only small amounts. (During the focus group the maximum amount of alcohol consumed mentioned was one unit). They were aware however that during weekends many young people of their age went out to drink or to get drunk. One participant said that even if he drank because he wanted “to feel happy”, the effect of alcohol on him was that he would not know what he was doing.
Paceville was at one point mentioned synonymously with alcohol consumption, but another participant said that Paceville need not be associated only with alcohol drinking.

One participant explained why he thought young people drank in the following manner;

\[\text{Jien nahseb li aktar hija 'idleness', li wiehed ma jkollok xejn x'jaghmel, ghax kwalunkwe vizzju \ldots \ i-tipjip, id-droga, u x-xorb. Jigifieri li wiehed ma jkollok xejn x'taghmel u ma jafx x'ser jaghmel b'rasu forsi, u anke jkollok xi haga tkun aktar socjevoli, bhat-tipjip u ix-xorb u li generalment dak li nghidulu is-'social smoking'\ldots Jigifieri nahseb dan ix-xorb ukoll ghandu l-element socjali - It's done in groups.}\]

I think it is more out of idleness, that one has nothing to do, because it’s with every habit ... smoking, drugs and alcohol drinking. What I mean is that one has nothing to do and does not know what he is going to do with himself, and you also can be more sociable with smoking and drinking, what we usually refer to as social smoking. ...I mean that drinking also has a social element to it - it’s done in groups.

The reasons given as to why the participants and their friends drank very little were that they enjoyed doing simple things, socialising in a quieter environment. Another participant added that probably the people within their group of friends felt happy and fulfilled with what they did during the week, so that they sought to relax in this manner during the weekend. They did not look forward to spending it drinking in the rowdy environment associated with drinking places. Some people who consumed alcohol, continued this participant, ended up being more tired on the following Monday than on the Friday. All participants agreed that one might drink alcohol but within limits.

The issue of feeling pressurised by their peers or by someone or something else was then discussed. Some participants said that if the trend of the group of friends they were with, was that of drinking nothing or very little, then one would not feel pressurised to drink.
I see it as depending more on the norms of the group. If the trend of the group is for them to drink, you are going to be more pressured to drink. What you are going to do is more of a social thing. If the trend of the group is not to drink....

Some agreed that in such circumstances, one must drink within limits e.g. have just one drink. Several participants insisted that one should take a decision that one should not drink above a certain limit, and take such a stand notwithstanding what peers said. Someone else added that as one grew older peer pressure decreased, and one should be able to decide about one’s behaviour as regards alcohol drinking.

When asked whether anything had ever happened to them after drinking alcohol, all participants replied in the negative. Several mentioned colleagues who had found themselves in certain circumstances because of excessive alcohol consumption.

...gieli rajt lil shabi li r-relazzjonijiet ikunu sjaxxaw minhabba ghax ikunu xorbu, u tahwid, u dan kollu ghax ikunu xorbu ghax spiccat is-sena l-Universita'. U imbaghad tispicca 'baby sitter', jigifieri min ma jkunx xorob irid jiehu hsieb...

... I have sometimes met colleagues whose relationships had broken up because of drinking and mix-ups, and all this because they drank because the University academic year was over. And then one ends up being a ‘baby sitter’, that is those who have not drunk have to take care ...

Another participant who was a Red Cross volunteer, said that while on stand-by duty at big public parties, he had met people who were so drunk that they forgot where they lived, or who actually needed to be taken to hospital because of their drunken state.
On mentioning the campaigns to discourage drink driving, most of the focus group participants said that they had met people who had been involved in MVA’s after excessive alcohol drinking. Some had actually witnessed such accidents.

The discussion about alcohol drinking limits had some interesting outcomes.

There are some who drink a lot and maybe it does not do anything to them, and there are some who with one beer will already be reeling as they walk. Then it is up to the person...

I think that educating about drinking, how much to drink not to be over the limit, must be established roughly, but one must also educate people about responsibility. If I have never drunk... at least I should drink a little so that I will be safe

A few participants felt that there was not enough information regarding alcohol drinking or that it was not readily available e.g. via media campaigns. One participant however added that she felt bombarded by the frequent discussions about alcohol, and would change the TV or radio station when she came across these programmes. Another participant pointed out that he felt that since he did not drink, excessive alcohol consumption was not his problem, and hence did not feel that he needed to pay attention to this information.
Many participants felt that besides education campaigns and emphasis on responsible behaviour, points of alcohol sale needed to be more closely controlled.

I think that as such there has to be a certain discipline, that is, not anyone who tries to buy alcohol is allowed to do so. Because even if there are laws and campaigns, and someone who is underage goes to a shop, asks for alcohol and sees that it is sold to him without any problem, getting alcohol will be easier.

One has to consider that there are those who want alcohol and those who want to sell it. This means that one cannot try to control only those who sell it. Because if the one who is selling alcohol is controlled and at the same time there are many who are drinking alcohol... blackmarket here in Malta is not such a rare thing, it is a reality.

Someone else then pointed out that people might drink for different reasons, although the resulting consequences might be similar. One should make people aware of the negative consequences of alcohol drinking, but thereafter one could not deny the person the freedom of choice. Educating a person is "a step forward", said another participant, but laws should also be enforced. Education should start with young children before peer pressure sets in. This should not only consist of passing on information, but of aptly showing the consequences of excessive alcohol consumption. This would hopefully deter the child from behaving likewise later on in life. There should be an emphasis on education with children as well as an emphasis on law enforcement with adults.
The same participant who earlier said that people drank for different reasons, added that; “Jigifieri inti trid tara ghalfejn il-bniedem qieghed ipejjej jew ghalfejn il-bniedem qed jixrob. U tahdem fuq hemm.”.

“It means that one has to see why the person is smoking or why the person is drinking. And one works on those reasons”.

When the group was asked whether they thought that anything ought to be done in pubs/bars, some participants said that pubs existed for people to drink there. Pubs existed because there were people who wanted to drink alcohol. Another participant said that what should be ensured was enforcement of the legal age limit for drinking. Someone else added that bartenders should also intervene by refusing to give more alcohol to someone who was already drunk. The true well-being of their clients should take priority over the financial gain. Again another participant emphasised that education was important, since someone who wanted to drink alcohol would find it or brew it.

The last outcome of this discussion was that alcohol drinking, especially drinking wine, is somewhat part of our Maltese culture. One participant said that; “per ezempju n-namnu kien jghidli, 'Ha hu naqra ma' l-ikel'. U n-namma tgerger. Vera fitit kont niehu, imma hija xi haga Maltija”.

“for example my grandfather used to tell me, ‘Here have some with your meal’. And my grandmother grumbling. It is true that I used to drink only a little, but it is part of Maltese culture”. Participants also mentioned seeing children holding beer bottles at football matches or during feasts.

The above data is interpreted and discussed in Chapter 5.
4.3 Analysis of the Interviews

The interviews with the barwoman and the two barmen were carried out at the three different pubs where each of the interviewees worked. As mentioned in Chapter 3, the questions used during the interviews had been prepared beforehand and the bartenders could choose to communicate in English or Maltese. The following are the analyses of these interviews.

4.3.1 Interview 1

The interviewee in this first interview was a female and chose to communicate in English. She appeared quite relaxed throughout the interview and answered the questions readily and at some length.

This lady had been working at this job for the previous two years. Her impression was that young people tended to drink quite high amounts of alcohol, on average about 10 units per sitting. She said that she did not notice any difference in the amount of alcohol consumed by males and females.

The interviewee said that she thought that young people tended to drink more alcohol as time went by. “This is because young people have more freedom”.

On being asked whether she would agree to changing the age limit for drinking alcohol from 16 years to 18 or 21 years, she said that she did not agree to this. She felt
that learning to control alcohol consumption was "part of growing up" for young people. However she did agree to age identification being enforced legally.

She was next asked what she thought if short courses had to be organised for bartenders in order to help them recognise underage drinkers or drinkers who were already drunk, and instruct them how to deal with them. This barwoman agreed with the idea. She said that such training would help to avoid fights which broke out in pubs. "There is always at least one person who is drunk". She agreed that these courses should be carried out regularly, and even more frequently than at three yearly intervals.

As regards an educational campaign about the effects of drink driving being organised in liaison with a number of sought after bars, the interviewee also agreed to it. She however said that the drinking limit was not the same for everyone. In fact, she did not agree that there should be a drinking limit. She felt that persons should be responsible for their drinking.

At the end of the interview, this participant asked to be sent a copy of the results of this study after its completion.

4.3.2 Interview 2.

This male interviewee wished to communicate in Maltese. He was rather tense at the outset of the interview but relaxed as the interview proceeded, and volunteered information readily and somewhat at length.
This barman had been in this job for 7 or 8 years. He said that young people tended to drink quite heavily, a minimum of 8 units per sitting. If they had money to spend they would drink much more, depending on whether it was to celebrate some special occasion, such as Graduation.

On being asked whether he thought that young people were consuming more alcohol as time went by, he said that at that moment young people seemed to have less money and were thus spending less.

Regarding increasing the age limit for drinking to 18 or 21 years of age, he said, "Minn naha tal-'business, ma jaqbillix, imma personalment naqbel li ghandha titla' ghal tmintax-il sena".

"In terms of financial gain it would not profit me, but personally I agree to increasing the age limit to 18 years". He also agreed with age identification of clients and said that it had already been implemented in the establishment where the interview was taking place.

On being asked whether he was in favour of courses for bartenders, he said that he did not agree with them, unless appropriate laws supported the practices put forward during these courses. He also stressed that laws regarding alcohol drinking must be enforced. Security people at entrances to pubs should also receive some kind of training.
This barman agreed to a campaign being organised with popular bars in order to educate people on the effects of drink driving. However he felt that the amount drunk by an individual depended on how much alcohol that person could tolerate. One should however be responsible for one’s drinking.

The last point brought up by the interviewee was that there were ways and ways of educating people, or even of dealing with clients.

This barman also asked to have a copy of the results of this study to be sent to him after it had been completed.

4.3.3 Interview 3

The last barman to be interviewed also chose to communicate in Maltese. He seemed to be somewhat uneasy throughout the interview but still answered the questions to some length.

This interviewee had been working as a barman for the past 15 years. His impression of the consumption of alcohol by young people was that it was high. He said that on average young people consumed 8 units. When asked whether he thought that this was a high amount, he answered, “U zgur li hafna!”. “Of course it’s a lot!”. He thought that young people’s intake of alcohol, as time went by, was on the increase.
This barman agreed that the age limit for alcohol consumption should be increased to 18 years of age. "Ghallinqas il-vizzju jaqbdun izjed tard". "At least they will take up the habit at an older age".

On mentioning courses to help bartenders deal with problems they might encounter when serving their clients, he agreed that they should take place, particularly for new or young bartenders. This would help them to learn how to handle certain situations that might arise.

Regarding the educational campaign about alcohol drinking being organised in liaison with a number of popular pubs, this interviewee felt that people should themselves be responsible for their drinking and driving behaviour.

4.4 Conclusion

The results presented in this chapter indicate that university undergraduates, in general tend to consume alcohol frequently, with students following Arts courses being more frequent drinkers than science students. Males consume more alcohol than females. These findings are supported by the outcomes of the focus group discussion and the interviews. A more detailed summary of the results and a discussion of the findings are presented in the next chapter.
Chapter 5 - Summary and Discussion

This final chapter starts by restating the research problem and presenting a review of the methods used in this study. The major sections of this chapter summarise the results and discuss their implications.

5.1 The Research Problem

The research problem of this study, as stated in the beginning of this dissertation, was the consumption patterns of alcohol in young people between 18 and 22 years of age, and their attitudes towards alcohol drinking.

5.2 Review of the Methodology

The methodology adopted in this study was based on the concept of triangulation, whereby data collected from one source is compared to data collected from at least two other sources. A questionnaire was developed and used as a quantitative tool, whilst a focus group and interviews were the qualitative tools of this study.

The questionnaire was posted to a sample of 500 students between 18 to 22 years of age, attending the University of Malta. The percentage of students who sent back the completed questionnaire was 69.2% of the total sample.
The focus group was carried out with six young people within the 18 to 22 year-old age group. All were students attending tertiary education courses and also were members of a Christian group. It had originally been planned to carry out the focus group in a pub in Paceville, but several attempts at this failed. Paceville is the most popular place in Malta where young people meet, and is characterised by a big number of pubs within a relatively small area. The focus group was finally carried out at a place where the participants were spending a weekend live-in with friends. The focus group lasted about 30 minutes and was tape-recorded with the participants’ permission. A transcription was then made and analysed.

The interviews consisted of face-to-face interviews with one barwoman and two barmen working in 3 different pubs in Paceville. There 3 pubs were the 3 most popular places where students answering the questionnaire had last drank alcohol. Permission to carry out the interviews, was requested from the managers by means of a letter. All the managers agreed to the interviews, and a date, time and the person to be interviewed were determined. The interviews took place at the establishment itself and each interview lasted about ten minutes.

The analysis of the results obtained by these three research methods were presented in Chapter 4. A summary of these results is given in the following section.
5.3 Summary of Results

5.3.1 Alcohol Consumption

The results of this study showed that university students, in general tended to drink quite frequently with males consuming alcohol more often than females. As students grew older, the frequency of drinking, binge drinking, drunkenness, and perceived level of drunkenness increased. They also tended to spend more money on entertainment. Overall, males tended to feature more often in these behaviours. With increasing age, more students said that they thought they would be drinking alcohol when 30 years old.

There was no significant difference in the pattern of drinking in students living in different regions of the Islands, although males living in the Outer Harbour Region tended to drink more frequently than their counterparts from other areas. Also, Gozitans appeared to be frequent drinkers, with a minimal difference between males and females. Students reading Arts courses also tended to drink more often than those reading Science courses. This pattern of alcohol consumption, resulting from the questionnaire data, was confirmed by the focus group and interview results. The focus group participants, though not alcohol drinkers themselves, said that many of their friends drank regularly at weekends, and sometimes quite heavily. The bartenders said that a young person would on average drink 8 to 10 units per sitting, which they said was a high amount of alcohol. Young people seemed to be drinking more as time went by, reflecting the fact that they afforded to spend money on entertainment, and had more
freedom. Beer was predominantly drunk by men. Women seemed to drink more spirits, although the difference was significant only in the 20 year old age group.

5.3.2 Drinking and Driving

Analyses of data indicated that as students grew older, a greater number seemed to drink more than 3 units of alcohol when driving. Moreover, a considerably greater number of participants said that they would drink more than 3 units, when not driving. Forty three percent said they did not know whether they would ride with a driver who had had more than 3 units, and there was no difference in the answers given by males and females.

The focus group participants seemed to think that there was a problem with drink driving. Nevertheless, one of the focus group participants and all the bartenders thought that the drinking limit depended on how much the particular person could drink without becoming drunk. Both qualitative studies strongly brought out the fact that the person should be responsible for the amount of alcohol consumed.

5.3.3 Alcohol Consumption and Free Time

The results of the questionnaire indicated that students who spent their free time at the bar, or at a football club, or who engaged in sports or dancing tended to drink frequently. In contrast, the participants of the focus group drank very little. The reason the focus group participants gave for this was that they preferred to spend their free time
relaxing together in a relatively quiet atmosphere, as opposed to the rowdy environment associated with drinking places. One participant added that spending their free time in this way might reflect their satisfaction with what they did during the week.

5.3.4 Peer Pressure

This factor was discussed in some detail during the focus group. Several participants said that the norms of the group socialised with, would or would not place, pressure on a person to drink alcohol. Some participants added that, one should, however, decide on one’s behaviour, that is, decide on a sensible drinking limit and keep to it. Another participant added that as one grew older peer pressure decreased, and thus should become easier for one to decide on one’s drinking behaviour.

5.3.5 Alcohol-Related Problems

Although the majority of questionnaire respondents said that in their experience alcohol did not cause any problems, there was a significant increase between the 18 and 21-year old age group, in the number of those who said that alcohol drinking resulted in problems at work. This answer was not associated with the students who held a part-time job. Of more significance, however, was the fact that females who had a part-time job drank significantly more often. This association was not present with their male counterparts.
The discussion during the focus group highlighted other alcohol-related problems such as, relationship problems and the drunk person becoming a burden to friends, the police and health services. The barwoman interviewed also said that when fights broke out in the pub, at least one of the persons involved would be drunk. Another barman indicated that alcohol drinking might become a bad habit, with all its negative consequences and agreed that its onset might be delayed by increasing the age limit for drinking from 16 to 18 years.

An interesting result the questionnaire yielded, was that respondents who knew persons who had died from alcohol-related problems drank as often as the respondents who knew no such persons.

Sixty nine point eight percent of the students who completed the questionnaire said there was a drinking problem among young people in Malta. Nevertheless, when the association between this question and those who binge drank was tested, this cohort indicated that there was no drinking problem among young people in Malta.

The comments of the focus group participants and the bartenders indicated that such a problem might in fact exist.

5.3.6 Preventive Interventions

In general, students said that the preventive interventions on the media, and from the educational and legal points of view were not satisfactory. Most participants of the focus
group felt the same and said that information should be more readily available on the media, whilst educational and legal measures should be stepped up. One participant said that the social-psychological reasons for drinking should be understood, and preventive actions taken at that level. One participant, however, disagreed and said that she felt bombarded by information whilst another said that he did not pay much attention to information about alcohol drinking since he rarely drank.

During the interviews, the bartenders were asked whether they would agree to server training programmes. The barwoman was quite enthusiastic about them. Another barman agreed to them and said they would be especially helpful for young bartenders. The other barman said that they would be effective only if supported by an increased enforcement of the laws for alcohol drinking.

5.4 Discussion of the Study

The results of this study will be discussed in this section. The interpretation of the findings and the relationship of the current study with prior research will be discussed first. This will be followed by the implications for practice which may be drawn from the results of this study. Finally the limitations of the study and some recommendations for further research will be mentioned.
5.4.1 Alcohol Consumption and Attitudes towards Alcohol Drinking in Young People

The findings of this study are consistent with other studies in which university students were found to drink alcohol frequently (Bennett et al., 1999; Brandizzi et al., 1999). In this study males consumed more alcohol than females, beer and spirits being the most popular beverages in this study. Beer appeared to be predominately drunk by male students. Spirits tended to be more popular with female students. Both these findings are consistent with other studies where similar results have been found (Smart & Walsh, 1999; Gruenewald et al., 1999).

The frequency of drinking, binge drinking, drunkenness and the perceived scale of drunkenness have been found to increase as students get older. This trend was found both in males and females, though males featured in greater numbers in these behaviours. Drink driving also increased with increasing age. The highest percentage of respondents who said that they thought they would be drinking alcohol at 30 years of age was in the 22 year old age group. This is a worrying trend since it may indicate that as students grow older, alcohol drinking starts becoming an integral aspect of their lifestyle. As Sulkunen (1998) described it, it becomes a “drinking culture”. Moreover, several studies have shown alcohol-related problem behaviour to be associated more with beer-only drinkers, the “beer culture”, and beer and spirits drinkers (Gruenewald et al., 1999; Smart & Walsh, 1999; Yu & Shacket, 1999). On the contrary, wine-only drinkers or wine and beer drinkers were less likely to drink heavily (Gruenewald et al., 1999; Smart & Walsh, 1999). Therefore, the population of young people in this study might be at a higher risk of heavy drinking and associated problem behaviours.
Contrary to the trend seen in the present study, other studies have found that the increase in alcohol drinking in young adulthood was followed by a decline in the mid-twenties. Bennett et al. (1999) found that this process of “maturing out” of problem drinking patterns might peak during middle young adulthood (21 to 28 years). These years possibly represent a critical period during which this transition may occur. Problem drinking persisting beyond this age may be less likely to remit and more likely to reflect a developmentally-persistent pattern. What does the absence of the trend to “mature out” of drinking in the 21 and 22 year old age groups in this study mean? Does the “maturing out” process start at an older age? This may be the case in this population since university students are usually still studying up to the age of 22 or 23 years. Since it is the adoption of adult roles such as work or marriage that may lead to the “maturing out” of problem drinking, this process may in fact be occurring at an older age period in this group of young people. This possibility points to an area for further future research.

5.4.2 Alcohol Consumption and its Consequences

The results of this study indicated that the students who drank frequently also smoked more than those students who were infrequent drinkers. Also, students in general appeared to spend more money on entertainment as they grew older.

Alcohol use and misuse have been found to be associated with other problem behaviours such as drink driving, driving with a drunk driver, sexual activity and daily smoking (Feldman et al, 1999; Bennett et al., 1999). Moreover, these alcohol-related
problems might lead to negative consequences that last well into adulthood (Bradizza et al, 1999).

The results of this study showed that drink driving increased as students grew older. This trend was especially noticeable in the 21 and 22 age groups (Yu & Shacket, 1999). This study showed a minimal difference in drink driving between male and female students which is in contrast with what Yu and Shacket (1999) found in their study, where males were twice as much more likely to engage in drink driving than females.

Forty six point two percent of respondents said they would drink more than 3 units when driving. This might mean that a considerable number of students might not be aware of what the recommended limits for drinking per day are. It might also reflect the attitude of some focus group participants and of the servers where they felt that recommended drinking limits should not be imposed. They said that the amount of alcohol that might be consumed depended on how much the person could tolerate.

Interestingly, the percentage of students who said they would drink more than 3 units when not driving was 78.8%. This was a considerable increase from the 46.2% who said would drink more than 3 units when driving. This result might indicate that university students in general tend to drink above the recommended limit of 3 units, when not driving.

As regards the related practice of riding with a drunk driver (RWDD), 43% of respondents said they did not know whether they would ride with a driver who had
consumed more than 3 units and 24.8% said they would so do. The rates of RWDD for males and females were very similar. These findings are consistent with the results of the study by Yu and Shacket (1999), who found that about a third of the participants reported riding with drunk drivers. This same study showed that there was only a minimal difference between males and females. These findings may indicate that a considerable number of young people may not be aware of the risks of riding with a drunk driver, or find themselves in situations where refusing to do so would place them in an awkward situation. These are only speculations which indicate the need for further research on this issue. Moreover, Yu and Shacket (1999) also showed that drink driving and RWDD are two different behaviours, and would each require interventions with a different approach.

Regarding other consequences of alcohol consumption respondents said that alcohol drinking might result in problems at work. There were no significant results for other alcohol-related problems such as family problems, relationship problems, MVA's and getting involved in fights. The wording of the question from which this result was obtained might however have led to the question being understood in a different manner than it had been meant to be comprehended. The question asked, “In your experience, do you think alcohol drinking may result in?” The respondents had to tick the options they thought were alcohol-related. The phrase “in your experience” might have led the respondents to tick any of the options only if they had experienced it personally. This limitation might have led to the present result.
A somewhat unexpected result was that female students holding a part-time job in fact drank significantly more than their counterparts who did not have a part-time job. Further in-depth studies may be considered in the future, to investigate whether this may be related to factors such as having more money to spend, drinking to cope with the added stress of having a job, or is related to the nature of the part-time job, such as waitressing or serving in bars.

Another result to note is that knowing someone who had died of alcohol-related problems did not influence the alcohol drinking pattern. This may reflect denial on the part of the drinker. Denial is found to be a characteristic particular to episodic drinkers, more than to any other type of drinker (Slater et al., 1999)

5.4.3 Factors Influencing Alcohol Consumption

Gender

The results pertaining to gender have been interpreted within the context of relevant findings.

Culture and sub-culture.

In Chapter 2, the fact that the “wine culture” in Malta and Gozo is an inherent part of the Maltese culture was mentioned. The results, however, indicated that the “wine culture” has not been passed down to the young people in this study. This may be considered a somewhat unfortunate fact, since studies have shown that wine drinkers
were not associated with heavy drinking and its related consequences, unlike beer and spirit drinkers (Nelson et al, 1999; Smart & Walsh, 1999).

This study showed no significant difference between the drinking patterns of students living in different regions of the Maltese Islands. The drinking patterns of the focus group participants might have indicated a sub-culture with different drinking behaviours. These behaviours might have resulted from beliefs and attitudes that are different from those of young people who drink heavily, and which in fact protect the focus group participants from alcohol-related problems. Further studies of different sub-cultures may indicate ways of creating alcohol misuse preventive programmes and low risk alcohol drinking environments (Johnson & Johnson, 1999).

**Family influences and peer pressure.**

The difference between the drinking patterns of students who live with family and the drinking patterns of those who live alone could not be established since less than 10 respondents lived on their own. There was also no association between drinking patterns and the employment type of the father and/or mother, which was taken as an indicator of the family background of the student. Two different parental models were briefly alluded to during the focus group. One participant said that he was introduced to alcohol as a child within the family context, where wine was drunk at meal times. Sometimes he was given some wine to taste by his grandfather. A study by Labouvie et al (1997) revealed that 65% of the participants had been introduced to alcohol in the context of a family setting. The other contrasting parental model was that of a small boy standing near his father and holding a bottle of beer during a football celebration.
Literature has shown that wine drunk at meals was not associated with heavy alcohol drinking and related problems, whilst beer drinking was strongly associated with heavy alcohol consumption and related behavioural problems (Nelson et al., 1999; Smart & Walsh, 1999). Moreover, studies repeatedly confirm that authoritative parenting style, which in itself is supportive and promotes prosaic behaviour and competency, protects children and young people from getting involved in heavy drinking and related behaviour. On the other hand an authoritarian parenting style results in lack of support and unclear rules of behaviour. Parents are powerful role models for their children, the family being the primary source for socialisation. Therefore, parents’ behaviour including alcohol drinking is likely to be imitated (Loveland-Cherry et al, 1999; Jaccard & Turrisi, 1999; Johnson & Johnson, 1999; McCubbin et al, 1999).

Peer-pressure as an influence of alcohol drinking was one of the outcomes of the focus group discussion. Most participants said that the pressure to drink alcohol depended very much on the norms of the group one socialises with. Although the focus group participants themselves seldom drank, the author felt that they were aware that the peer pressure in a group of young people who drank frequently could be quite strong at times. This fact is in great consistency with the literature. Several studies have shown that peer pressure is a very strong influence towards alcohol consumption (Hansen, 1994; Baer and Bray, 1999; Feldman et al., 1999).

It has also been shown that peer pressure would attenuate parental influence. This in fact has been found to involve a process of active rejection of the parents’ beliefs rather
than a passive movement away from them. This interaction between peer pressure and parental influence is a dynamic process, and both factors are dependent on each other. Parental influence on alcohol use is more likely to be a protective factor if the parents' relationship with the young persons is supportive and there is good communication between them. It also has a greater impact if the young person is not involved in a drinking conducive peer environment. (Baer & Bray, 1999; Gerrard et al., 1999).

Social learning theories assume that the reason for this strength of peer pressure is the emotional attachment to peers. Thus the behaviour within a social group will very likely be imitated (Feldman et al., 1999; Baer & Bray, 1999). This social modelling was clearly brought out in a meta-analytic review by Quigley and Collins (1999). In their study they found that the amount of alcohol consumed was affected by the behaviour of the persons in whose company the participant was drinking alcohol. Results indicated that a lack of interaction did not inhibit the modelling of alcohol intake. Nevertheless, the nature of the social interaction did influence the alcohol intake. A sociable "warm" model was more likely to produce a match on alcohol intake, whilst an unsociable "cold" model usually failed to show a match between the drinking behaviour of the model and the participant. In such a situation the participant either drank more alcohol as a means of coping with the situation or quickly left the situation thereby drinking less alcohol. Peer influence may, however, be a protective factor as well. Nelson et al. (1999) in their study found that young men who were at high risk for drink driving were more likely to make plans prior to drinking if accompanied by a wife, girlfriend or a close friend. There was a stronger association of this effect with a wife or girlfriend. Therefore although parental influence will inevitably decrease as the young person starts to socialise, a healthy up
bringing may in fact indirectly influence the young persons, through their choice of friends.

During the focus group discussion, one participant said that peer pressure tended to decrease as one grew older, so that one could decide more easily whether to drink or not. The latter comment may in fact be consistent with the “maturing out” process that Bennett et al (1999) and Labouvie et al, (1997) described.

5.4.4 Implications for Practice

From a public health perspective, the goal of an intervention should be to reach a large number of people with as brief an intervention as possible, that will be inexpensive and easy to implement, and that will be effective in changing behaviour (Jaccard & Turrisi, 1999). Some implications for practice which can be drawn from this study will be discussed in this section.

*Education and promotion of low risk drinking.*

Interventions administered from the education and promotion points of view, may be developed to target three main groups of persons; young people, parents or guardians, and bartenders.
Interventions with young people

The main purpose of this study was to explore the consumption of alcohol and the attitudes of young people towards alcohol drinking in order to be able to create 'positive' messages that promote low risk drinking as opposed to heavy drinking. It is a well known fact that 'negative' messages tend to be ignored (Bunton & Macdonald, 1992) particularly by episodic drinkers. One of the characteristics of episodic drinkers was shown to be denial that their drinking habits may be a threat to their own and other people's well-being (Slater et al., 1999).

Before an intervention programme can be developed, the target population together with its environment have to be studied. As Kurt Lewin says, "There is nothing so practical as a good theory" (Heaney, 1998, p. 564). The findings of the present study provide some information about alcohol drinking in undergraduate university students in Malta. Certain gaps in information, such as how many university students do in actual fact drive when drinking, may need to be researched further. The reader must keep in mind that these findings may not be generalisable to a different population of young people, such as unemployed persons of the same age group, or young people who started working after completing secondary level education. With any target group, the health promotion worker should assess behaviour against the social and behavioural science theories of causation of alcohol drinking, and with this background carry out a needs assessment of the situation (Bartholomew et al., 1998). This assessment should include a study of the assets of or resources available to the target population (Heaney, 1998). These processes will suggest the type of intervention methods required (Bartholomew et al., 1998).
In developing an intervention, a framework for intervention mapping, such as that suggested by Bartholomew et al., (1998), may be used.

Interventions directed at young people may include basic information on the short-term and long-term effects of alcohol on health. Information about the recommended limits for alcohol consumption in males and females, and the reasons why these limits are recommended, should also be given. It is true that the resulting blood alcohol concentration (BAC) after drinking alcohol depends on several factors, including age, gender, body weight and rate of metabolism (Friel et al., 1999; Jones, 1999; Lucey et al., 1999). It is, however, also true that it is better that the BAC is at or below the recommended limit, since the consequences of heavy drinking may be serious or even fatal. A special emphasis should be made on the seriousness of drink driving (Grube and Voas, 1996). The results of this study seem to indicate that young people might not be aware of the gravity of this practice. An encouraging finding by Gerrard et al (1999), was that prototypes of alcohol consumption could be modified by providing prevalence information on a specific risk behaviour.

Information may be passed on in different ways. It may take the form of written pamphlets which young persons may pick up in various public places such as banks or newspaper agents. It may take the form of short ‘clips’ on the television of radio, or may be available on videotape to be viewed at leisure (Seale, 1997; Simons-Morton et al., 1997). Lalonde et al.(1997) developed alcohol prevention novelas on television directed at Hispanic youth and their families. These novelas portrayed messages in favour of low risk drinking behaviour, against the cultural background of the hispanic community. The
results indicated that such television novelas might have had some positive impact on the attitudes and behavioural intentions of Hispanic young people regarding alcohol. A factor which proved invaluable in assuring the quality, and hence the effectiveness of the finished product, was community participation in the development of the novelas. This might have given a sense of "ownership", which is known to increase the effectiveness of health promoting interventions (Burton and Macdonald, 1992). Television is one tool, by which social learning theories (Quigley & Collins, 1999; Laurent et al., 1997) may be applied, by presenting role models which depict low risk drinking behaviour.

Television, videotapes and radio are an invaluable means of promotion when targeting a population with a high degree of illiteracy. Another way of promoting low risk drinking behaviour is by creating web pages on the Internet. This innovative means of communication is very popular with young people.

Another form of intervention to reduce alcohol consumption in young people may occur in a primary health care setting. This may occur during a visit to the General Practitioner (GP). A study by Senft et al. (1997) showed that a one-time intervention, lasting about 15 minutes, in a primary care setting, resulted in a reduction in total consumption and frequency of drinking at 6 months post-intervention and a persistent reduction of drinking frequency at 12 months. These interventions were carried out with moderate to heavy hazardous drinkers, who had been identified by a screening questionnaire. Other literature indicated the potential of such interventions at Primary Health Care level (Edwards, 1996; R. Richmond, 1996; Guidelines for Health Promotion,
Interventions with families

As has been alluded to several times during the discussion, certain family factors such as a supportive and an authoritative parenting style have been found to be protective to children and adolescents. These adolescents were involved in heavy alcohol drinking and its consequences to a lesser extent than adolescents whose parents were permissive or authoritarian (Costa et al., 1999; Loveland-Cherry et al., 1999; Spoth et al., 1999; Jaccard & Turrisi, 1999; Johnson & Johnson, 1999). Moreover, it was found that family-based preventive interventions helped parents to be able to deal better with the issue of alcohol use and misuse in their children (Jaccard & Turrisi, 1999; Loveland-Cherry et al., 1999; Spoth et al., 1999). Therefore, such preventive programmes directed at parents, or which are family based, may be one way of attempting to decrease alcohol misuse and alcohol-related behaviours in young people. It may be wise to start these prevention programmes when children are still at primary school. The reason is two-fold. First, the parents would understand the importance of not introducing alcohol to children in their childhood. This may not be all that significant, since there is strong evidence that starting at quite an early age, children possess negative beliefs about alcohol effects (Johnson & Johnson, 1999). The second reason for introducing such an intervention early is for the parents to have time to develop skills to deal with the issue of alcohol drinking, before the negative beliefs about alcohol effects start to change to more positive beliefs during adolescence (Johnson & Johnson, 1999). With family interventions too, an emphasis on prevention of drink driving should be made. (Jaccard
& Turrisi, 1999). These programmes may be organised in conjunction with schools or with local councils (Bartoli and Patussi, 1997). Sadly, studies have indicated that the families who did participate in these prevention programmes were often families who needed the programmes least (Jaccard & Turrisi, 1999; Spoth et al., 1999).

Interventions with servers (bartenders)

Several studies have shown that server training programmes were efficacious in decreasing the level of intoxication among customers and possibly decreased alcohol-related injuries (Dresser J., 1997; Buka & Birdthistle, 1999).

Based on knowledge from the literature, a server training-programme may consist of 5 or 6 one-hour sessions, during which servers are provided with knowledge and skills needed to prevent patrons becoming intoxicated, prevent service to underage persons, identify and cut off service to intoxicated patrons and help prevent injuries to these individuals. Training tools may include video tapes, group discussions, role playing, and a form of training manual.

The server-training programme in one of the studies referred to, was co-facilitated by a server and an alcohol treatment/prevention professional from the community, in order to provide a mix of server experience and expert knowledge of alcohol and its’ effects (Buka & Birdthistle, 1999; Jaccard & Turrisi, 1999). The study by Buka and Birdthistle (1999) also indicated the need for ‘booster’ training sessions every three to four years, in order to maintain the skills acquired during the initial training programme. It appeared that these training sessions were most effective with younger servers (20-44 years).
Servers with more than 15 years of experience did not show as high an increase in positive serving behaviour, possibly because they reported high levels prior to training (Buka & Birdthistle, 1999; Forster et al., 1995). There are other policies that may be included in interventions with servers and bar owners. Among these are, serving low alcohol as opposed to high alcohol beer, offering a free non-alcohol drink to intoxicated patrons and offering to call a taxi (Gruenewald et al., 1999; Turrisi et al., 1999). Another service that may be created as a formal service is a safe ride service, whereby intoxicated patrons can use this transport either of their own accord or through the establishment servers (Caudill et al., 1997; Dresser, 1997; Harding et al., 1997). This is one preventive action that may reduce drink driving and its consequences. The concern that this may result in heavier drinking need not be of concern as shown in a study by Harding et al (1997).

With all preventive interventions, that involve passing on information, one must be aware of the possibility of "information overload". In any circumstance where education is being carried out as a preventive intervention, the information that should be passed on should be only that which is necessary. Excessive information would only result in a decrease in the effectiveness of the intervention.

**Legislation and enforcement.**

Education about alcohol consumption and its effects and promotion of low risk drinking must take place concurrently with the enforcement of appropriate laws regarding alcohol drinking.
Drink driving is a serious and common consequence of alcohol misuse. The literature indicated that a reduction in alcohol consumption led to a decrease in alcohol-related MVA's (Smart & Mann, 1997; Nelson et al., 1999). These reductions in alcohol-involved accidents were also shown to be associated with an increase in various public health and legal interventions. (Nelson et al., 1999).

Results from the questionnaire, the focus group discussion and the bartender interviews in this study, all indicated a general feeling that greater enforcement of existing laws regarding alcohol drinking, or the modification or drawing up of new appropriate laws was indispensable to controlling alcohol consumption and its negative consequences.

Breathalyser testing was introduced in Malta in 1998 (P. Caruana, IT Services, Malta Police, personal communication, February 2000). The breathalyser used is a hand-held set which gives immediate readings of the alcohol concentration in the exhaled air. (Traffic Branch, Malta Police, personal communication, August 2000). Ideally the breathalyser test should be employed in random checks of drivers, especially in and close to areas where there is a high concentration of bars. This increased surveillance would also enable a greater enforcement of the laws concerning alcohol limits. In a study by Grube and Voas (1996), increasing perceptions of the likelihood of legal consequences, either through the media or through enhanced police visibility, appeared to be a necessary component of successful drinking under influence enforcement campaigns. Control of drink driving would also be more effective if administrative "per se" laws would be introduced. The police officer would, on finding a driver with a breath alcohol
concentration above the limit, be able to confiscate the licence without trial or court procedure (Hansen, 1994; Nelson et al., 1999). The above interventions would, of course, mean an increased burden, especially in terms of human resources, on the Traffic Control Police. Plans should be carefully made before the above measures are brought into force. If this increased burden is not taken into consideration, the interventions would not be sustainable in the long-term.

A relatively new approach for reducing drink driving is the use of a Victim Impact Panel (VIP) as an intervention with drink driving offenders. This approach calls for offenders to attend a session in which family members, friends or the victims themselves of alcohol-related MVA’s relate the tragic outcomes of the traffic crash. Attendance would be mandatory by a court order issued by the sentencing judge. If the offender fails to attend, this would amount to violation of the terms of the sentence and would be ordered to reappear before the judge. Research has indicated that VIP’s could be a cost-effective way of reducing drink driving and the related human misery (Fors & Rojek. 1999).

Another alcohol control intervention, would be the introduction of dram shop laws (Buka & Birdthistle, 1999; Hansen, 1994). These laws would place strict licensing and financial liability burdens on owners, managers and servers in alcohol-serving establishments, whose customers would subsequently be involved in alcohol-related accidents. The income from such fines could then be used to sustain enforcement measures related to alcohol consumption control. Initiatives for keeping the number of intoxicated patrons leaving the establishment to a minimum, could also be created. For
example, when traffic police breathalyse a driver and find the breath alcohol concentration level above the legal limit, the place-of last-drink is noted (Grunewald et al., 1999). This data is kept and analysed 6-monthly or yearly. The place or a number of places mentioned least as place-of-last-drink would have a percentage of a tax related to the establishment deducted. This is only an example of reinforcing “positive” behaviour of bar owners and servers. Thus, the legal aspect of alcohol consumption control would not be viewed only as the punishing hand of the law.

Raising the legal minimum drinking age is also a measure that has been proven to decrease alcohol consumption and related problems (Mosher, 1995; Wagenaar & Wolfson, 1994). The reverse effect was also seen in the United States of America (USA) in the early 1970’s when the legal minimum age was reduced from 21 years to 18 years (Mosher, 1995) Increasing the legal minimum drinking age in Malta from 16 to 18 years as in the United Kingdom or to 21 years as in U.S. should be seriously considered. Moreover, the present legal minimum age for drinking should be enforced to the highest level possible.

Inspite of the enforcement measures present to reduce excessive alcohol consumption and its consequences, it has been indicated that most of the fatally injured alcohol-impaired drivers have not been previously caught (Nelson et al., 1999). This emphasises the importance of laws enforcing alcohol consumption limits being applied in conjunction with other preventive measures mentioned in this section.
At this point the author feels it is timely to note that since the legal measures mentioned in this section are enforced by the police force, it is important that police officers be supported to carry out their work effectively. Training programmes on similar lines to the server training programmes could be devised for police involved in this kind of law enforcement. Moreover, the author dares to mention the fact, without making any implications, that excessive alcohol consumption may be a problem for some police officers (Richmond et al., 1999). If this is so, legal measures for alcohol consumption control may not be implemented so effectively, since a person who consumes alcohol excessively may not be fully convinced of the reasons for which alcohol limits should be strictly enforced.

**Alcohol advertisements.**

Lastly, the controversial issue of advertising alcoholic beverages must be mentioned. It is known that the alcohol industries actively target young people with their advertising promotions. Through such campaigns oriented towards this target population this industry creates an environment in which consumption of alcohol is acceptable and within some groups, even expected. Surveys have consistently shown that young people see and are influenced by beer advertisements (American Public Health Association, 1993; Mosher, 1995) Control over advertising and the type of advertising should be applied. Furthermore low risk alcohol drinking should be emphasised upon much more.
Alternatives to free time spent drinking.

As one participant during the focus group discussion said, alcohol drinking might be the result of ‘idleness’, of having nothing better to do. As another participant pointed out, excessive alcohol drinking in young people might reflect dissatisfaction or frustration with their lifestyle. Future studies may focus on what makes young people feel fulfilled or not. The results may point to reasons which may be a cause of excessive alcohol consumption in this population.

Our society, particularly families and people who are close to young people should pass on values such as respect for others and appreciation of simple things, which make life more fulfilling. Alternative ways of spending free time other than drinking should also be encouraged. These would include taking up a particular hobby. Voluntary work with some organisation, especially if it involves helping people, would apart from giving a personal satisfaction, also develop altruistic traits. These could offer some protection from excessive alcohol drinking, since the latter practice does to a certain extent reflect a self-centred attitude (Houghton 1997).

The above discussion clearly indicates that the issue of excessive alcohol drinking in young people can be tackled effectively by approaching its many “faces” simultaneously. Thus, in drawing up alcohol control policies, the many aspects of this issue must be considered and brought together (Aldred, 1997). Moreover, the dynamic system which comprises young people’s drinking should be based on measures of proven efficacy (Richmond, 1996; Holder, 1997; Sulkunen, 1998). To ensure the success of a policy,
one must involve the people it is going to affect during its drawing up and its implementation. This enables "ownership" of the intervention by the target population and its immediate society.

5.5 Limitations of the Study

The limitations of the study are noted to indicate how the results of the study may have been affected by them and to be aware of such limitations in future studies.

One of the limitations of this study is that the findings are not generalisable to a different group of young people, for example factory workers. Another limitation is that some of the questions may not have been understood as they had been intended to, despite carrying out the pilot study. Other information, especially about family background and the social background would have also been desirable. It was however decided to limit the questions to 30 in number in order to optimise the response. Further analyses could have been carried out with the data obtained, but for practical reasons these were limited to the analyses presented in this study.

Another limitation of the study was that the focus group was not held in a pub. The environment of a pub might have elicited different responses from the participants during the discussion.
5.6 Recommendations for Further Research

The following are some recommendations for further research.

It would be interesting to study consumption patterns of alcohol and attitudes towards alcohol drinking in other populations of young people. Some examples of such target groups have already been given. Other examples would be young people whose father and mother have or have had alcohol problems. The findings may indicate protective or risk factors for problem drinking (Black & Coster, 1996).

Further studies with bartenders are encouraged. The author’s experience, though only a small one was more positive than expected. Such a study might provide the groundwork for the development of server training programmes.

Slater et al. (1999) and Nelson et al. (1999), have shown heavy drinkers to constitute two main groups; episodic drinkers and regular heavy drinkers. Episodic drinkers have been found to have an increased personal risk and are high on the sensation seeking score, whilst regular heavy drinkers are low on both scores. It would be interesting to study whether binge drinkers belong to any of these groups or occur fairly equally in both cohorts. The results of the study might also indicate how hazardous binge drinkers are to themselves and to others.

As already mentioned during the discussion section, the “maturing out” process that Bennett et al. (1999) and Labouvie et al. (1997) described, does not appear to start
occurring in the 21 and the 22 year old students in this study. Further research may explore whether this process takes place at an older age period, and whether this age period varies in young people in different populations. The influences of the family and of peer pressure on alcohol drinking within the Maltese society is another area where further research may be carried out. Age of initiation of alcohol drinking as predictor of alcohol use and misuse among Maltese and Gozitan young people could also be explored (Labouvie et al., 1997; Mallia, 1998).

The last recommendation for further research would be studying alcohol drinking behaviour in young people from the social-psychological perspective. This perspective could also be used to understand the extent of the effect of applying behavioural theories in implementing preventive and intervention programmes addressing excessive alcohol drinking and related behaviours (Nye et al., 1999).

**5.7 Conclusion**

This study has sought to look at alcohol drinking through the eyes of a group of young people. It is hoped that the findings will prove useful in creating positive messages to encourage young people to adopt low risk drinking practices. This study has also revealed how complex the issue of alcohol drinking in young people is, and brings out clearly the fact that it is not only up to the Public Health sector or the Police Force to tackle it. It is a problem that must be dealt with by the different components and processes that constitute a society that is alive and ever-changing. Only when this concept is grasped and the “ownership” of the issue of alcohol drinking assumed, will all
the good will and efforts start to become fruitful. The most important thing of all however is, that in drawing up policies, implementing programmes and seeking to maintain an established social order, it must not be forgotten that one is dealing with human beings. All the efforts will probably prove fruitless unless it is ensured that these efforts too, are humane.
References


Appendix A

Material used in
The Questionnaire
The Questionnaire

Please mark the box/es near the answer/s you choose, by placing a tick as indicated ✓.
Wherever a personal note/remark is asked for, please use the blank space near the question. (Y - "Yes"  N - "No").

1. Age: _____ years. 2. Gender: M □ F □

3. Name of Town/village you live in: ______________________________

4. Which course are you following at University?

__________________________________________________________

5. Do you have a part-time job? Y □ N □
   If you do, please describe what you do?

__________________________________________________________

6. Do you live with:
   1. your family? □
   2. friends? □
   3. on your own? □
   4. other? ________________________________

7. Is your father employed? Y □ N □, or is he retired? □
   If he is employed, please describe his job? ________________________________

8. Is your mother gainfully employed? Y □ N □
   If she is, please describe her job? ________________________________

9. How do you spend your free time?:
   1. go to bar/pub □
   2. go to football club □
   3. sports □ Which sport? ________________________________
   4. watch TV/videos □
   5. spend time on computer □
   6. read □
   7. listen to music □/. play a musical instrument □
   8. go to disco/dancing place □
   9. go to band club □
   10. just rest □
   11. other ________________________________

10. Do you smoke? Y □ N □. If "yes" how many a day? _______ cigarettes
    _______ cigars
    pipe _______ times
11. How much do you spend on entertainment every week? _____ Malta liri. (approx.)

12. On how many occasions (if any) have you had any alcoholic beverage to drink? (Tick one box for each line)

No. of occasions

<table>
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<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-39</th>
<th>40 or more</th>
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<tr>
<td>a) In your lifetime</td>
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<td>☐</td>
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<tr>
<td>b) During the last 12 months</td>
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<td>☐</td>
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<td>☐</td>
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<tr>
<td>c) During the last 30 days</td>
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13. Do you think you will be drinking alcohol when you are thirty? Y ☐ N ☐ Don't know ☐

14. Think back over the last 30 days. On how many occasions (if any) have you had any of the following to drink? (Tick one box for each line).

No. of occasions

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-39</th>
<th>40 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Beer (do not include low alcohol beer)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) Wine</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>c) Spirits (whisky, cognac etc.). also include spirits mixed with soft drinks)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
</tbody>
</table>

15. The last time you had an alcoholic drink, did you drink any beer? (Do not include low alcohol beer).

1. I never drink beer ☐
2. I did not drink beer on my last drinking occasion ☐
3. Less than a regular bottle or can (<50cl) ☐
4. 1-2 regular bottles or cans (50 - 100 cl) ☐
5. 3-4 regular bottles or cans (101 - 200 cl) ☐
6. 5 or more regular bottles or cans (> 200 cl) ☐

16. The last time you had an alcoholic drink, did you drink any alcopop (e.g. Hooch)?

1. I never drink alcopops ☐
2. I did not drink alcopops on my last drinking occasion ☐
3. Less than a regular bottle or can ( <50 cl) ☐
4. 1-2 regular bottles or cans (50- 100 cl) ☐
5. 3-4 regular bottles or cans (101-200 cl) ☐
6. 5 or more regular bottles or cans (> 200 cl) ☐
17. The last time you had an alcoholic drink, did you drink any wine? (include also wine mixed with other beverages).

1. I never drink wine □
2. I did not drink wine on my last drinking occasion □
3. Less than a glass ( <10 cl) □
4. 1-2 glasses (10-20 cl) □
5. Half a bottle (37 cl) □
6. A bottle or more (> 75 cl) □

18. The last time you had an alcoholic drink, did you drink any spirits? (include also spirits mixed with other beverages).

1. I never drink spirits □
2. I did not drink spirits on my last drinking occasion □
3. Less than a drink (<5 cl) □
4. 1-2 drinks (5-10 cl) □
5. 3-4 drinks (11-25 cl) □
6. 6 drinks or more (>30 cl) □

19a. Think of the last day on which you drank alcohol. Where were you when you drank? (Tick all that apply)

1. I never drink alcohol □
2. At home □
3. At someone else's home □
4. Out on the street, in a park, beach or other open area □
5. At a bar or a pub □
6. In a disco □
7. In a restaurant □
8. Other places (please describe) ____________________________

19b. If you have marked "bar/pub/disco/ or restaurant" please mention the name and locality. Name: ____________________________ Locality: ____________________________
(This information is required for a different form of study included in the project.)

20. Think back over the last 30 days. How many times (if any) have you had 5 or more drinks in a row? (A "drink" is a glass of wine (ca 15 cl), a bottle or can of beer (ca 50 cl), a shot of spirits (ca 5 cl) or a mixed drink.)

1. None □
2. 1 □
3. 2 □
4. 3-5 □
5. 6-9 □
6. 10 or more times □
21. Do you ever drink on your own? Y □ N □
   If "yes", why? _______________________________________________________

22. On how many occasions (if any) have you been drunk from drinking alcoholic beverages? (Tick one box for each line)

<table>
<thead>
<tr>
<th>No. of occasions</th>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-39</th>
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<tr>
<td>a) In your lifetime</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b) During the last 12 months</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c) During the last 30 days</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</tbody>
</table>

23. Please indicate by marking on this scale from 1 to 10, how drunk you would say you were the last time you were drunk.

   Somewhat       Heavily intoxicated to the point
   happy only     of being unable to stand on my feet.

   ↓ 01 □ 02 □ 03 □ 04 □ 05 □ 06 □ 07 □ 08 □ 09 □ 10 □ 11 □ - I have never been drunk.

24. How many drinks do you usually need to get drunk? (A "drink" is a glass of wine (ca 15 cl), a bottle or can of beer (ca 50 cl), a shot glass of spirits (ca 5 cl) or a mixed drink).

1. I never drink alcohol □
2. I have never been drunk □
3. 1-2 drinks □
4. 3-4 drinks □
5. 5-6 drinks □
6. 7-8 drinks □
7. 9-10 drinks □
8. 11-12 drinks □
9. 13 drinks or more □

25. In your experience, does alcohol drinking result in: (Tick all that apply.)

1. more fun? □
2. problems at work? □
3. family problems? □
4. problems with other relationships? □
5. health problems? □
6. problems with driving e.g. traffic accidents? □
7. getting involved in fights? □
8. other? ____________________________________________________________
26. Do you know anyone in your family or group of friends who died because of alcohol-related problems? Y □ N □ If you do, was s/he:
   1. involved in an accident with someone drunk and driving? □
   2. was drunk and driving himself/herself? □
   3. died of health problems caused by alcohol? □
   4. other? ________________________________________________

27. What do you think is the safe drinking limit, in number of drinks, for drinking in one evening, in total?
   a) if you ARE driving: a bottle/can of beer (ca 50cl) ____ +
      glass of wine (ca 15 cl) ____ +
      shot of spirits (ca 5cl) ____ +
      mixed drink ____ +
      Total = _______
   b) if you are NOT driving: a bottle/can of beer (ca 50cl) ____ +
      glass of wine (ca 15 cl) ____ +
      shot of spirits (ca 5cl) ____ +
      mixed drink ____ +
      Total = _______
   c) Would you ride with a driver who has had more than 3 drinks? Y □ N □ Don’t know □

28. Is there a drinking problem among young people in Malta? Y □ N □ Don’t know □

29. If you think there is a problem, what needs to be done?
   1. more education on the media? □
   2. stricter laws? □
   3. increased breathalyser testing? □
   4. heavier fines? □
   5. higher alcohol prices? □
   6. other? ________________________________________________

30. Is there anything in particular that you do not like in the way alcohol drinking is approached in Malta?
   1. on the media? ___________________________________________
   2. from the education point of view? ___________________________
   3. legally? ________________________________________________
   4. other? ________________________________________________

Please write down any suggestions which could help promote safe drinking.

__________________________________________________________________________________________

__________________________________________________________________________________________

Thank you again.
A2 Sample of the Letter
attached to the questionnaire in the Pilot Study

The following is a questionnaire which will be used as part of a project required for the Master's degree in Public Health which I am currently following. I would very much appreciate if you would take part in this Pilot study and go through the questionnaire. You may write any comments near the relevant questions and then kindly answer the questions below.

I thank you in advance for your time.

Marvic Sammut M.D.

1. Are the directions to answer the questions clear?

2. Are the questions well understood?

3. Is the order of the questions appropriate?

4. Are the objectives of the study clearly explained?

Please write down any further suggestions or comments you may wish to give.

Thank you again
"The Nook"
Main Street,
Mosta, MST 08.
1st February 2000

Dear

I am a medical doctor reading for a Master's degree in Public Health. The project which I have to submit as part of this course, will involve exploring the perspective of University students aged 18 to 22 years, towards alcohol drinking.

The attached questionnaire will be used as part of the study. The results of this study will help agencies involved in the prevention and treatment of alcohol misuse, create "positive" messages towards the promotion of "safe drinking".

You have been chosen by random selection from the list of persons aged 18 to 22 years, enrolled in each undergraduate course offered by the University of Malta. The selection has been carried out by University staff, after permission was granted by the University Registrar. This questionnaire is anonymous so please KEEP THIS LETTER and return only the completed questionnaire in the self-addressed envelope provided. PLEASE DO NOT write your name anywhere on the questionnaire or the envelope.

I would be grateful if you could send back this questionnaire by the 12th February 2000, since I will need to start analysing the data as soon as possible.

However, if you cannot send it in by this date, please DO return it later. The information may still be used in this study.

I thank you in advance for taking time to answer this questionnaire. I am sure your contribution will help towards the efforts already being made to make drinking alcohol safer and more enjoyable to yourself and others.

Lastly, should you be interested to know the outcome of this study, you may write to me from November 2000 onwards and I will be only glad to forward you a summary of the results.

Yours Sincerely

Dr. Marvic Sammut M. D.
Dear

This is just a short note to thank you, if you have already sent back the questionnaire dated 1st February, regarding the perspectives of University students, towards alcohol drinking. I appreciate it immensely.

If you have not yet returned the above mentioned questionnaire, would you kindly do so as soon as possible, preferably before the 29th February.

I thank you for your time.

Yours Sincerely,

Dr. Marvic Sammut M.D.
A5 Lists of Towns and Villages constituting the six regions used to arbitrarily divide the Maltese Islands for census survey purposes.

**Inner Harbour region**

Vittoriosa, Cospicua, Senglea, Floriana, Gzira, Hamrun, Kalkara, Marsa, Msida, Paola, Pieta', Gwardamangia, Santa Lucia, Sliema, Ta' Xbiex, Valletta.

**Outer Harbour region**

Birkirkara, Fgura, Luqa, Pembroke, Qormi, St. Julians, San Gwann, Santa Venera, Swieqi, Tarxien, Xghajra, Zabbar, Part of Marsascala.

**South Eastern region**

Birzebbuga, Ghaxaq, Gudja, Kirkop, Marsascala, Marsaxlokk, Mqabba, Qrendi, Safi, Zejtun, Zurrieq.

**Western region**

Attard, Balzan, Dingli, Iklin, Lija, Mdina, Rabat, Siggiewi, Zebug.

**Northern region**

Gharghur, Mellieha, Mgarr, Mosta, Naxxar, St. Paul's Bay.

**Gozo**
Further explanation of the answers to question 30, as indicated in Figures 21, 22 and 23.

Figure 21. Dislike of approach to alcohol by Media

**Missing** - Respondents who did not answer this category in question 30.

**Enough** - Respondents who said that there was enough coverage regarding alcohol drinking on the media.

**More coverage needed** - Respondents who said that there should be more coverage on the media about alcohol drinking.

**Wrong timing** - Respondents who said that the coverage was transmitted at inappropriate times and thus was not reaching the appropriate audience e.g. during children's programmes.

**Poor quality of ads** - Respondents who said that advertisements encouraging low risk drinking were of poor quality.

Figure 22. Dislike of approach from Educational perspective

**Missing** - Respondents who did not answer this category in question 30.

**Enough** - Respondents who said that there was enough education about alcohol drinking.

**Not enough** - Respondents who said that there was not enough education about alcohol drinking.

Figure 23. Dislike of Legal approach

**Missing** - Respondents who did not answer this category in question 30.

**Enough** - Respondents who said that enough efforts were being made from the legal point of view, to enforce low risk drinking.

**Limited support** - Respondents who said that the legal support to enforce low risk drinking was still limited.
Appendix B

Material used in
The Focus Group
**FOCUS GROUP**

1. Fil-grupp tieghek, kemm tahseb li tixorbu. Ghaliex?

2. Thoss li shabek jaghmlu xi "pressure" direttament jew indirettament fuqek biex tixrob? Fejn? (meta tohrog; f"party", id-dar)

Thoss li hemm xi hadd iehor, jew xi haga ohra li taghmel "pressure" fuqek biex tixrob? Fejn?

3. Qatt gralek xi haga minhabba li kont xrobt? Jekk iva, xi gralek? Kemm kont xrobt?

4. Rigward il-kampanji fuq ix-xorb u is-sewqan? Kemm tahseb li din il-problema hi rejali?

5. Fl-opinjoni tieghek x'inhu l-ammont li hu "safe" li tixrob? jekk tkun ser issuq; jekk ma tkunx ser issuq.

6. X'tahseb li ghandu jsir?

7. Tahseb li ghandu jsir xi haga fil-"bars/ pubs"?
1. How much would you say that you and your friends drink? Why?

2. Do you feel pressurised by your peers to drink? Where? (when you go out; at parties; at home).

Do you feel pressurised by someone else or something else to drink? Where?

3. Has something ever happened to you after drinking? If yes, what happened? How much had you drank?

4. As regards campaigns about drinking and driving? How real a problem do you think is this?

5. In your opinion, what amount of alcohol would be "safe" to drink? if you are driving; if you are not driving?

6. What do you think should be done?

7. Do you think anything should be done in bars/ pubs?
Appendix C

Material used in The Interviews
C1 Sample of Contact Letter sent to Managers

c/o Medical School,
University of Malta,
G'Mangia.

14th June 2000

"The Alley",
Wilga Street,
St. Julians.

Dear Sir,

I am a medical doctor, currently reading a Master's course in Public Health. I am conducting research on the attitudes of young people towards alcohol drinking. In a questionnaire I sent to 500 young people, your establishment was among the three most popular public places mentioned when asked where they had been the last time they drank alcohol.

I would like to meet one of your barmen at your establishment, for a short interview (about half an hour), so that I will have an idea of the way alcohol drinking in young people is seen "from the other side of the counter". I will be contacting you in the coming days to see whether you agree to this, and if so to agree when this meeting can take place.

I thank you in advance for taking time to read this letter.

Yours sincerely,

Dr. Marvic Sammut M.D.
15th June 2000

To whom it may concern,

This is to confirm that Dr. Marvic Sammut is currently reading a Master's course in Public Health at the University of Malta. The topic of Dr. Sammut's dissertation is "Attitudes of Young People towards Alcohol Drinking".

Yours Sincerely,

[Signature]

Dr. A. Amato Gauci
M.Sc. Public Health Co-ordinator
1. Kemm ilek tahdem bhala barman?

2. X'inha l-impressjoni tieghek ta' kemm jixorbu iz-zghazagh? Jidhirlek li jixorbu hafna/ftit? Xi trid tfisser meta tghid hafna/ ftit?

3. Tahseb li aktar ma jghaddi zmien iz-zghazagh qieghdin jixorbu aktar?

4. X'tahseb kieku l-'age limit' tax-xorb kellu jitla' minn 16 'il-sena ghall- 18 'il-sena jew 21 sena? (UK - 18 years; USA fxi States 21 years).

Liema tahseb li jkun l-ahjar "age limit"?

Kieku kellha tigi infurzata l-'age identification", inti kif thossok?

5. X'tahseb kieku kellhom jigu organizzati "courses" qosra ( ta' xi 6 sighat) fuq kif taghraf zaghzagh li jkunu taht l-'age limit" biex jixorbu, kif tikkontrolla kemm klijent jixrob, specjalment jekk ikun diga' fis-sakra? (Barra minn Malta dawn generalment jigu irrepetuti kull 3 snin - bhal "refresher course" ).

6. X'tahseb kieku kellha issir kampanja ma' numru ta' bars centrali, biex nedukaw fuq l-effetti tax-xorb waqt is-sewqan.? iva/ le. Ghaliex?
C 3.1 Interview Guide of Barmen Interviews
- English Version

BARMEN INTERVIEWS

1. How many years have you been working as a barman?

2. What is your impression of the amounts of alcohol young people drink? Do you think that they drink a lot/ a little? What do you mean by "a lot/ a little".

3. Do you think that as time goes by, young people are drinking more?

4. How would you feel if the age limit for drinking were to be changed from 16 years to 18 or 21 years? (UK - 18 years; USA in some States 21 years).

Which do you think would be the best age limit?

How would you feel if "age identification" in bars had to be enforced legally?

5. What do you think if one were to organise short courses (6 hours), about how to recognise underage drinkers and how to control alcohol consumption especially if the client is already drunk? (In countries where these courses are organised, they are usually repeated as refresher courses every 3 years).

6. How would you feel if an educational campaign about the effects of drinking and driving had to be organised with a number of central bars? yes/ no. Why?