

# Understanding young people's alcohol-related social norms in Sefton – Interim Report

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## Introduction

Alcohol abuse by British children has been identified as a public health concern (Phillips-Howard et al., 2008; BMA, 2008; Toumbourou et al., 2007). Nationally, nearly a quarter of 11 year olds have drunk alcohol and by 15 years, drinking is common (Fuller, 2007). However, levels of alcohol consumption vary across the country as do associated levels of harm. In the North West of England, a study of more than 9,000 15-16 year olds showed that one third binge drink (drinking five or more drinks per session) weekly and those doing so are five times more likely to experience violence and injury (Hughes et al., 2008). Sefton has been identified as having high levels of hospital admission for alcohol specific conditions amongst those under 18 years of age (NWPFO, 2008).

Concerns about childhood harm from drinking alcohol focus principally on acute effects such as violence, injury, and sexual abuse (Hughes et al., 2008; Miller et al., 2007). Statistics show that long-term harm now also threatens younger age groups consequent to binge drinking from an early age: alcohol-related liver disease mortality rates have increased dramatically in 25-35 year olds in England in recent years (Thomson et al., 2008). Further, underage alcohol use can impair intellectual development, affect school attendance and performance (Phillips-Howard et al., 2008; BMA, 2008; Toumbourou et al., 2007) and the earlier children start to drink the greater the likelihood of dependence: drinking by age 12 is associated with alcohol abuse in late adolescence (Gruber et al., 1996), and binge drinking before age 15 is associated with a fourfold higher risk of dependence in adult life (Bonomo et al., 2004).

In America, campaigns aiming to tackle social norms have been identified as a way of reducing alcohol consumption amongst college students (Neighbors et al., 2007) and it may be possible to extend this to school pupils in the UK. In order to understand local social norms amongst teenagers and to effectively target a social norms campaign, Sefton Primary Care Trust (PCT) commissioned the Centre for Public Health at Liverpool John Moores University to investigate prevailing attitudes and norms in local schools via an online survey. The results of this are discussed below. A follow-up survey will be used to evaluate the impact of the campaign, with the final report expected to be published in September 2009.

## Methodology

Researchers designed an online questionnaire, for pupils, to investigate levels of alcohol consumption and their perceptions of the actions of those around them. Ethical approval for the study was received from Liverpool John Moores University's ethics committee. Letters were sent out to the parents of the children involved to inform them about the nature of the intended campaign and the surrounding evaluation. Parents who preferred their children not to be involved were therefore able to remove their children from the survey. One school however, asked to adopt an 'opt in' approach whereby parents were asked to provide written consent for their children to participate. Teachers administered the questionnaire to year 10 classes during normal lesson time. Six schools (including one control school, which will not receive the planned intervention) agreed to participate. In total, two schools ran the survey, generating an overall sample population of 151 participants. Teachers from the remaining schools are scheduled to complete the survey with pupils after the Easter break. Two participants were removed from the analysis as they had provided invalid responses to many of the questions, resulting in a final interim sample size of 149.

## Overview of Key Findings

Analysis focused on levels of individual consumption compared with perceived consumption of peers and family, attitudes surrounding alcohol and motivations for consumption (as well as non-consumption). This identified areas on which the social norms campaign can build. (Data from the control school will be isolated in the follow-up survey to test whether changes are likely to be due to the intervention rather than general trends).

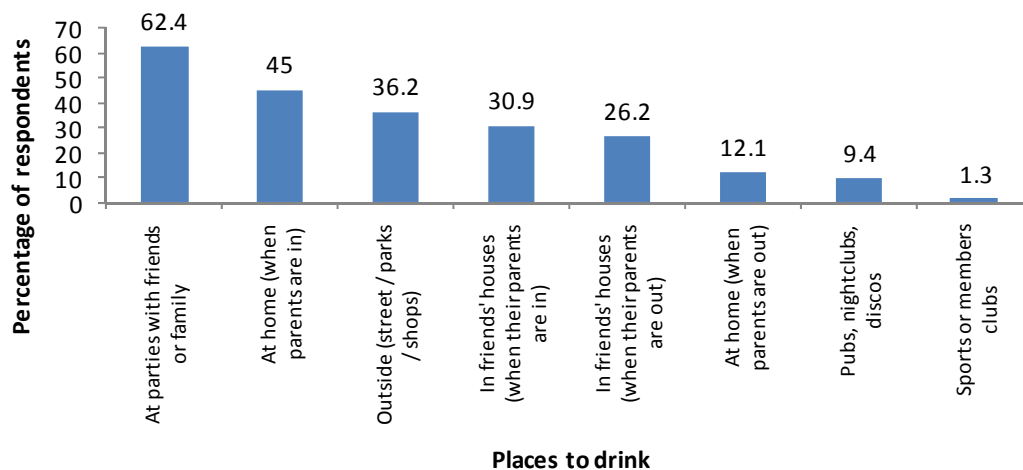
### Sample characteristics

Respondents were between 14 and 16 years of age, nearly two thirds of whom were female (62.9%). Because of the small numbers involved, it is not possible to provide a breakdown of the schools or ethnicity.

### Drinking behaviour

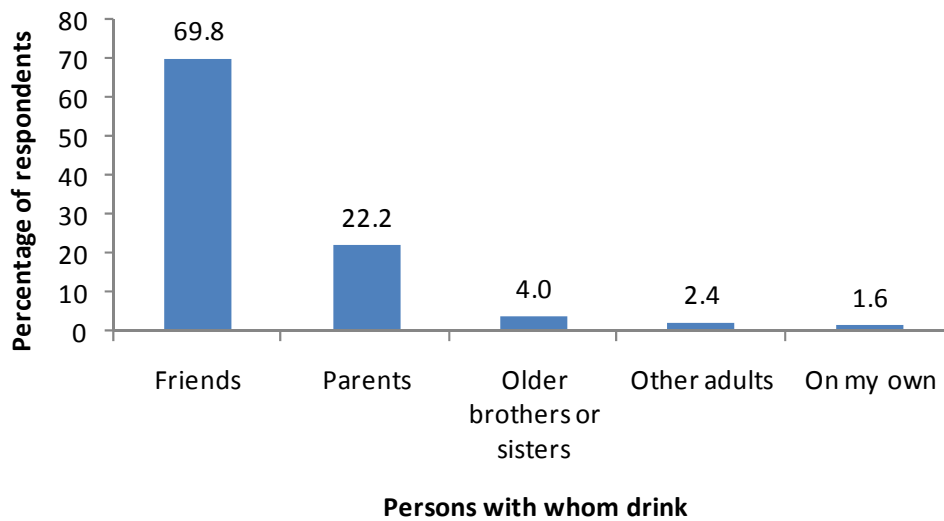
The majority (91.3%) of respondents had drunk alcohol – a whole drink rather than just a sip. The mean age of respondents' first drink was 11.68 (range: 2-15). Figure 1 shows that the three most popular places in which pupils drink are at parties, at home with parents and outside on the street, in parks or by shops.

Figure 1 Where pupils that reported drinking mainly drank alcohol



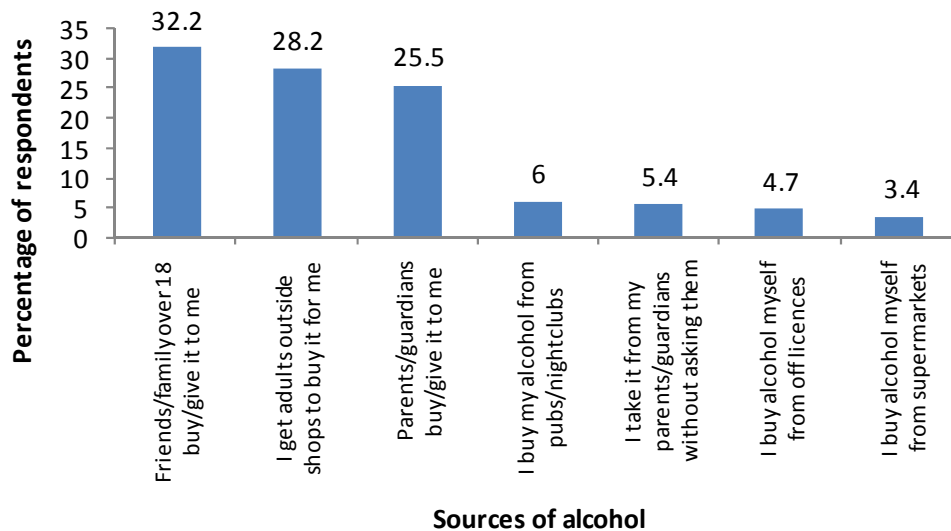
Of those pupils that drank alcohol, most reported drinking with their friends (69.8%), followed by nearly a quarter (22.2%) that drank mostly with their parents. Few pupils reported drinking alcohol on their own, with other adults or with older siblings (see Figure 2).

Figure 2 Who pupils that reported drinking mainly drank alcohol with



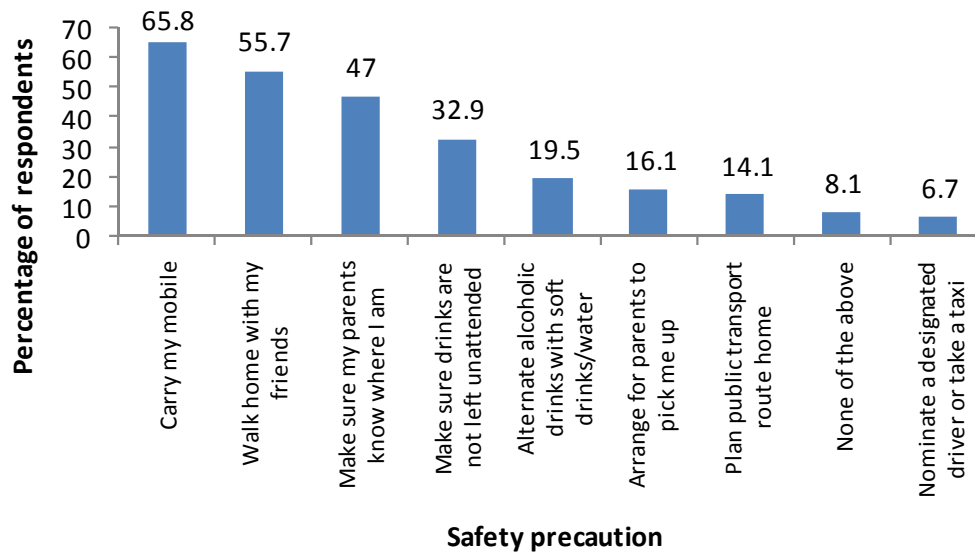
Those that drank mostly obtained their alcohol from friends or family members over 18 (32.2%) or asked adults outside shops to buy it for them (28.2%). The other common source of alcohol was parents (25.5%; see Figure 3).

Figure 3 Where pupils who drank got alcohol from



The most common safety precautions adopted by pupils when drinking with their friends was to carry a mobile phone (65.8%), walk home with friends (55.7%) and to make sure their parents knew of their whereabouts (47%). Worryingly, 8.1% of pupils reported taking no precautions at all (see Figure 4). However, this represents only 12 people, and so caution must be applied when interpreting such small figures.

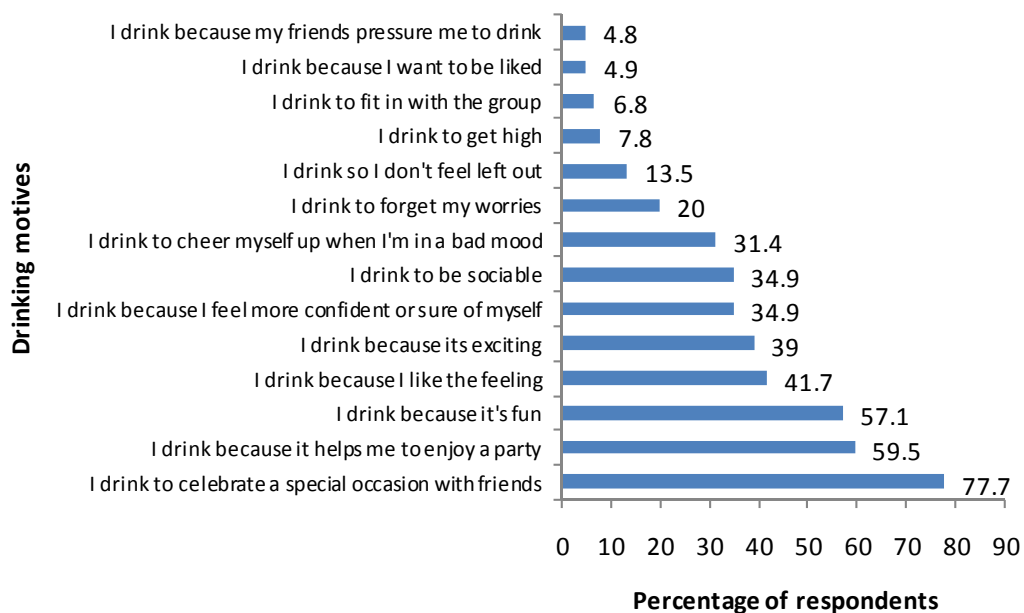
Figure 4 Safety precautions taken by pupils who drank when out drinking alcohol with friends



### ***Drinking motivations***

The main reasons reported by pupils for drinking alcohol were to engage socially (to celebrate with friends and family - 77.7%, to enjoy parties - 59.5%) and for fun (57.1%; see Figure 5). Of concern, a fifth reported drinking to forget worries and nearly a third drink to cheer themselves up. Peer pressure did not appear to be one of the main reasons for drinking alcohol, rather motives centred around pleasure and a sense of enhanced social interaction. There were too few abstainers to analyse the breakdown of reasons for not drinking alcohol in this report.

Figure 5 Main reasons given for drinking alcohol by those who reported drinking



## ***Perceptions of own, peer and adult drinking***

Once extreme outliers had been removed[1], self-reports suggest that the median number of drinks for pupils in a typical week was two. For pupils' estimates of their best friend's drinking this rose to 2.5 and for estimates of their peers' drinking it rose further to five drinks per week. This pattern was confirmed when considering the mean number of drinks consumed which was 3.47 for own consumption (Std. Deviation 7.684; range 0-50, N=108) compared with 4.41 for their best friend (Std. Dev=5.521) and 8.56 for their peers (Std. Dev=10.260). To investigate the potential significance of this relationship further, Wilcoxon's signed rank test was used. This showed that young people significantly overestimated consumption of alcohol by both their best friend ( $p < 0.001$ ) and peers ( $p < 0.001$ ; see Table 1 below) in comparison with their actual consumption.

Table 1 Descriptive statistics on average drinks consumed by best friends and average students

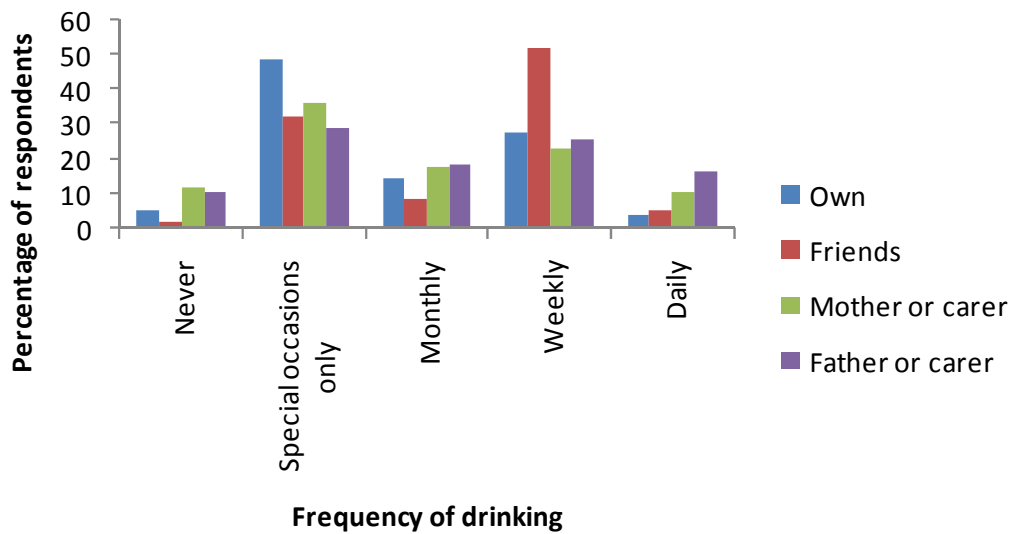
	Minimum	Maximum	Mean	Std. Deviation
How many alcoholic drinks do you think are consumed by the average student in your class during a typical week?	0	50	8.56	10.260
How many alcoholic drinks do you think are consumed by your closest/best friend during a typical week?	0	30	4.41	5.521

When asked about frequency of consumption, pupils most commonly reported that they drank alcohol only on special occasions (48.6%) whilst they perceived their peers to be drinking much more frequently (the most common answer provided was weekly - 51.9%; see Figure 6). Few believed their friends and peers to be abstainers (1.9%) despite a higher level of self-reports of such in the population (5.5%). Parents or carers' drinking was more evenly spread across the different frequency categories with fathers (or male carers) perceived as drinking alcohol more frequently than mothers or female carers (see Figure 7).

A similar pattern can be seen for drinking five or more alcoholic drinks on one occasion: few thought their friends never drank five or more drinks (1.9%), despite a higher proportion of pupils disclosing that they did not do so (5.5%). Whilst 16.8% of pupils said they never drank five or more drinks on one occasion, pupils only estimated that 9.3% of their friends never did so either. However, it is possible that their friends are not all from the same school so direct comparisons to the population proportion must be treated with caution. Furthermore, they believed their friends to be drinking five or more drinks more frequently than the population report themselves; 17.8% said they would do so weekly whilst estimates about their friends doing so weekly rose to 34.6%. Once more fathers or male carers were perceived as drinking five or more drinks in one session more frequently than female carers or mothers (see Figure 7). However, this kind of consumption (drinking five or more drinks) was generally seen as predominantly reserved by all groups for special occasions (see Figure 7).

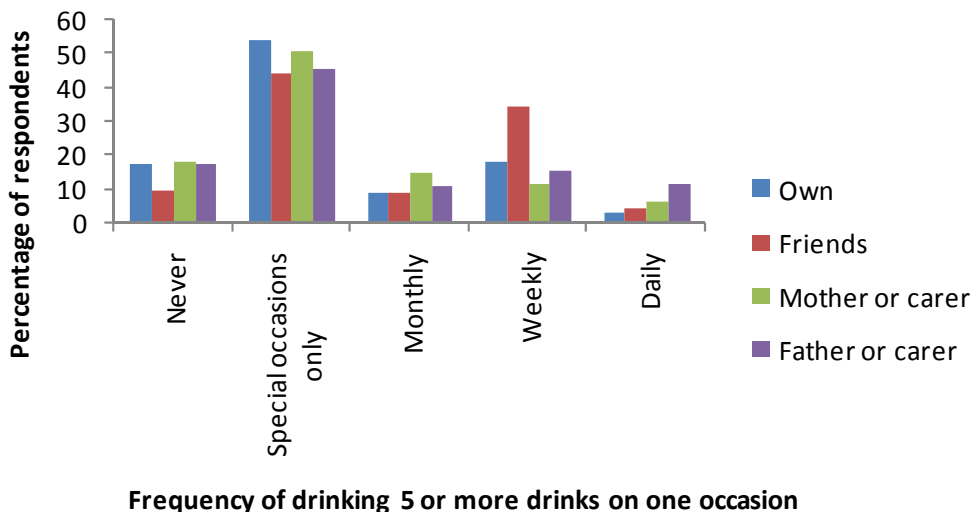
[1] Two responses were omitted in running this part of the analysis as there were concerns about the validity of their responses.

Figure 6 Frequency of alcohol consumption\*



\* Figures for this table are available in Appendix I Table 1

Figure 7 Frequency of consumption of five or more alcoholic drinks on one occasion\*

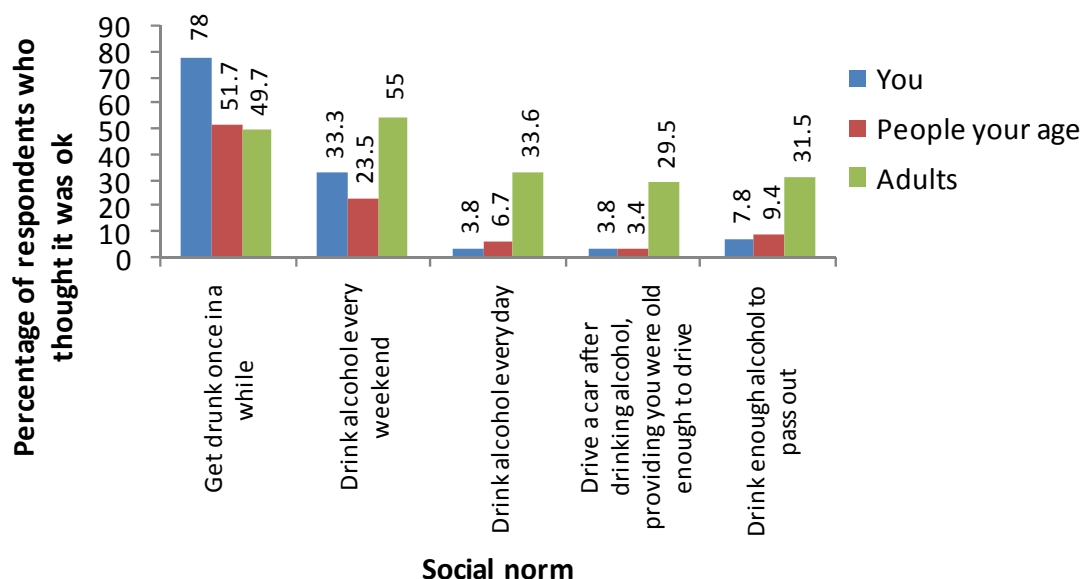


\* Figures for this table are available in Appendix I Table 2

Figure 8 illustrates the extent to which certain drinking behaviours are perceived as acceptable amongst certain groups as well as perception of the acceptability of one's own drinking behaviour. In contrast to findings on drinking quantity and frequency, the majority of pupils believed it was acceptable for them to get drunk once in a while (78%); however, fewer thought it was generally acceptable for people their age to do so (51.7%). Furthermore the proportion who thought it was acceptable for people of their age to get drunk once in a while (51.7%) did not greatly differ from the proportion of those who believed it was acceptable for adults to do so (49.7%). However, it was seen to be more acceptable for adults to drink more frequently (i.e. weekly or daily; see Figure 8), with a third (33.6%) believing it is acceptable for adults to drink every day. Over a quarter (29.5%) of respondents thought it was also acceptable for adults to drive a car after they had been drinking (although no

reference to legal driving limits was made in questioning the pupils) and nearly a third (31.5%) thought it generally reasonable for adults to drink enough to pass out.

Figure 8 Perceptions of consumption norms for oneself, peers and adults

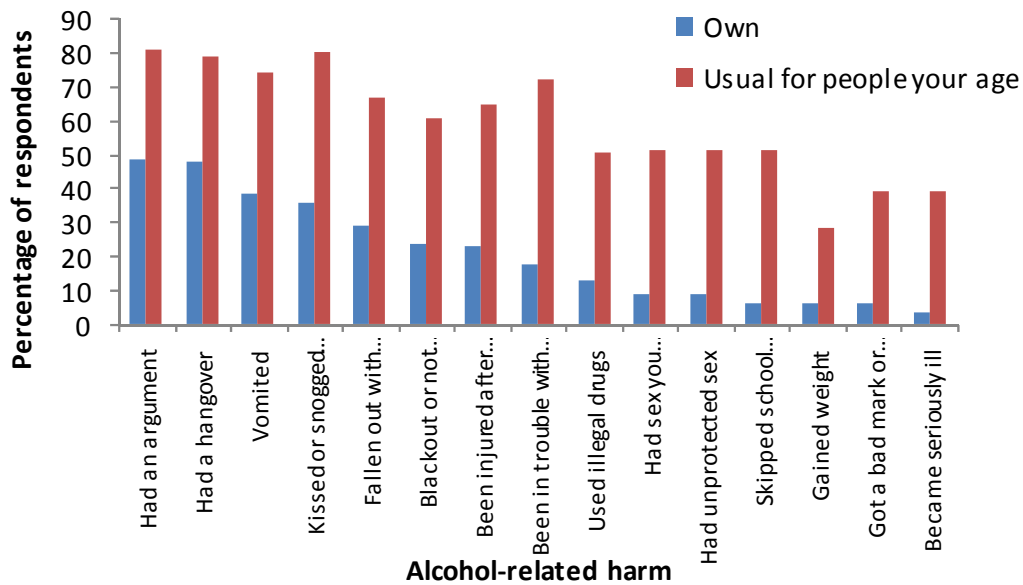


### ***Consequences of drinking***

Pupils were most likely to have had an argument, had a hangover or vomited after drinking alcohol (see Figure 9). Few pupils had actually become seriously ill from drinking (3.7%); however a larger proportion had been in trouble with the police (17.3%), been injured (22.7%), experienced a blackout (23.6%) or fallen out with friends (29.1%) after drinking alcohol. Just over a third of pupils (36%) admitted to kissing or snogging someone they wouldn't have normally and just under one in ten (9.1%) admitted to having had sex they later regretted. A further 9.1% of pupils reported having unprotected sex after drinking alcohol.

Levels of reported harms associated with alcohol consumption amongst pupils were generally much lower than perceived levels of harm, thought to be usually experienced by people of this age (see Figure 9). Pupils thought it would have been usual for people of their own age to have had an argument, kissed or snogged someone wouldn't have usually and had a hangover as a result of drinking; mostly in line with the most common harms actually reported (see above and Figure 9).

Figure 9 Levels of alcohol-related harm amongst pupils and perceptions of levels of harm amongst peers\*

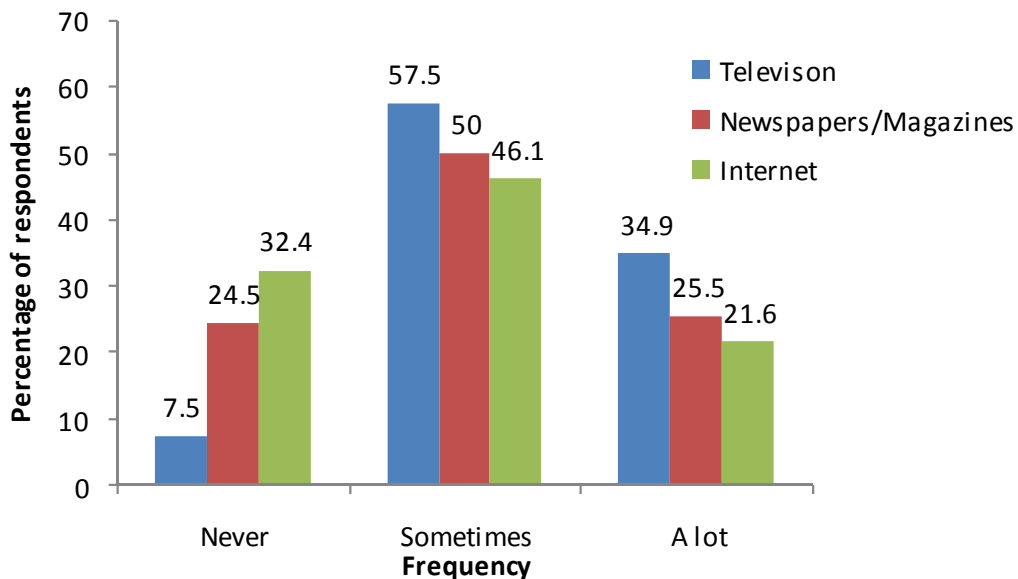


\* Figures for this table are available in Appendix I Table 3

### ***Drinking and media influence***

Pupils were asked whether they had seen advertisements for alcohol on the television, in newspapers or magazines, or on the internet. The majority reported seeing advertisements for alcohol in all three mediums at least some of the time, with the most common being on television (92.4%) and the least common being the internet (67.7%) (see figure 10).

Figure 10 How often pupils see alcohol advertisements by media type



Many pupils were ambiguous when asked whether alcohol advertisements make young people drink more, with 43.3% neither agreeing nor disagreeing. However a larger proportion tended to agree (37.7%) with this rather than disagree (18.9%; see

Figure 11). A similar pattern was found when asked to consider whether celebrities who drink alcohol make young people drink more: whilst 37.9% remained uncommitted, 38.9% generally agreed and 23.3% disagreed (see Figure 12).

Figure 11 Views on whether alcohol advertisements make young people drink more

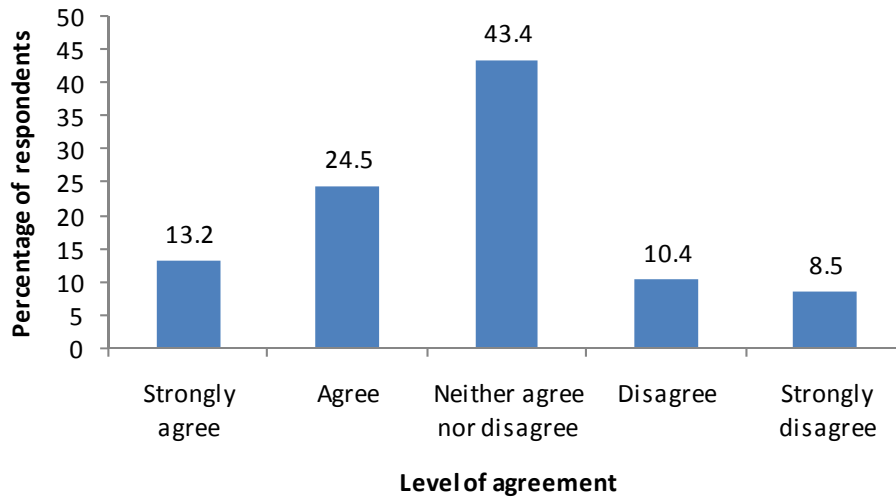
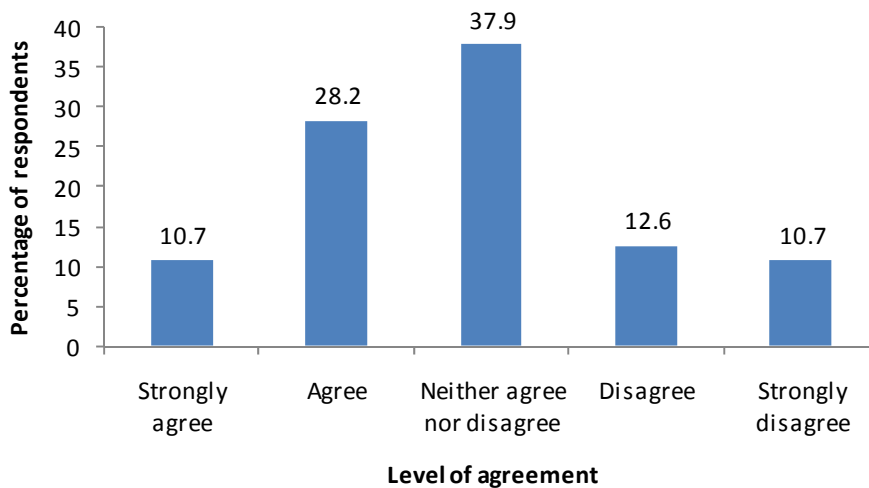


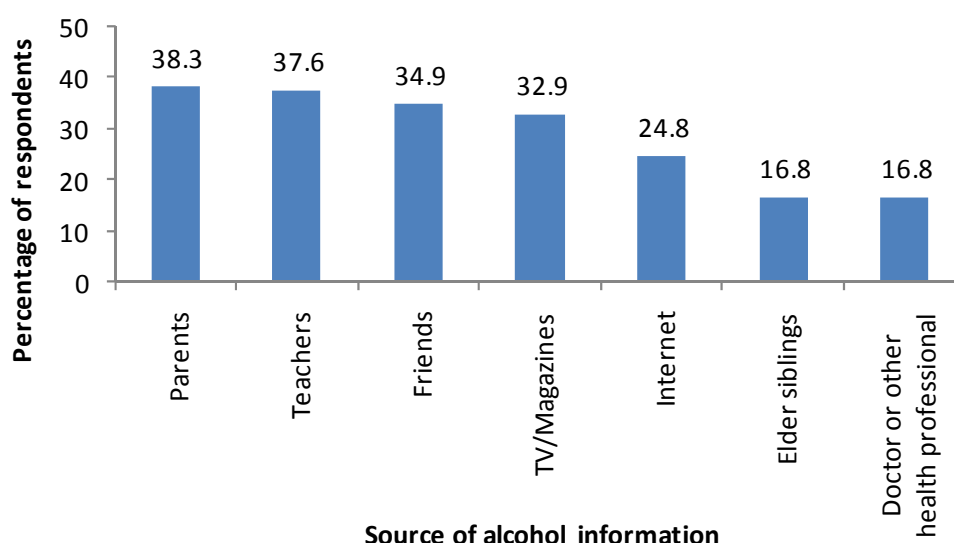
Figure 12 Views on whether celebrities who drink alcohol make young people drink more



### ***Learning about alcohol and parental monitoring***

The most common place for pupils to obtain information on alcohol was their parents (38.3%), followed by teachers (37.6%). Sources such as friends and popular media (such as television and magazines) also featured strongly (34.9% and 32.9% respectively). The least common sources of information were elder siblings and doctors or health professionals (see figure 13).

Figure 13 Where pupils got information on alcohol from



Half (51%) of pupils believed their parents to be aware of their drinking, at least some of the time, while a fifth (20%) were unsure and 29% believed their parents to be unaware of their drinking (see Table 2). However, over two thirds of pupils (69.6%) reported that their parents knew where they spent Friday or Saturday nights (at least most of the time), with 12.7% being unsure and 17.6% believing their parents were not aware of their whereabouts on Friday or Saturday nights (see Table 3).

Table 2 Whether pupils' parents knew of their drinking, at least some of the time

	Percentage of respondents
Yes	51
No	29
Don't know	20
Total	100

Table 3 Whether pupils' parents knew where their child spent their Friday/Saturday nights, at least most of the time

	Percentage of respondents
Yes	69.6
No	17.6
Don't know	12.7
Total	100

## Summary and Recommendations

The results from the present survey suggest that most pupils have drunk alcohol (91.3%), with the mean age of onset of consumption being 11.68 years. The most common places where young people drink alcohol is at parties, at home with their family and in parks and other public open spaces. The latter is of concern because of the associated issues over the lack of supervision of young people's drinking which may potentially result in injury or antisocial behaviour (Margo, 2008; McVeigh et al., 2005; Bellis et al., 2005; WHO, 2006).

Reasons given for drinking alcohol by the young people in this survey focused around leisure, pleasure and social interaction, rather than peer pressure. The responses suggest that enhanced enjoyment or pleasure in social settings plays a central role in why young people drink, as it does in adults, and it is the focus of alcohol in leisure that needs to be challenged. This is confirmed in research elsewhere, where alcohol is seen as a commodity through which *time out* can be purchased in a *work hard, play hard* culture amongst UK youth (Parker and Williams, 2003). Conversely, one fifth said that they drank to forget their worries and a third to cheer themselves up. This highlights the need to encourage alternative coping mechanisms as part of a general strategy seeking to promote health, well-being and self-esteem. This could involve ensuring young people know where and how they access advice or help on personal matters.

Importantly, the findings suggest a disparity in the perceptions of peer drinking and the level and frequency at which young people actually drink. This may be influenced by the culture within the local communities and within local schools, amongst pupils and peers (see Bisset et al., 2007). However, such perceptions are likely to influence individual pupil's own consumption patterns; those who over estimate others' alcohol consumption may themselves drink more (Perkins, 2007; Lo, 1995; Borsari and Carey, 2001). There was also a noticeable discrepancy between the proportion of respondents that thought it was acceptable for people their age to get drunk once in a while and the much higher proportion that thought it acceptable for they *themselves* to get drunk (51.7% compared with 78% respectively). This may suggest a certain stigma attached to the notion of being drunk, which is then adapted or neutralised to account for one's own behaviour and mistakes.

A notable proportion of young people surveyed had experienced adverse effects of alcohol consumption such as having had an argument (48.6%), a hangover (47.8%) or having vomited (38.7%). Such harms may have serious implications for young people's physical, mental and social wellbeing. Despite reasonably high levels of more serious harms, such as having been in trouble with the police, having been injured and/or not remembering part of an evening after drinking alcohol, one in twelve respondents took no safety precautions when they were out drinking with their friends. The most common precautions taken included having their mobile phone on them (65.8%), walking home with friends (55.7%) and making sure their parents knew where they were (47%). However it is not possible to attribute these behaviours wholly to the prevention of alcohol-related harm as young people may adopt these behaviours for other reasons. As with perceptions of peer drinking, the perceived prevalence of alcohol-related harms amongst peers is over-inflated compared with the actual levels reported by young people themselves. It is difficult to disentangle the precise nature of the factors involved without further detailed research and analysis; however, it is possible that such distortions in perceptions influence alcohol consumption (Perkins, 2007). Furthermore, there may well be self-report effects such as inflation or over reporting on certain harms in line with sub-cultural values and 'macho' culture, especially amongst males (see May, 1992).

In light of the findings highlighted above, key areas to explore under a social norms campaign in schools include:

- Addressing motivations for drinking, such as perceived social enhancement or using alcohol to forget worries. This may include signposting young people to appropriate sources of help on other issues or diverting them to other available leisure activities.
- Challenging and tackling the perception held by young people that their peers are drinking more than they actually are by dispelling myths and developing self-esteem.
- Encouraging young people to take safety precautions when out drinking with their friends. Alongside this it would seem worthwhile to highlight the risks associated with drinking in unsupervised areas, such as parks and open spaces.

It is however important to note that the opinions and norms held by young people do not exist in isolation but are heavily influenced by images portrayed by the media and modelled on adult behaviour. Therefore a social norms campaign may wish to address other groups in the wider community such as parents, teachers, shopkeepers and other adults more generally.

The role of the media on drinking norms is an area of much political and academic attention and debate (see Baillie, 1996; Hansen and Gunter, 2007). Its precise role is likely to be complex and mediated by many different factors. These results suggest that the most common source of alcohol advertisements seen by young people is television. Whilst the alcohol industry is not allowed to advertise their products to underage young people, this population may still be influenced by the messages that they see (Roche et al., 2007). Adult friends and family members, including parents were popular sources for young people to obtain alcohol. However, over a quarter (28.2%) admitted that they approached adults outside shops to obtain alcohol. In light of this, it may be necessary to target information towards shopkeepers and adults to inform them of their responsibility not to knowingly serve or purchase alcohol for minors. Furthermore, given that parents and family members are common sources of alcohol, this emphasises the need to target parents and adults with other messages regarding the responsible provision of alcohol to children (both their own and others) and what effects their own drinking may have on children around them, although further research may be needed here to explore this fully. Parents and other adults are likely to be central to changing existing norms, establishing behavioural boundaries and monitoring young people's drinking (Plant and Miller, 2007). This is particularly important given the relatively high proportion of pupils who disclosed that their parents were unaware of their whereabouts on Friday or Saturday nights (17.6%). Such information could inform future work with young people beyond the immediate school environment.

## References

- Baillie, R. (1996). Determining the Effects of Media Portrayals of Alcohol: Going Beyond Short Term Influence. *Alcohol and Alcoholism* 31(3):235-242.
- Bellis MA, Hughes K, Korf D et al. (2005). Violence in general places of entertainment. *Drugs and alcohol: violence and insecurity?* Strasbourg: Pompidou Centre of the Council for Europe: 57-96.
- BMA (2008). *Alcohol misuse: tackling the UK epidemic*. London: BMA Board of Science.
- Bisset S., Markham, W. and Aveyard P., (2007). School culture as an influencing factor on youth substance use. *J Epidemiol Community Health* 2007; 61:485–490.
- Bonomo YA, Bowes G, Coffey C, Carlin JB, Patton GC. (2004). Teenage drinking and the onset of alcohol dependence: a cohort study over seven years. *Addiction* 99(12):1520-8.
- Borsari B. and Carey K.B. (2001). Peer influences on college drinking: A review of the research, *Journal of Substance Abuse* 13: 391–424
- Fuller E. (2007). *Drug use, smoking and drinking among young people in England in 2006*. London: National Centre for Social Research and National Foundation for Educational Research.
- Gruber E, DiClemente RJ, Anderson MM, Lodico M. (1996). Early drinking onset and its association with alcohol use and problem behavior in late adolescence. *Prev Me*: 25(3):293-300.
- Hansen, A. and Gunter B. (2007). Constructing Discourse on Alcohol Issues: Towards a Framework for Analysis. *Alcohol and Alcoholism* 42(2): 150-157.
- Hughes S, Bellis M, Hughes K. (2008). *Risky drinking in North West school children and its consequences: a study of fifteen and sixteen year olds*. Liverpool: Centre for Public Health, Liverpool John Moores University.
- Lo, C.C. (1995). Gender Differences in collegiate alcohol abuse. *Journal of drug issues* 25: 817-836.
- Margo J (2008). *Make me a criminal: preventing youth crime*. London: Institute for Public Policy Research.
- May, C. (1992) A burning issue? Adolescent alcohol use in Britain 1970-1991. *Alcohol and Alcoholism* 27: 109-115
- McVeigh C, Hughes K, Bellis MA et al. (2005). *Violent Britain: People, prevention and public health*. Centre for Public Health, Liverpool John Moores University.
- Measham, F. (2006). The new policy mix: Alcohol, harm minimisation, and determined drunkenness in contemporary society. *International Journal of Drug Policy* 17: 258–268.
- Miller JW, Naimi TS, Brewer RD, Jones SE. (2007). Binge drinking and associated health risk behaviors among high school students. *Pediatrics*;119(1):76-85.

Neighbors, C. Lee C., Lewis M., Fossos N. and Larimer M. (2007). Are Social Norms the Best Predictor of Outcomes Among Heavy-Drinking College Students? *J Stud Alcohol Drugs*; 68(4): 556-565.

North West Public Health Observatory (NWPHO) (2008). Local Alcohol Profiles for England. NWPHO, Centre for Public Health, Liverpool John Moores University. <http://www.nwph.net/alcohol/lape/>.

O'Farrell A, Allwright S, Toomey D, Bedford D, Conlon K. (2007). Hospital admission for acute pancreatitis in the Irish population, 1997-2004: could the increase be due to an increase in alcohol-related pancreatitis? *J Public Health (Oxf)*; 29(4):398-404.

Parker, H., & Williams, L. (2003). Intoxicated weekends: Young adults' work hard-play hard lifestyles, public health and public disorder. *Drugs: Education, Prevention and Policy*, 10, 345-367.

Perkins, W. H. (2007) Misperceptions of peer drinking norms in Canada: Another look at the "reign of error" and its consequences among college students. *Addictive Behaviours* 32(11) 2645-2656

Phillips-Howard P, Morleo M, Cook P, Bellis M. (2008). Alcohol availability to underage drinkers: Fact Sheet Two. Centre for Public Health, Liverpool John Moores University.

Plant, M. and P. Miller (2007). Being 'Taught to Drink' UK Teenagers' Experience. *Youth Drinking Cultures: European Experiences*. M. Järvinen and R. Room. Hampshire, Ashgate Publishing Ltd.: 131-143.

Roche, A. M., P. T. Bywood, et al. (2007). *Young People and Alcohol: The role of cultural influences*. Adelaide, Flinders University of South Australia.

Thomson SJ, Westlake S, Rahman TM, Cowan ML, Majeed A, Maxwell JD, et al. (2008). Chronic Liver Disease--An Increasing Problem: A Study of Hospital Admission and Mortality Rates in England, 1979-2005, with Particular Reference to Alcoholic Liver Disease. *Alcohol Alcohol*.

Toumbourou JW, Stockwell T, Neighbors C, Marlatt GA, Sturge J, Rehm J. (2007). Interventions to reduce harm associated with adolescent substance use. *Lancet*: 369(9570):1391-401.

World Health Organization (WHO) (2006). *Interpersonal violence and alcohol*, World Health Organization.

## Appendix I

**Table 1 Frequency of drinking alcohol –  
Percentage of respondents**

	Own	Friends	Mother or carer	Father or carer
Never	5.5	1.9	12.1	10.6
Special occasions only	48.6	32.4	36.4	28.8
Monthly	14.7	8.3	17.8	18.3
Weekly	27.5	51.9	23.4	26
Daily	3.7	5.6	10.3	16.3
Total	100	100	100	100

**Table 2 Frequency of drinking five or more drinks on one occasion**

	Own	Friends	Mother or carer	Father or carer
Never	16.8	9.3	18.1	17.1
Special occasions only	54.2	43.9	50.5	45.7
Monthly	8.4	8.4	14.3	10.5
Weekly	17.8	34.6	11.4	15.2
Daily	2.8	3.7	5.7	11.4
Total	100	100	100	100

**Table 3 Levels of alcohol-related harm amongst pupils and  
perceptions of levels of harm amongst peers**

	Own	Usual for people your age
Had an argument	48.6	81.1
Had a hangover	47.8	79.3
Vomited	38.7	74.6
Kissed or snogged someone you would not normally	36	80.2
Fallen out with friends	29.1	67.2
Blackout or not remembered part of the evening	23.6	61.2
Been injured after drinking	22.7	65.3
Been in trouble with the police	17.3	72.4
Used illegal drugs	12.7	50.8
Had sex you regretted the next day	9.1	51.2
Had unprotected sex	9.1	51.2
Skipped school because of a hangover	6.4	51.3
Gained weight	6.4	28.4
Got a bad mark or not completed a piece of schoolwork	6.4	39.1
Became seriously ill	3.7	39.3