

PROJECT - PROTECT - N° 2008 1205

# PROTECT

How do young consumers respond to alcohol  
labelling and prevention?

WP4 REPORT – YOUNG PEOPLE’S PANEL

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## 1. Introduction

This report is the synthesis of a European qualitative research financed by the Executive Agency for Health and Consumers of the European Union and EU consumers and coordinated by CRIOC, Research and Information Centre for Consumer Organizations (Belgium).

126 youngsters aged between 18 and 25, coming from six participating countries (Belgium, France, Spain, Lithuania, Hungary and Romania) participated in different focus groups. The subject of the discussions was their alcohol consumption, focusing on drinking abuse. They gave their opinion about many prevention health claims and whether it is necessary or not to put health warnings on alcohol beverages.

### a. Main objectives of the study

The key objective of the research was to determine which written or visual allegations and prevention labels on alcoholic drinks are likely to increase young consumers' awareness of responsible alcohol consumption.

And more particularly:

- Identifying expectations, motivations and behaviours concerning alcohol consumption in general and excessive drinking.
- Identifying consumption behaviours of some types of alcoholic beverages, depending on contexts and circumstances.
- Identifying the perception levels of different alcohol-related risks as well as information sources.
- Determining pro and con attitudes regarding many preventive allegations and to identify if these different tools are actually informative and discouraging.

### b. Methodology

Focus groups were conducted in six European countries, including a total of 126 youngsters aged between 18 and 25. This method enables a large number of different behaviours to be monitored. Focus groups were filmed.

During the first 20 minutes, the youngsters expressed themselves about their own experience with alcohol. The next twenty minutes were dedicated to a general discussion around consumer information campaigns and alcohol-related risks. The rest of the focus group dealt with labelling (30 minutes) and reactions regarding new warning labels (40 minutes), including among others strong visual messages (based upon what is currently done with tobacco). Finally, the youngsters were given the opportunity to create their own label to inform consumers about alcohol hazards (45 minutes).

Groups were formed according to specific socio-demographic criteria such as age and the socio-cultural level, in order to deeply explore the addressed issue.

Care was taken to monitor the emotional needs of people, especially those not expressed in a random way but according to their personality. These needs often strongly influence consumption choices, beyond the individual choices related to different socio-demographic profiles.

Lastly, these focus groups were used to measure the perceptions and the expectations of young consumers towards some information tools. The discussions allowed a large number of people to give their opinion. The idea was to subsequently use their input in the conceptualization phase of an information campaign or in creating educational tools.

### c. Sampling

The focus groups were made up of a total of 126 young adults, both male and female, aged between 18 and 25 years old and coming from six European countries:

- Belgium
- France
- Romania
- Lithuania
- Spain
- Hungary

There were ca. 20 participants per country, divided into 2 separate sessions of 10 participants each.

The participants had to drink alcohol on a regular basis.

They were selected to represent a large and representative range of socio-professional backgrounds: middle and high school students, young workers, unemployed...

### d. Country specific setups

- **Belgium:** the linguistic balance between Dutch and French speaking participants was taken into account. Four focus groups were organized in Brussels, two in Dutch (men and women) and two in French (men and women). In order to be recruited, every participant had to say “yes” to the two following questions:
  - 1) Do you consume alcoholic beverages at least once a week?
  - 2) Do you think you’ve been drunk at least once in your life?Group A met 6/04/2010 and was made up of seven persons; three people withdrew at the last moment.  
Group B met 7/04/2010 and was made up of 10 people.  
Group C met 13/04/2010 and was made up of 7 persons.  
Group D met 14/04/2010 and was made up of 7 people.
- **France:** Two focus groups were organized. The first group was made up of 8 youngsters aged between 18 and 21 and the second group included 9 young adults aged between 22 and 25. The first group met on the 20<sup>th</sup> of April 2010 and the second group met on the 21<sup>st</sup> of April 2010.
- **Lithuania:** the study was conducted by the Lithuanian National Consumer Federation, in collaboration with the Department of Economy, responsible for elaborating alcohol regulations, the College of Social Sciences, the International School of Law and Business (International School of Law and Administration), Vilnius University and Vilnius Cooperative College.  
The first group was made up of 10 students aged between 19 and 25.  
The second one was made up of 9 students aged between 19 and 25.  
The first group met the 20<sup>th</sup> of April 2010.  
The second one met the 21<sup>st</sup> of April 2010.

- **Romania:** Focus groups were organized on the 22<sup>nd</sup> and 23<sup>rd</sup> of February 2010. The first group included 11 youngsters aged between 18 and 21. The second group was made up of 8 people aged between 22 and 25 years-old.
  
- **Hungary:** the study was directed by the OFE, Országos Fogyasztóvédelmi Egyesület. The first group met on the 7<sup>th</sup> April 2010 and included 10 youngsters aged between 18 and 21. The second focus group (organized on the 7<sup>th</sup> April 2010) was made up of 10 young adults aged between 22 and 25.
  
- **Spain:** the study was conducted by MAG (consumers' surveys) with the collaboration of the Department of Health and Social Services of the Government of Cantabria and the University of Cantabria. The first group includes 10 youngsters aged between 22 and 25 and the second group consists of 10 young adults aged between 18 and 21.

## 2. Attitudes and behaviours towards alcohol consumption

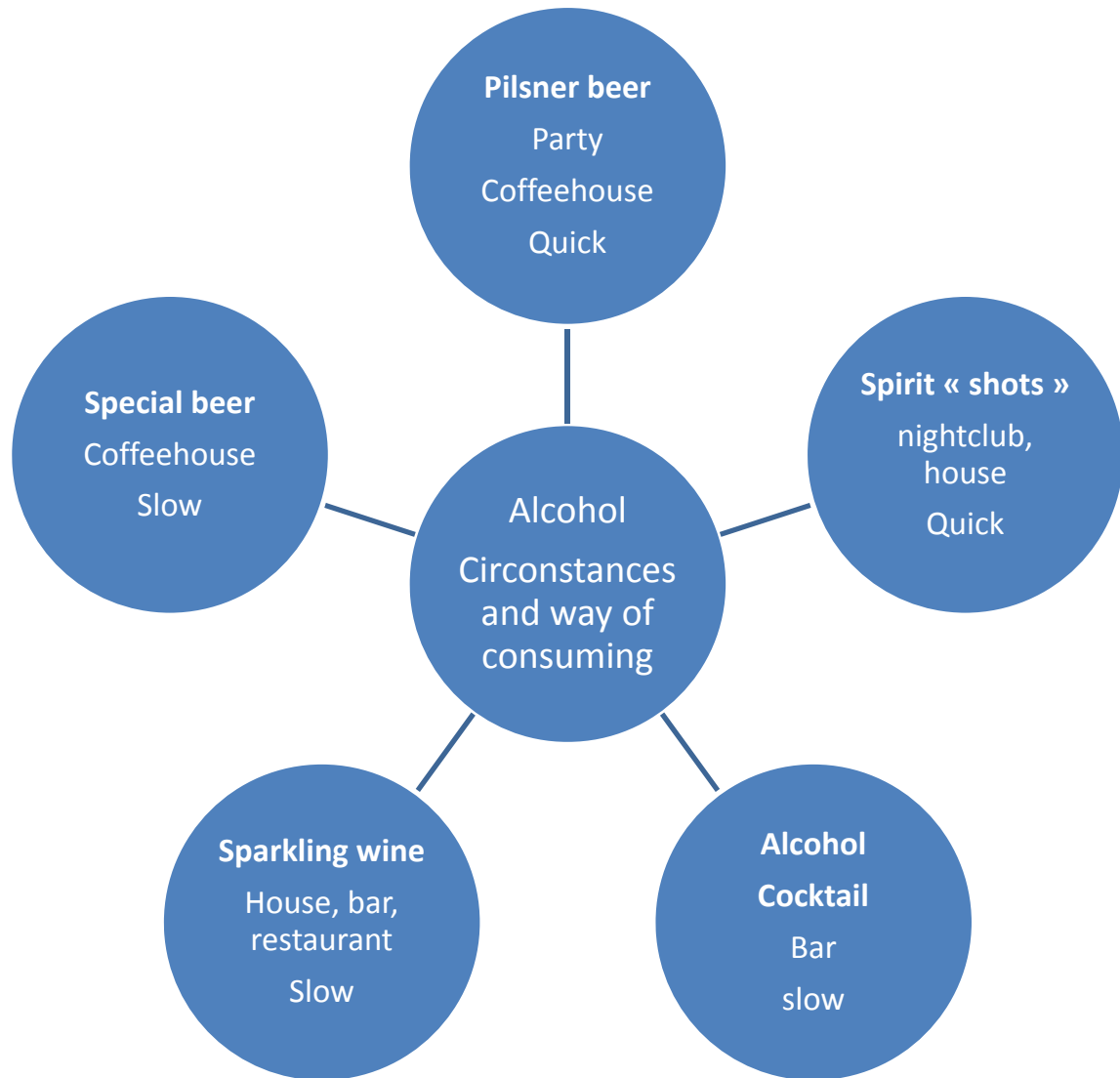
### a. Types of consumed alcoholic beverages and circumstances

In **Belgium**, participants said they drink alcohol in many circumstances: with their friends, their family, and their parents or with their boyfriends or their girlfriends, when they go out, when they have a party, at lunch, or within structured group events (country clubs, youth movements...), but almost never alone.

About the types of alcohols consumed (see also figure 1):

- Respondents said they have an aperitif when they are cooking and waiting for their boyfriend or girlfriend, or have a drink when they are watching a football game on TV. When the weather is fine in the evening, participants like to sit in their garden to have a drink.
- Pilsner beer is consumed among friends in one of their flats or studio, within youth movements, during student parties, at the coffeehouse or between two activities (for example, when they have a gap in their timetable or at midday).
- Special types of beers are more often consumed at a party or at the coffeehouse.
- Wine is drunk at special occasions, for example during lunch, with family or others.
- Spirits can be consumed either in cocktails or pure. These types of alcohol drinks are generally consumed among friends, possibly at someone's house, before going out to a nightclub. In the latter case, participants consume almost exclusively spirits.

As a whole, the ways of consumption are either slow or fast. The method of consumption depends on the objective. Some youngsters want to slightly go over their inhibitions, in order to feel more comfortable with others; others want to feel alcohol psychoactive effects like exhilaration or just forgetting things. The type of alcoholic beverages chosen depends on participants' tastes but also on how far they want to go, i.e. feeling alcohol psychoactive effects.



**Figure 1. Types and circumstances of alcohol consumption (Belgium)**

In **France**, many participants – including the 18- 21 and the 22-25 year-old age groups – drunk for the first time when they were very young, with their family, on special occasions such as National Day (French National Day is on the 14th of July), weddings, communions or birthdays.

*“Parents let us taste alcohol without obliging us”*

It was most of the time champagne or wine. Beer is consumed mostly in bars. Most participants say they prefer drinking alcopops in the beginning of a party and spirits during the party. Like Belgians, young French rarely drink alcohol when they are alone but in a social context.

*“Alcohol is always associated with partying ... With friends, at a party... But I will never drink a beer watching TV...”*)

In **Lithuania**, young participants associate alcohol with partying, but also with stress, tobacco and hangover... They often consume alcohol during barbecues. It is also a way to relax. Alcohol consumption among young people seems to be more and more accepted, particularly among girls. Overall, they would however drink less alcoholic beverages than men.



*“When I go to a party in my friends’ house, I always bring one or two beers”,  
“It is enough for me, even though my friends drink spirits”. “If I want to consume alcohol, I am used to  
drink champagne, I think it looks more feminine”*

Participants said that, generally, the type of alcohol drink they choose depend on the occasion. Fresh beer for barbecues or on the beach, while they prefer strong drinks like vodka when they want to go out. During parties, and family gatherings, they usually consume wine. But alcohol consumption mostly depends on the circle of people around them.

*“When we are among friends, we drink just to get drunk“*

*“With adults, we only drink for special events”*

Some teenagers consider alcohol abuse can have a positive effect.

*“I think it is good to have a hangover in the morning because it prevents you from drinking more alcohol in the future”.*

Every participant, without exception, said they consumed light alcoholic drinks: beers, wines, cocktails, cider. And most of them think these types of beverages are the most dangerous.

*“Drinking beer is dangerous because you can go too far”*

*“Pure vodka is less harmful and wine consumption improves digestive system and regulates blood pressure. French people are used to drink wine every day”.*

In **Romania**, in both groups, the word alcohol was spontaneously associated with negative effects (accident, alcoholic coma, drunkenness, danger, violence...) rather than positive ones (friendship, group, communication, joy, party, evening and entertainment...). For every participant, the first experience with alcohol took place before 18, and generally, curiosity was the main motive, *“to try something new”*, or *“to do like friends”*. Boys drink more than girls. Some drink several times a week, others from 3 to 4 times a month.

Sometimes, consuming wine is considered as healthy.

*“Doctors advise to drink one glass of wine a day: it is good for blood circulation”.*

Beer is viewed as a light alcoholic drink, because of its low alcohol content.

In **Hungary**, most of the participants drank alcohol for the first time between 14 and 16 years old (between 13 and 15 years old for the 22-25 year-old group) with their family, during a party or when going out with friends and schoolmates. More often than not, they consumed wine and beer and more rarely rum or whiskey. Around 15 or 17 years-old, they remember the first time they had been drunk, while going out, for instance at an end-of-the-year party. Teenagers say they drink in good company for social reasons and mainly to be seen as cool by their schoolmates or by girls. They also want to look like adults.

The price is a determining factor in choosing an alcoholic beverage. Young people do not purchase great wines or top quality branded alcohols, rather alcoholic drinks bought in large packaging, because of their lower price. Alcopops are seen as too expensive and “synthetic”, that is why adolescents make their cocktails themselves. Liqueurs are not very popular. Furthermore, Hungarian researchers report that in the country, many distilled wines and alcoholic drinks are home made. People may get drunk very quickly when drinking these types of beverages, because of a non-controlled fermentation. They are considered dangerous for youngsters.

In **Spain**, drinking alcohol is a very popular practice, culturally accepted by the young of both focus groups. Spontaneously, teenagers associated alcohol with social life, fun, night, but also with absurdity and hangover. Alcohol is seen as disinhibiting (*“I like feeling euphoric, but without losing control”*), as an opportunity to forget things and a motive of extroversion. Every participant has consumed

alcohol before the age of 18. As a child (sometimes from the age of 7), they had already tasted beers and wines with their parents, but later, about 14-15 years old, they drank others alcoholic beverages with friends during parties, mostly by curiosity. Boys drink generally more than girls. Boys prefer beer (seen as a low-alcohol drink) and wine, whereas girls opt for wine and cocktails. The Calimotxo is very popular among female and male teenagers: it is a mixture of wine and coke, and is seen as “light”.

Spanish researchers noticed that members of the 18-21 year-old age group are highly influenced by behavioural patterns peculiar to their environment and generation, but also by their family and cultural traditions, which tend to put the dangers of alcohol abuse into perspective. Most participants admitted they drink four liters of alcohol every week-end. Only one member of the group does not drink that much. He said he wants to become a professional sportsman and has a more realistic view of the actual consequences of alcohol.

Youngsters generally buy alcohol drinks for a “party night”. They tend to buy the cheapest products, i.e. they favour quantity over quality. They also buy many cheap wines, mixed with Coca-cola to make Calimotxo. Concerning stronger drinks, they favour rum.

### **b. Where to buy alcohol**

In **Belgium**, some participants said they buy alcoholic drinks in supermarkets in case of a party or a gathering with friends but it seems relatively unusual.

*“If it is planned, I buy an alcohol bottle or an alcohol box”.*

Most of the time, participants buy their drinks on the way (night shop, groceries) to the place they have to go.

More often, they consume alcohol where they meet: in coffeehouses, bars, nightclubs, student clubs, and festivals.

In **Romania**, alcoholic beverages are most often bought in the supermarket or in bars and clubs. Some people consume homemade alcoholic drinks as well, coming from friends who live in the countryside. All of them tend to consider that spirits are the most dangerous because they contain the highest level of alcohol.

In **Spain**, people buy alcohol when they plan to go outside, preferably when they are in group and not alone. Buying an alcoholic drink is a recreational act but it is seriously thought over. Purchased beverages will depend on the circumstances. If it is for a particular event, the purchased products will be more expensive and will not simply consist of large size wine or beer cartons. If people cannot afford them, they will content themselves with wine mixed with coke. They often buy alcohol in shops like night shops (Chinese groceries), in petrol stations (which have the advantage of being opened very late) or in supermarkets, which offer more choice.

In **France**, youngsters admit that, in spite of the ban on selling alcohol to anyone under 18, it is easy to find alcohol.

*“If you are not old enough to buy alcohol, we can buy it for you”*

Others criticize the easy way alcoholic drinks can be bought.

*“Some things don’t have anything to do in food displays”*

*“Some retailers become alcohol sellers”*

### **c. Motivations**

Young **Belgians** said that for them, drinking alcohol is an activity which creates pleasure, whose main objective is to disinhibit and facilitate contacts with others. Thus, relaxation and cheerfulness would be

one of the emotional stages they look for. All of them said they already experienced strong emotional changes (euphoria, logorrhoea, aggressiveness and tenderness), and changes in the perception of balance and reflexes, corresponding to rather large quantities of alcohol consumed (between two and six alcoholic beverages).

Two participants confessed having experienced alcoholic comas. All of them said their emotions were altered with alcohol and added they uttered words they would have never uttered if they would have been sober. According to them, these losses of control can be wished in some circumstances and avoided in others. Some indeed said they do not consume alcohol when they do not feel very well (sadness, anxiety, “uneasiness”).

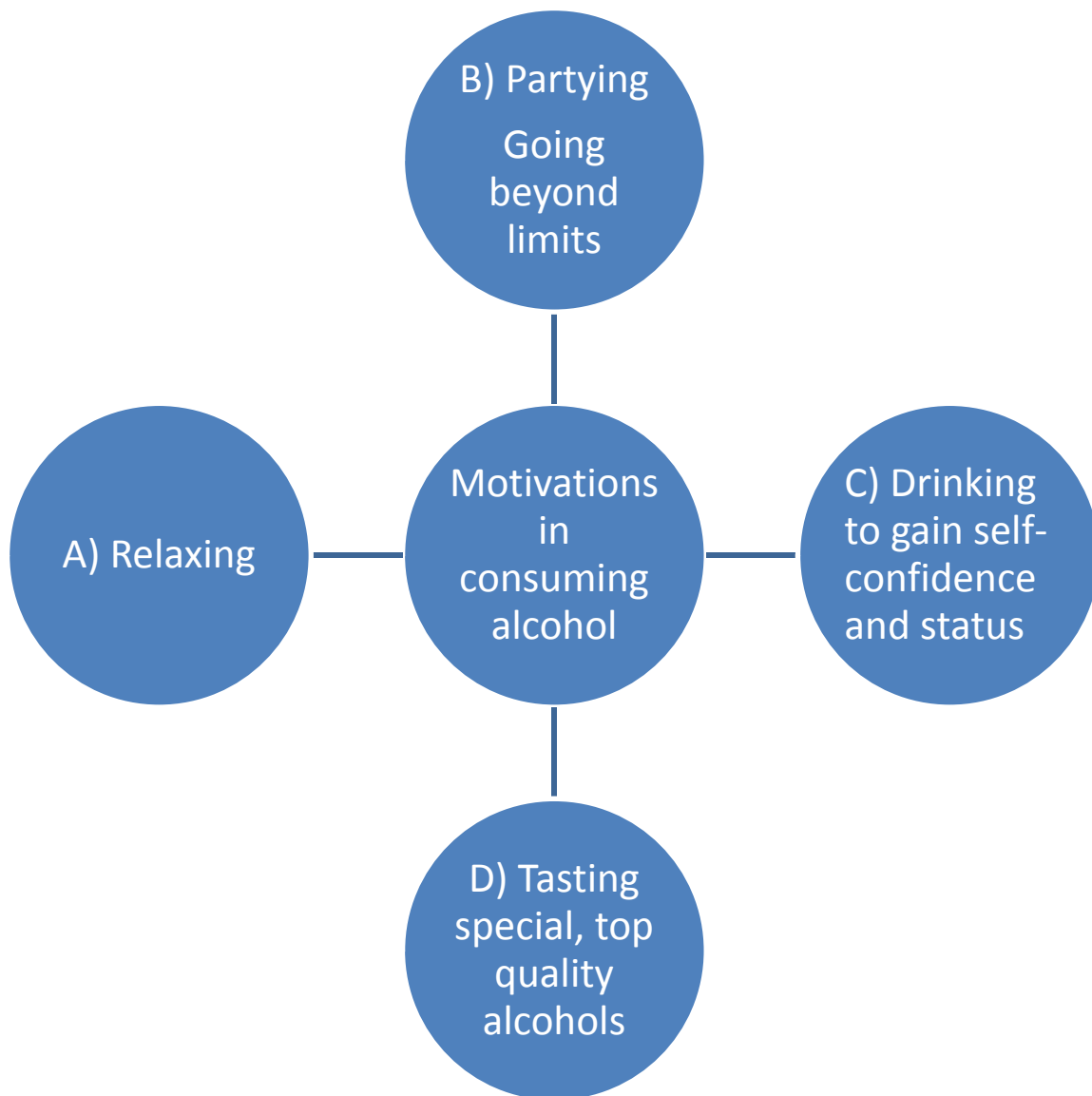
According to some respondents, the reason why they sometimes lose control is that they unwillingly cross their own limits. All of them claimed they knew these limits but this knowledge would strongly depend on their experience. Limits are associated with personal perceptions at physiological, emotional and behavioural levels. These limits correspond with the different states related to alcohol abuse thresholds described in medicine (light, moderate, severe abuse), depending on alcohol concentration in the human body. Participants identified these limits as feelings of dizziness, warmth, difficulties to talk including both articulated expression and speech content (aggressiveness or tenderness are exaggerated), digestive disorders and black outs (the drinker forgets part or all of the events).

All of them were intoxicated at different levels up to gastric disorders, which they all considered as being the line to not cross over. A physiological perception, the loss of balance, was the main sign which would allow them avoiding these disorders. They said that limits vary according to the types of consumed alcohol, the circumstances and the state of tiredness. Thus they confessed that these landmarks were quite changing, subjective and not related to accurate quantities of alcohol, which would explain why they sometimes got sick while not desiring it initially.

When categorizing the participants’ statements according to addictology literature, four types of motivations / settings could be identified: relaxing, partying, self-confidence and tasting (see figure 2). All participants experienced phases A and C and in general, they began to consume alcohol in these circumstances. Very often, participants felt drunk and had unpleasant effects (sickness, vomiting, including black outs and/ or comas) during this first time experience.

Most of them very quickly experienced phase B and the symptoms associated with it, sometimes even including “black out” and alcoholic coma. Despite these unpleasant experiences, most of the participants kept on crossing the boundaries, because they said they chose to be intoxicated.

However, some participants said they consistently avoid going beyond a threshold of light abuse (warmth, slight euphoria) and go further only in some particular circumstances. Those participants fix their limits up to a given number of alcoholic drinks and stop consuming as soon as they reach that number, or when they start to feel the first symptoms of intoxication.



**Figure 2. Motivations in consuming alcohol (Belgium).**

Problematic alcohol consumption occurs mainly when people want to feel the psychoactive effects of alcohol (sedation or stimulation). Participants said many factors motivate them to consume alcohol. However, it seemed clear that many of them mainly seek the psychoactive effects of alcohol rather than its taste, conviviality or because of a ritual. These psychoactive effects lead to dependence, which can be identified by asking the drinker to stop drinking alcohol for a given period of time, for example a week. If he misses alcohol, he must consider changing his way of consumption, in order to reduce the risks of becoming dependent on a long-term basis.

All participants denied any type of alcohol dependency.

*“I stop drinking without any problem during the exams”*

*“I am not dependent, I am stronger than that”*

But the way some of them consume alcohol may lead to some longer-term problems, given that physical dependency on alcohol slowly develops (+/- 15 – 20 years) compared to more addictive substances such as nicotine or heroin.

In **France**, youngsters said they consume alcohol for pleasure, euphoria and disinhibiting feelings, but also for social reasons, because they want to “do like others”...

*“It happened when I was 16, at a birthday party. The party did not go very well... It was the first time that I drank alcohol, actually I didn’t really want it, but everybody was drinking and finally, I decided to consume it as well, to do like the others. I quickly got drunk, I was a little bit tipsy, and they used the opportunity to pour alcohol in my glass. I didn’t have time to realize... After that, I haven’t been drunk for at least a year”...*

A difference was made between “involuntary” and “voluntary” consumption. “Involuntary” consumption mostly happened when they were very young: 12 years old or less, in their families or during a party, when they had the opportunity to taste a little bit of champagne or wine. “Voluntary” consumption happened at age around 14 – 16, when they first went out with friends.

*“I began drinking with my family when I was very young. According to a video, I was two years-old, there was a lot of champagne on the tables, I emptied what was left in the glasses, I know it seems to be young... From the age of 12-13, I drank champagne... Later, from the age of 14, I started to go to nightclubs with my friends... At that time, we used to drink vodka, and also tequila shots. It happened that I was completely “dead drunk” in the nightclub, almost in a comatose state, I think that everybody has had a similar experience”.*

The young French said they consume alcohol for social motives.

*“Alcohol has a social dimension. I don’t imagine myself getting drunk alone, it is indicative of loneliness. It is not very trendy either, but when we feel good and you have a good time, you drink alcohol more easily”. “Personally, I am used to drinking a glass of alcohol in the evening. Wine, rosé, white wine... I like drinking it”.*

But some of them want to feel light addiction and drunkenness.

*“I think that when we are in a party, we seek drunkenness because of the atmosphere, we want to let ourselves go... In a sense, I had already gone far, but it disgusted me a little bit. I rarely do it. My family taught me to appreciate alcohol, to really taste it, comparing wines, and the types of alcohol. There is a big difference between vodka you drink to get drunk and top quality vodka...”*

Sacha, 19, dares to describe it as “social addiction”. And all the young seem to agree with him.

*“We are used to consume alcohol at a party, we don’t really need it, but we know that party and consumption are interrelated. It is not a physical addiction, but a psychological one”.*

All participants confessed having had an unpleasant experience, due to alcohol abuse.

*“The first time that I drank, I was 14. Several months later, I got plastered... with tequila”.*

Maxime (19) admitted he experienced a state closed to alcoholic coma several times a year (but not more than ten days). Fanny (21) mentions for the first time in the discussion ‘binge drinking’, i.e. drinking for drinking, as quickly as possible, without moderation.

*“Sometimes, in some parties, the aim is to drink as fast as possible. Consequently, after half an hour/ one hour, everybody is completely sloshed. And in this case, a high number of accidents can occur... This is different from a party where we are with friends to enjoy alcohol, instead of competing for being drunk as quickly as possible”.*

Similar motivations behind alcohol consumption were found in the other European countries.

In **Lithuania**, a 21 year-old woman commented that “during family meetings, we drink wine to savour it but when we are with friends we just drink to get drunk”. Once again, the purpose is to get drunk and to be euphoric in a group.

A young male (22) relies on his grandfather’s view.

*“He says that drinking a little bit of alcohol is healthy”.*

The young admitted consuming alcohol is part of scheduled entertainment.

*“I am used to drink alcohol with friends, but I can’t imagine family meetings without alcohol”*

*“We can’t imagine sun, beach and sports without a fresh beer”*

Some youngsters try when drinking to appear ‘composed’, they want to behave like adults.

*“We act as serious uncles”*

In that case, they drink with moderation, they “sample” high quality alcohol.

In **Hungary**, most of the first group participants (aged between 18 and 21) have been drunk for the first time at the age of 15 – 17 years old, while going out. Teenagers said they drink for social reasons: to be liked by their schoolmates or by girls. They also want to look like adults. That is true especially for those whose parents prevent them from consuming alcohol before the age of 16. Researchers highlight that parental prohibition can be meaningful. A girl said for example that her brothers use to watch out for her when she goes out, on her parents’ orders. She explained that today she drinks very rarely, with moderation, only high quality wines.

Drinking for drinking - binge drinking – did not seem to concern this age group and very few youngsters aged between 18 and 21 admitted they had alcohol abuse-related problems (headaches, vomiting...). If it is the case, they said they voluntarily reduced their consumption or modified it in terms of quality (only top quality wines or branded beer).

On the opposite, the second group of participants, aged between 22 and 25, experienced more extreme moments and most of them had already been sick because of alcohol abuse. In this group, either the binge drinking phenomenon is more frequent or more probably, the subjects were more openly admitting it.

*“When I was young, I didn’t care about what I was drinking, I consumed alcohol to get rapidly drunk”*

Participants said that they now opt for more moderate and higher quality consumption.

It was suggested that social problems in the country and difficulties to find a job could explain excessive consumption.

*“The young don’t see any way to get by and that situation can lead to alcohol-related problems. Alcoholism almost always concerns the young coming from poor families and those who live on the fringes of society, the unemployed, very large families or members of Rom minority”.*

In **Romania**, only a few participants said they never got drunk. The others said they got sloshed when they went to high school (at evening parties) or at birthday’s parties.

*“At my 19<sup>th</sup> birthday party, I have been drunk and sick for the first time. I mixed wine and beer”*

For youngsters, drinking too much meant “drinking until you fall”, or “until you are sick”. Excessive drinking was also associated with a loss of memory or a loss of consciousness and affected senses.

In **Spain**, the cultural aspect / justification for alcohol consumption seemed to be particularly strong. For example, a participant justifies his drinking motivation as being part of local culture.

*“For instance, when you go out of the church on Sunday, you go to the bar in front of it to have a drink with your parents or your family. Maybe the most effective thing would be to talk about alcohol in the family”*

Participants of the oldest group (aged between 22 and 25) said they were strongly influenced by their family, but also by cultural and ideological traditions. *“Drinking is normal”*

The first time they went outside without being under the surveillance of an adult, they got drunk. Some said they regularly play drinking games such as the “Quinito”.

*“You feel strong, because you are drinking so much and so fast that you don’t realize anything, until the moment you are sick”*

In this group, drunkenness seems thus almost normal and perfectly justified. Even though all acknowledged that they felt bad after having drunk too much. They also recognized that the pleasure and the good taste associated with alcohol decreased while drinking too much.

Several participants explained that when they go out, they consume alcoholic beverages in order to get sloshed and to feel euphoric. But they want to keep control and pretend they know how their body reacts.

*“I know when I must slow my consumption down”*

The youngsters added they consequently set themselves limits and choose their beverages according to alcohol content because they don’t want to be sick or in an embarrassing situation. More particularly, they control themselves if they take medicines or if their doctor warned them about possible consequences of alcohol.

Female participants insist above all on the disinhibiting effect of alcohol.

*“I can go out without drinking but I have a better time when I drink”*

Finally, the respondents said that some events push them to consume alcohol: when we do not feel good or when the weather is very nice.

The younger participants (18- 21 years old) said they really are influenced by their environment: family, cultural and ideological traditions, which put consequences of high alcohol consumption into perspective. Even though all of them remembered unpleasant moments of drunkenness (we do not have fun, we are sick, we see double...), they all seemed to think that partying without alcohol is boring.

*“If you don’t drink, you are isolated, you don’t understand why others are laughing and you wonder what you’re doing here”.*

They admit they can control themselves and don’t go too far, but sometimes they like crossing the boundaries.

#### **d. Perceptions and risk knowledge**

All European participants seemed to consider alcohol to be a source of pleasure, and according to them, consuming alcohol is, before everything, a pleasant experience. However, they spontaneously mentioned a series of alcohol abuse-related risks. Yet, they did not have a good knowledge of the issue. They mostly mentioned the short-term risks related to occasional abuses. Doing so, they mostly talked about the short-term risks which concern them directly and to which they are faced in concrete situations.

Only a few mentioned the long-term dangers. The participants who spontaneously talked about them said they learned about it mostly through a relative. Information sources about alcohol-related risks were: participant’s own experience, family, parents, friends, members of the family affected by illness, “Bob” or “Sam” campaigns and accidents-related information.

##### **i. Road accidents**

All agreed that road accidents are one of the most immediate consequences of alcohol abuse. In Belgium, “Bob” campaigns (seen as non-condescending), as well as road safety ads, striking messages and information about road accidents were said to have an impact on them.

All of them knew persons who drive under the influence of alcohol and some were even passengers. Despite knowing the risks, they still engage occasionally in irresponsible behaviour.

*“I got into my friend’s car, she was drunk but I was cautious, I was watching if she risked getting on the edge, I didn’t take my eyes off the road”.*

When mentioning the fact she was not driving, she replied:

*“I didn’t have the choice. Nightclubs are located along the roads and there is no other mean to come back home except by car”.*

To note that participants were unable to evaluate the number of accidents and to give figures or proportions related to accidents-related alcohol. Often, youngsters acknowledged it is inconceivable to put the others’ life at danger, but in spite of that, they play with fire and rely in a risky way on “those who consume less”, as this young female French said.

*“When we go to nightclubs, we rely on the person who consumes less than usually. That person will take the others back home”*

However, French participants spontaneously said that driving under the influence of alcohol was highly debatable.

*“It’s really dangerous”*

They were also aware of the impact of prevention campaigns (Sam in France) but insisted on the fact that outside of big urban areas, the car stays the main means of transportation.

*“And even our parents tell us that when they were our age, the car was their only means of transportation, the “Sam” trend did not exist. They drank and drove. The very young are bombarded with this awareness campaign. Maybe that is why they are more responsive”.*

In Hungary, where authorities are very intolerant regarding driving under the influence of alcohol, the young participants said they were all aware of alcohol-related accidents and that they knew persons injured or killed in such accidents.

## **ii. Changes in vigilance or emotional state.**

The other consequences mentioned the most frequently were the loss of lucidity (leading to untimely verbal declaration), risky sexual behaviours or violent behaviours.

*“By mixing alcohols, I had bad trips, I was anxious”* (Mattea, France)

*“At parties, some can become violent...”* (Baptist, France)

*“Personally, when the members of my family get drunk, they can fight with guys three times bigger than them, something they would not do without alcohol.”* (Alix, France)

## **iii. Black outs or alcoholic comas**

Many youngsters confessed that alcohol abuse led them to black outs or even to alcoholic comas, a very unpleasant and risky according to them.

*“The day after a party, it’s not very pleasant to wonder what happened, how I came back home... And moreover, there are sex-related problems and unprotected sex...”*

*“Coma and violence can happen to everyone... It has more impact on me than everything about road safety”* (Sacha, France).

Among the first group of Lithuanians participants, four confessed having experienced an alcoholic coma. A girl in this group said that youngsters are not worried about *“what can happen to them in 10, 15 or 20 years..., violence and ethylic coma are immediate consequences”.*

However, some denied the dangers associated with black outs or comas.

*“We can have an alcoholic coma; it is not like a breast cancer...”* (Maxime, France).



#### iv. Long-term health risks.

The longer-term health risks were only punctually quoted, for example the consequences of alcohol abuse on the pregnant woman's foetus. In Belgium, almost none of the participants were able to describe accurately the actual consequences of alcohol consumption on the foetus. In Hungary, researchers noticed a lack of information concerning the long-term impacts of alcohol consumption.

*"The youngsters don't know how long it takes to process alcohol. They are not aware of genetic differences and differences between men and women. They know about cirrhosis, but nobody knows cardiovascular risks."*

#### v. Diseases of the cardiovascular and circulatory system.

Those who talked about cardiovascular diseases knew it from a relative but they were unable to describe precisely the consequences of alcohol abuse in this area.

#### vi. Mental diseases.

Very few participants mentioned mental disease and when they did, they mainly talked about evasive fears.

*"I am afraid of becoming crazy if I drink too much".*

*"Nerve cells are destroyed when we drink, but what are the consequences? I wonder if we destroy ourselves little by little and when it gets embarrassing" "Alcohol may cause depression..." (Fanny, France)*

*"It is not good for the brain... A drinker who consumes large amounts of alcohol will not succeed in life, whatever the area."*

*"Alcohol produces degeneration and social and mental problems"*

*"Drinking and taking drugs at the same time can pose problems but I only stopped when I actually got troubles. None of the warnings in the instructions on drugs influenced me".*

A Lithuanian listened to a befriended doctor.

*"He told me that only one mixture of alcohol and medicine could lead to irreversible effects. So I never tried it."*

#### vii. Addiction.

None of the teenagers in Belgium knew exactly what alcohol addiction means. No one understands that alcohol dependence means being sick when the person refrains from drinking. Participants did not associate alcohol dependence with withdrawal symptoms.

Sandrine, from the French group, gives her definition of addiction: *"It creates addiction... When we are addicted, we just go to a party to get drunk..."*

*"Drinking becomes a habit: at a party in the evening, we consume alcoholic beverages, we don't really need them, but we know that partying means drinking. It's not a physical dependence but it is a psychological one" (Fanny, France).*

#### viii. Liver cirrhosis.

None of the youngsters knew the liver cirrhosis mechanism and no one associated risks of cancers with excessive alcohol consumption. Only one Spanish teenager explained that his grandfather died of this disease.

*“He was an alcoholic. My mother was very stern about the topic. But I don’t think a prevention campaign has an impact on me”*

To note that in Spain, most participants said they’ve been raised in religious institutions, where nobody talked about sex, drug or alcohol. And those who received a little bit of information in other institutions acknowledged it was a little bit too late.

### 3. Evaluating Information Tools

#### a. Beverages selection based on labels

In order to test participants’ perceptions and behaviours regarding alcoholic drinks labelling, researchers gave them samples of different alcoholic beverages. Participants had to choose a bottle according to their tastes and habits.

When **Belgians** were asked to describe the information present on the labels, most youngsters quoted the brand, sometimes the percentage alcohol by volume (%ABV). None of them really paid attention to labelling. When asked about having a close look on labels, some mentioned the pregnant woman logo, others the recycling or depositing signs.

Some paid attention to the ways the product has to be consumed, e.g. the preferred type of glass or the required temperature.

Some others said they have a close look to prices when they are about to buy alcohol in a store.

Pilsner beers are most often bought at the cheapest possible price, without paying particular attention to the brand.

Other alcoholic drinks are bought according to the brand rather than the price, because most of the participants dread unpredictable effects of unknown alcohols.

Young **French** keep in mind mostly the brand of alcohols but they said they also have a look at the %ABV. None of them seemed to pay attention to quality label except when it concerns drinking in good company.

*“If we buy a bottle of wine for a dinner, we are looking for a real quality wine. But it is different for an average party...”*

All of them agreed that reference points would be useless because *“some people can handle drinks better than others”*.

One participant admitted having seen drinking guidelines on a special branded beer but didn’t know exactly what it corresponds to.

*“I saw something on the bottles of beer, sometimes there is some information, alcohol units with a special number...”*

However, he added he does not understand the system.

*“We are not going to count these units after having drunk several bottles...”*

A girl made an interesting comment about sugar consumption.

*“I was told I couldn’t drink because I’m diabetic, but it would be useful if alcohol makers indicate the quantity of sugar on the label”*.

According to Thomas, it is also important to mention the origin, especially for wine or alcohols like whisky.

Most of young **Lithuanians** said they trust labels when they opt for an alcoholic beverage. Most of them look for information specifying the origin and the name of the alcohol. On the other hand, no one is interested in the composition and a too much detailed label can restrain them from buying the product.

*“When I see on the label too many words and formulas that I don’t understand, I don’t buy the product”.*

Finally, beer labels are even less analysed. The youngsters suppose they always contain the same ingredients. Only the labels on wine bottles are read with more caution: year of production, type of wine and with which dishes they would be more suited.

About twenty bottles of different alcohols, beers and wines were presented to young **Hungarians**. A majority chose the most famous brands. Those having the most attractive labels or the most expensive ones were associated with good quality, especially in the case of wines. Some opted for wines that received awards in international competitions. On the label, Hungarian participants pay attention to %ABV but not to ingredients (only one participant mentioned the importance of organic wine). Some noticed the presence of sulphites on wine labels but they had no idea of what it meant.

Young **Romanians** acted in a rather similar way, buying the most famous branded goods.

Some confessed buying very strong alcohol.

*“I prefer whiskey, because I like tasting pure alcohol”.*

They were more selective when purchasing wine, looking at the origin, the year of production... Some mentioned the alleged benefits of a glass of wine a day.

In the case of beer, participants paid more attention to ingredients and to % alcohol, preferring “light” beers. Only one participant, in each of the two focus groups, mentioned that he checks the use-by dates of drinks.

Young **Spanish** declared they look in priority to the alcohol percentage.

*“I have a look at it because I don’t want to drink and become sick”.*

Young Spanish seem to opt for quantity rather than quality and mix themselves wine and coke (Calimotxo).

*“We don’t look at labels, but at brands and alcohol proof”.*

They do not seem to be aware of the consequences of these mixtures.

## **b. Drinking guidelines**

The UK guidelines for « standard drinks », comparing alcohol units between different alcoholic beverages, were shown to participants to illustrate the notion of standard alcohol consumption. The labels shown summarize two pieces of information:

- Standard consumption, to avoid short-term risks related to occasional abuse. In this case, the unit allows the user to measure the dose of pure alcohol really ingested (1 unit = 10 grams of pure alcohol).
- Daily limits, corresponding to the dose not to be exceeded every day, so as to reduce long-term risks (3 units for men, 2 units for women).

In **Belgium**, none of the participants was able to interpret properly these concepts of standard consumption and daily recommendations.

*“The dose concerns taxes”*

*“I am not interested in it; all I care about is what I can drink without consequences”*

Participants could not explain the concept nor understand it. Some thought it concerned the limit not to be crossed to be able to drive a car.

*“It is the authorized dose before driving”*

Only one participant remembered having read WHO (World Health Organization) recommendations mentioning maximum daily consumption. The recommendations also mentioned the need for periods of sobriety, in order to avoid developing alcohol dependence. To note that this participant consumes alcohol in a very controlled way, once a week (she only drinks quality wine, when she eats with her boyfriend).

The participants were then further explained about the unit concept, how alcohol acts in the human body (both at the physiological and cerebral levels) and what responsible consumption meant. Most of them then considered that drinking 3 alcoholic beverages a day means being dependent. However, they did not know what dependence meant and they wished they have had received more information about the consequences of alcohol abuse and the how these problems develop. They all wished schools had supplied them with information. Some participants said they attended school activities on drug prevention, sexually transmitted diseases and road safety, but none of them remember having received information on alcohol consumption prevention.

In the end, when the concept was explained and understood by every participant, few of them thought that guidelines and labels about standard consumption on bottles (or cans) would be relevant:

- Either they know the effects of drinking from experience and consequently rely on that negative experience to never get drunk again.

*“I drank a bottle of vodka and I began driving with my friends, I am not sure that I was completely conscious of what I was doing, and since then, I avoid drinking so much”*

*“I was dead drunk and I took my clothes off, after that I collapsed and it is told that I was taken back in a wheelbarrow.”*

They said they know their limits according to their own experience and they cross them when they want to.

*“I didn’t know where I was. Never again! Now, I just have two drinks, and I still feel good...”*

- Or they do not know the beverage but it is generally consumed in a bar or a nightclub so they will not receive the proper information.
- Others said that they would not look anyway at standard guidelines before drinking, that they simply would not be in the mood.
- Some participants also said such a label would not have been effective when they had their first hangover.
- Some said the impacts of alcohol consumption depend on people.

Crossing limits has different impact according to every participant. Some had negative experiences (verbal excess, vomiting, black out, coma, unprotected sexual intercourse) but they also appreciate some moments of drunkenness and when they crossed the line.

*“The day after, we have stories to tell and it is funny to remember”*

*“Sometimes, we can feel ashamed but we all had a good time”*

A few participants considered the standard unit concept interesting because it gives them freedom and responsibility: everybody is free to control his own consumption when using the guidelines.

But they said it would not be easily used because when they go out, for example in a pub, alcoholic drinks do not have labels while those are the moments when they put themselves at risk. Furthermore, some think a label displaying alcohol content according to a standard unit would encourage the youngest to consume the strongest alcoholic beverages, due to defiant behaviour.

*“Nowadays, youngsters aged 12 – 13 drink alcohol. It should be forbidden... It is forbidden but nevertheless some people sell them alcohol... The State is hypocritical: on one hand, it wants to limit alcohol consumption but still authorizes selling... Why selling alcohol if it is harmful?”*

*“If the youngsters see these figures, for sure they are going to have the strongest drinks due to defiant behaviour”*

Yet, according to young Belgians, a label would not be the most efficient deterrent. Because of new technologies, most of them suggested to put the information on a website and mention that on the label.

French, Lithuanian, Romanian, Hungarian and Spanish participants generally agreed with Belgians about standard consumption information.

**French** youngsters agreed that it is important to insist on alcohol abuse, but they think standard measures are useless.

*“Are people going to learn something, I don’t think so...”*

Nevertheless, some asked for a “scale” helping them to evaluate their state of drunkenness.

*“After how many drinks do we get drunk?”*

However, some think about the boomerang effect of the guideline.

*“It is a kind of a trap, it might encourage drinking, well, I haven’t yet exceeded the dose...”*

One said it would be interesting to adapt the message and to communicate with youngsters in the places where they drink.

*“In nightclubs, it is relevant to talk about the link between alcohol and sexual performance, violence, driving... But not really about pregnancy...”*

They consider that alcohol does not have the same effect on everybody, but a participant suggested that standard quantities could be respected in bars.

*“For the barman, a glass of alcohol is a standard consumption. In bars, they have a different vision of alcohol”.*

Only one participant knew that the alcohol limit is equal to 4 units a day. But he added that *“it only concerns beer drinkers...”* and *“anyway, when we go out to have fun, we don’t count units, they are useless for youngsters”*

A French participant even relies on his smart phone.

*“There is an interesting application program. I write what and when I drank and when I drink again, it tells me what my current alcohol level is, and in many hours ... It helps me to know if I am drunk or not”*

*“I think that alcohol is a learning process, it is up to us to see our limits, every time we go out and we should not exaggerate... We should know that it affects us half an hour after drinking and that ten hours are necessary to completely purify the blood...”*

In **Spain**, the youngsters said that campaigns make them think about alcohol abuse-related dangers, adding they would like to get more accurate information about what and how much they can drink without harming themselves. When informed about the formula providing the grams of alcohol per litre ingested, almost all participants admitted it was the first time they heard about it.

Some were surprised when they saw it.

*“But we drink much more than this!”*

They laughed at it, arguing that the only way to prevent people from drinking is to put “tape” around bottlenecks.

The majority declared that the family, most particularly their parents, was their best source of information. They think that youngsters aged between 13 and 14 would pay particular attention to information coming from a person who experienced drinking problems or a professional helping addicted people.

*“Rather than informing people about what alcohol is, it is better to give information about how and when to stop drinking”.*

When informed about direct alcohol abuse-related risks, participants listened attentively at the beginning, but very quickly, they stopped paying attention and openly confessed they were getting bored. They said they knew the particular consequences of road accidents, unwanted pregnancies and addiction.

At least two cases of “tomorrow’s pills” were reported.

*“An ex-friend of mine went out and she didn’t remember she had sex with three different boys”.*

Most **Hungarians** did not know about standard alcohol units. They considered it would be interesting to mention it on bottles, but only for persons who have to drive after having drunk. To note that drinking and driving is not allowed in Hungary.

Some participants mentioned the fact that measures of alcohol units in Hungary are different and higher than those they were presented: 500 instead of 375 ml for beer while a wine unit is fixed at 100 ml (12° alcohol). They added the State earns a lot of money thanks to taxes on alcohol.

To note that the Hungarians participants did not know the differences between men and women in terms of alcohol deterioration in the blood and they could not estimate how long the process lasts.

They acknowledged receiving proper information through television, journals, the Internet and friends, but talking about alcohol is still taboo in their families. They said that they talk a little bit about it at school but they focus more on drug-related dangers, something that a few deplored. Some said they would like to be more informed through other canals such as Internet, advertisements in theatres or at the beginning of DVD movies.

**Romanians** also mentioned prevention campaigns on alcohol, on television and others medias, adding that prevention through the family, from an early age, can increase youngsters’ awareness of dangers.

Finally, young **Lithuanians** said they the standard units were relevant to get more informed about alcohol consumption and limits.

Some believed they knew enough about the consequences of excessive alcohol consumption.

*“Teenagers know the impact of alcohol consumption and they think they can avoid it. Information is easy to find on the Internet, but for those who don’t want to hear anything it, it will never be accessible”.*

### **c. Prevention logos on alcoholic beverages labels**

At this stage of the study, participants had to give their opinion about logos they were presented.

#### Pregnant woman logo

In **Belgium**, all participants confessed they did not spontaneously notice the pregnant woman logo before someone showed it to them.

Dutch speakers seemed to pay more attention to this logo than French speakers. Dutch speakers, especially female participants, thought putting the logo on the label was a positive step. On the contrary, French speakers said it was useless because “*rather obvious*”.

Almost no participant was able to explain what the real risks are for a pregnant woman when she drinks and more particularly what the risks for the foetus are. The principle of a logo appeared as “*taboo*” and disturbed many French speaking participants, who associated it with a prohibiting traffic sign.

Dutch speakers made the same type of association but believed, on the contrary, that it was an efficient system.

Many **French** participants considered that the logo of the pregnant woman as important and efficient.

*“Warning messages can make the person who buys alcohol feel ashamed. For instance, the logo of the pregnant woman: she would feel ashamed about what others could think about her”.*

So other people’s opinion, i.e. social pressure, could have some influence on drinking behavior.

However, some participants did not seem to feel concerned.

*“It is not for us”.*

They felt more concerned by the problem of driving under the influence of alcohol.

*“We already said it, we know the issue and we don’t drive... We are conscious of the problem...”*

Even though they have some doubts about its preventive effect, they said a small and discrete logo is more practical and more explicit than a written warning.

*“Icons are meaningful and have a simple message. It is fast...”*

Young female **Romanians** spontaneously said they would like having more information about the consequences of alcohol consumption on pregnant women and foetus.

#### Drunken man logo

In **Belgium**, a logo representing a drunken man walking on his knees was shown to the participants. It made most of the participants laugh.

Some said it perfectly showed the state they would like to avoid.

When associated with drunkenness, they said it would not be efficient because they consider they choose to get drunk in some circumstances and such a logo would not prevent them.

When associated with addiction, they did not feel concerned because they were confident they would never become dependent.

A debate rose at this point between two types of prevention:

- On one hand, the presence of warning signals, such as this logo, that would develop avoidance behaviours in a ‘reflex-like’ way.
- On the other hand, an intelligent appropriation of prevention, through the standard limits units previously shown.

Most participants said they refuse to listen to prohibition signs or warning signals shown on logos and that prefer non-restrictive indications such as standard consumption. But they said at the same time they were not keen on using them... On the other hand, they said they could not and did not want to always control the situation. Consequently, many of them thought it would be better to resort to dissuasion by immediate action.

*“A friend of mine drank too much, he was driving. Policemen arrested him. They took away his driver’s license, he had been forbidden to drive for a long time and moreover, he had to come back home on foot and walked for a long time. After that, he won’t make the same mistake again.”*

## d. Prevention messages or pictures

### i. Messages about tobacco

To explore preventive possibilities related to the presence of texts or pictures on alcoholic beverages labels, participants' perception and behaviour regarding different types of deterring labelling on cigarette packs were tested. The reactions to this type of labelling were quite diverse.

**Deterring texts** were very badly received by **smoking participants**, who perceived them as rather obvious.

*“Of course, smoking kills, we know it very well”.*

They said these campaigns were worthless.

*“We know the risks, and I will not stop smoking because of them”.*

*“We do what we want. We get bored with all these messages. Everything is forbidden everywhere, we can't do anything anymore. It seems people want to help us, take our hands and tell us “smoking can harm you”. It's enough, we know it!”*

*“If they want us to stop smoking, they have to forbid tobacco, so, why does the State sell it, if it kills people?”*

*“It's useless; non-smokers are the only ones who react.”*

*“Smoking kills doesn't have any impact on people. At the beginning, I used to collect messages. It's a fad.”*

Among them, ex-smokers also believed these messages did not prevent them from smoking, nor helped them stopping. It would rather be the deaths and diseases of familiars that pushed them to quit smoking.

**Non-smoker participants** believed these campaigns and labels help to strengthen the message, and help to create a different culture.

*“It is clear that with such messages on cigarette packs, smokers are reluctant to offer a cigarette”.*

*“Personally, I think these messages are ridiculous, but because my grandparents died of it, I never smoked”.*

However, non-smokers, just like smokers, thought these messages do not prevent smokers from smoking.

In France, smokers and non-smokers had the same opinion: *“It will not prevent smokers from smoking...”*. Alix (France) pointed out that, at the beginning, cigarette brands were selling some kind of mask wrappings in order to hide those messages imposed by the law.

**Pictures** seemed to have a larger influence than written messages, especially on non-smokers.

*“Written messages concern smokers, and pictures aim at preventing non-smokers from starting smoking”.*

An example was when a female non-smoker discovered shocking pictures on cigarette packs.

*“I was in Thailand; there were some pictures on a cigarette pack. I had to buy it for someone, but I didn't, because I didn't know if he would take it. And my mother added: I'm not buying it because the pictures are too shocking...”*

In Belgium, the picture representing the consequences of an oral cancer made people react in different ways. Most of the participants agreed the picture was repelling. *“It's disgusting”.*



Nevertheless, some of them seemed to understand the severity of the disease. Some thought it only depicts a bad dental hygiene.

*“It’s disgusting but it can be avoided by brushing your teeth”*

Others understood that it is about severe cancer-related lesions.

*“It’s a cancer! You can brush your teeth but it is useless”*

According to Thomas (France), a smoker, pictures representing gangrene in lung cancer are the most questioning.

*“It doesn’t prevent me from smoking, but it makes me think. On the other hand, the problem of oral cancer is not really tackled.”*

In Romania, smokers do not pay attention to the message and make every effort to hide shocking images. If there were one deterring effect, it would be a short-term one.

*“My boyfriend stubbed out his cigarette when seeing such an awful picture”.*

In Lithuania, where there are no warnings on cigarette packs, most of the participants said that pictures were a good idea, which should be imitated on alcohol bottles.

*“The way these pictures outrage the public attracts attention. I would not want to see these pictures on products, they make me sick”.*

*“It is always better to see the consequences rather than reading a text about the consequences of tobacco”...*

Yet, a youngster expressed some doubts on the long-term impact of these pictures.

*“They will have an impact on people during one or two months, after which people will get used to it.”*

## ii. Dissuasive alcohol labelling

Different types of deterring messages and pictures were presented to the youngsters.

### Written messages

Messages containing statistical data were the most striking for **Belgians**, especially those referring to road accidents caused by alcohol abuse (*“Every year in Europe, 10,000 innocent people are killed by drivers who drank alcohol”* or *“Alcohol is involved in 195,000 deaths a year in Europe”*).

These types of data in absolute figures seemed to be more disturbing than numbers displayed in ratio, such as *“Alcohol is involved in one fatal road accident out of four”*.

Some participants suggested some more striking messages.

*“Would you want to be one of these 195 000 killed persons? It would be more shocking, more direct”.*

On the other hand, some others thought that providing figures would have an opposite effect.

*“195 000 deaths among all Europeans, it is not that much”* (Maxime, France).

Some participants said that the message *“Alcohol consumption increases the risk of liver cirrhosis”* does not provide them with sufficient concrete information.

*“Am I harming myself on the long range? Which quantity of alcohol do we have to drink to end up like this?”*

Some others said it would be better to remind the law on alcohol bottles and put the emphasis on the ban on selling alcohol to anyone under the age of 18.

*“A message like “Caution, you’re not 18, you don’t have the right to buy alcohol, otherwise you will go to jail” would be more effective”.*

More generally, most of **European participants** thought these messages would not be sufficient and kind of pointless when put on bottle labels.

*“It will not bring any change”.*

*“I agree with writings on bottles but only in small letters... Anyway, nobody reads what is written on bottles”.*

*“We already know the risks. Writing them on bottles is useless. We already know that people die of it...”* (Alicia, France)

*“If we provide information on the bottles concerning alcoholic coma or violence, it would have a bigger impact”* (Sacha, France)

*“At the beginning, the text on cigarette packs really shocked me but afterwards, people got used to. It would be the same with bottles. We should diversify either messages or appearances (Laura, France)”.*

Young **French** would prefer to place funny messages or pictures and refer to prevention websites or phone number for addicted persons.

They also suggested that broadcasting shocking messages in nightclubs would be effective.

### **Pictures**

As for tobacco products, pictures seemed to have overall a greater impact on participants than written messages.

In **France**, health-related shocking pictures were the ones provoking the most reactions, for example pictures representing the consequences of alcohol abuse on the liver. French youngsters did not appreciate them because they consider French wine and champagne as being part of their national heritage.

*“Alcohol means partying. I don’t want to see a crap picture on my champagne bottle. French heritage is sacrosanct. Wine and champagne are too”* (Yannick, France).

*“I don’t want to see my alcohol bottle to be distorted for general interest. I don’t drink that much wine...”*

*“Nothing has to be written on a wine bottle. Wine is French heritage and it is mythical. In this case, you might as well take the label off!”*

*“A bottle is a denomination, an origin. It’s not a place where we put warnings...”*

An idea suggested by participants was to show pictures before and after getting drunk, to show physical damage caused by alcohol:

*“Showing that alcohol makes people fat, and having a scabby skin, would work”.*

*“It’s interesting. It means that alcohol not only cause cancer but also physical damage...”*

*“We should insist on things we are not aware of: brain and physical damage”.*

In **Belgium**, the picture which had the greatest impact was one representing an injured and unconscious girl. This picture was judged as very realistic and striking and made many participants uneasy.

*“It bothers me, she is beautiful, and it looks like people forced her to get drunk by surprise, it is chaos, instability”.*

It is the concept of immediate, irremediable and unpredictable destruction of carefree youth which generated confusion and questioning among participants. They were very much troubled by the idea that alcohol abuse can have uncontrollable consequences, anywhere and at anytime.

*“Those things happen on a regular basis”*

*“Everybody is concerned. Bob campaigns and figures only affect drivers, but everyone is concerned because of this picture”.*

To notice that the impact of this picture, which aroused many reactions, totally cancelled out the accompanying message.

Other pictures depicting the short-term consequences of alcohol abuse (road accident, fight) were perceived as too artificial.

In **Lithuania**, some pictures seemed to be very disturbing for the youngsters, and it appeared that many of them were adopting an avoidance type of behaviour.

*“In a store, if I have to choose a bottle with a deterring picture, I would choose the one with the less shocking message.”*

Again, the participants were more affected by health-related shocking pictures.

*“The picture of liver cirrhosis affects me more than the picture of a person who became aggressive because of alcohol”*

In **Hungary**, participants do not understand the purpose of putting striking texts and pictures on the bottles. They would prefer to see standard alcohol units.

### **Education**

A majority of European participants agreed that prevention concerning alcohol consumption was above all an educational issue.

*“School is a prerequisite”.*

According to all young Europeans, parents and family have to play the biggest part in education.

## **4. Summary**

### **a. Ways of consumption and motivations**

Four types of alcohol consuming situations could be distinguished among the youngsters who participated to the focus groups:

#### **i. Tasting**

- In some typical circumstances (during family dinner, Christmas and New Year’s celebrations, birthday, dinner in a restaurant or at home...), participants consume some specific alcohols (wine, special beers, branded spirits...) in a moderate way for taste and degustation purposes. This is a context where there is social control.
- For this type of consumption, alcohol brings pleasure and the taste is a key dimension. In all the countries studied, the first experience with alcohol generally took place within this setting, in the family circle, *“just to see”*, *“to taste”*, or *“to do like adults”*.

#### **ii. Party**

- Youngsters consume here large quantities of beer or spirit (“shot”), in group, before going to the “partying” place (binge-drinking). There is very little social control and the majority of participants want to modify their perceptions and emotions, to reach another state of consciousness.
- In these situations, a large number of teenagers reported that they drink in excess, either on their own initiative or under the influence of friends. They reported light abuse (difficulty talking, blurred vision ...) as well as severe abuse (black out and ethylic coma).

- This is the setting where most participants reported their first time drunkenness, so out of family context. It occurred at an early age, generally when they were between 13 and 16.
- The respondents who experienced black out and alcoholic coma, especially female ones, said they now limit their alcohol consumption so as to avoid amnesia, coma or unwanted sexual relationships.

### iii. Asserting oneself

- In this situation, youngsters consume alcohol to try promoting an image of them who fits to some advertising stereotypes of attractive persons. They (men and women) drink special cocktails or champagne in specialized bars.
- These participants try to control their consumption because they intend to prove they are self-confident and do not want to “behave irresponsibly”.  
They do however go over their limits sometimes, given the fact what they are looking for are the psycho active effects of alcohol in order to be more confident. This mode of consumption can pose problems on a long-term basis.

### iv. Relaxation

- In this setting, participants consume wine or special beers to facilitate contacts with others and try to disinhibit, not to get dead drunk.
- There is here social control: participants are generally only a few, it is thus easier for them to notice when somebody crosses the line.
- However, many do cross the limits in those circumstances as their warning signs are based upon their personal and subjective perceptions, a situation which puts them at risks (by driving for example).

## b. Awareness about the dangers of alcohol abuse

- Respondents are generally aware of the short-term dangers of alcohol consumption (road accidents, comas, unwanted sexual relationships...) and feel quite concerned.
- But they globally know very little of the possible long-term consequences of alcohol abuse on health (diseases, addictions...). They often believe they are able to control themselves and that they do not run any risk on the long term. For example, they think they do not run any risk of becoming addicted but very few know exactly what the concept of addiction means.
- The little information they do have on the issue comes from familiars’ testimonies on alcohol-related health problems. All wish they had received information about the issue at school. But some think that the provision of information could be double-edged.

## c. Information sources and labelling perception

- Globally, very few participants of the different countries pay attention to preventive labelling and logos placed on alcoholic beverages. They consider that these logos do not concern them and they look in priority to brand and alcohol % information. Campaigns on road safety and alcohol, because of their striking visual impact, would be better known by young Europeans.
- Drinking guidelines are generally not known and not understood at first sight by participants. When understood, most consider them useless because:
  - They subjectively know their limits.
  - They do not find them relevant in a bar/club setting, where they mostly consume alcohol.
  - They consider that alcohol metabolism depend on physiological characteristics such as body size.

However, some participants find it interesting since it leaves them some freedom and responsibility, contrary to the 'forbidding' types of labels.

- Similarly to tobacco, participants react more toward pictures than written messages, the best being, according to them, a combination of the two:
  - If messages are used, the ones with death statistics on accidents are considered as more relevant. Many youngsters seemed to prefer humoristic types of messages but this could be double-sided as it could lead to an increased consumption of alcohol. Link to website with additional information were frequently asked.
  - If pictures are used, the health-related shocking (e.g. liver with cirrhosis) or accident-related (wounded girl) pictures provoke the most reactions and may thus be the most effective. However, they led to strong opposition, especially for 'quality' products such as wine.
- Participants were more in favour of educational tools (parents, information sessions at school) than in logos or warning messages. Participants said they heard a lot about drugs or violence at school, but never about the harmful effects of alcohol. Many participants also talked about humorous drawings, which according to them, would stay in people's mind. This latter option might however be risky as it could lead some youngsters to compete and to actually use these pictures to drink even more so.
- Another solution mentioned were:
  - An increase in prices as well as limitation in alcohol beverages availability (e.g. limited alcohol selling hours such as in Lithuania).
  - Energetic information on bottles, i.e. number of calories. This could be an especially effective solution for girls, which tend to pay more attention to their physical appearance than boys.

## 5. CONCLUSIONS AND RECOMMENDATIONS

In addictology, it is considered that problematic evolution of alcohol consumption takes place in three stages:

- First stage: progressive alcoholism. People get initiated to alcohol and drink in excess only occasionally. During this stage, consumers mostly find advantages in consuming alcohol and few disadvantages. This stage can last from five to ten years, depending on individuals. Prevention is useful and can be sufficient to make people control their consumption.
- Second stage: active co-alcoholism. The persons in this stage drink more and more often in excess, which begins to affect their family life and their work. More often than not, the person's circle does not raise the question of alcohol consumption in order to avoid troubles. During that stage, the person who drinks in excess trivializes his/her consumption or refuses to acknowledge his/her addiction. Prevention does not work anymore. The priority is to increase awareness among the drinker's circle. The idea is to make them react as soon as possible, while respecting the drinker wellbeing.
- Third stage: decompensating and addiction. The person's circle (work, family, etc.) has enough and the drinker is rejected. Often, at this stage, only a medical treatment can bring some improvement. Most often, the person ends up lonely with a 20-year experience of alcohol excess and changing that situation turns difficult.

Given their young age, most focus groups participants are in the first stage. But some of them are on their way to the second one. In spite of difficult experiences (black out, coma...), and maybe because of social / cultural pressure, they occasionally experience severe abuses and tend to trivialize their consumption. More worrying, most participants said they consume alcohol because of its psychoactive effects, while this is precisely the drinking motivation, among all others (conviviality, taste, ritual, relaxation...), which leads more often than not to problematic consumption and addiction.

Prevention and information are the main tools to use against these risky alcohol consumption behaviours among young Europeans. The focus groups showed that the youngsters were quite well informed of the short terms consequences of alcohol abuse, such as road car accidents, thanks mainly to numerous media campaigns which took place in the past decades (e.g. bob and Sam in Belgium and France). The knowledge of European youngsters of longer term effects such as diseases and addiction were however very poor. One could argue this is simply because it does not concern them, given their young age. Providing them with more information around these issues could however be a strong way to modify their alcohol consumption behaviour.

The use of health warnings on alcoholic beverages could be an easy and cheap way to provide them with such information. The response of the focus groups participants to this form of communication was however quite negative, at best neutral. Most of them judged it as useless, saying it would not change their drinking behaviour, similarly to prevention labels on cigarette packs for smokers. Nevertheless, the fact that many of them confessed having been disturbed by shocking pictures seems to show that this particular form of labelling could have some impact, especially if used in combination with written message. The most efficient form of written messages would be the ones giving information about alcohol-related death statistics, especially when using personal phrasings.

On the other hand, drinking guidelines were poorly understood by youngsters. When explained, most considered them as irrelevant because of their complexity and lack of applicability, especially in bar settings. Some participants appreciated such guidelines because of the freedom and responsibility which came along with it.

Overall, most participants were in favour of other prevention tools than labels. They frequently mentioned educational tools, e.g. the organization of information sessions at school as well as the use of testimonies, i.e. people who experienced and went through alcoholism. Other solutions mentioned were an increase in price, together with a limitation in alcohol beverages availability (e.g. Lithuania). To note that overall, young East Europeans seemed to be more concerned with price issues than their western / southern counterparts. Links to Internet websites were also quite often mentioned for those looking for more information. Labelling could come as a complement to this type of information / education, as a part of a bigger European alcohol prevention framework.

Responsible editor: Marc Vandercammen  
CRIOC  
Foundation of Public Interest  
Boulevard Paepsem 20, B-1070 Brussels  
Tel. +32 / 2 / 547 06 11 – Fax +32 / 2 / 547 06 01  
[www.crioc.be](http://www.crioc.be)  
NE 417541646