

University students' alcohol expectancies and self-esteem: An investigation of difference by students' gender

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Abstract

Purpose: *The negative effects of heavy drinking among university students has been extensively discussed in the alcohol related research and heavy drinking has been regarded as a matter of serious health/social concern. Prior research pointed to an association between alcohol drinking and self-esteem, and alcohol expectancies as predictors of the drinking behaviour of individuals'. However, the gender effect on various dimensions of alcohol expectancies and self-esteem is still unclear. Therefore, this study examines whether there is a difference in university students' alcohol expectancies and their self-esteem by students' gender.*

Design/methodology/approach: *A survey of undergraduate university students was carried out for data collection from a regional university in Germany. Statistical techniques were used to analyse the data.*

Results: *The study found that female students have significantly lower expectancy in social and physical pleasure, sexual enhancement, power and aggression, and careless unconcern by drinking alcohol than those of their male counterparts. Female students were also found to be significantly lower in some aspects of self-esteem than male students.*

Keywords: *Alcohol expectancy; self-esteem; gender.*

JEL Classifications: M31

PsycINFO Classifications: 3940

FoR Codes: 1504; 1505

ERA Journal ID #: 40840

Introduction

According to the World Health Organisation [WHO] (2018, Feb 5), harmful use of alcohol is responsible for 3.3 million deaths every year or 5.9% of all deaths and 25% of all deaths in the age group of 20-39 years, a causal factor for more than 200 diseases and injury conditions, and a factor for the occurrence of infectious diseases such as tuberculosis along with other negative consequences. Consequently, the studies related to alcohol have a significant relevance and importance both in terms of addressing the drinking behaviour and reducing the social and economic losses (Collins & Lapsley, 2008). In terms of quantity of alcohol consumption, Anderson, Moller, and Galea (2012) reported that the European Union (EU) ranks among the top in the world with average alcohol consumption of 15 plus years old adult of 12.5 litres of pure alcohol or approximately three drinks a day which is more than double the world average of 6.1 litres. It has also been noted that in the European region 'more than 1 in every 11 male deaths and 1 in every 16 female deaths are due to alcohol' (Anderson et al., 2012, p. 18) which could be avoided with appropriate intervention. Consequently, alcohol consumption in the EU is resulting in not only the substantial health burden but also significant social and economic burdens on individuals, families, work and society (Anderson et al., 2012, p. 26).

The literature suggests that there is a high rate of heavy drinking among university / college students (Tyler, Schmitz, & Adams, 2017; Morawska & Oei, 2005) and they are experiencing more negative effects than others (Dunne, Freedlander, Coleman, & Katz, 2013). Therefore, alcohol use has appeared as a significant public health problem (Jessor, Costa, Krueger, & Turbin, 2017). It has also been reported that male students are more likely to engage in such behaviours than female students (Iwamoto, Corbin, Lejuez, & MacPherson, 2014). However, as noted by Kenney, Jones, and Barnett (2015), among college students who are depressed, women are more likely to experience negative consequences from drinking compared with men. Excessive use of alcohol can lead to several negative consequences which include risky sexual behaviours such as unwanted sex, unprotected sex, sex with unknown / casual partners, having multiple sexual partners, having sex under the influence of drugs, vomiting, drunk driving, physical fights / violence, trouble with police / friends / parents, injuries, anti-social behaviour, aggressive confrontation, road traffic crashes, overweight, high blood pressure, and unsafe driving practices (Kilwein & Looby, 2018; Wang, Lui, Vega, Waldrop, & Garris, 2018; Sharma & Reinhard, 2016; Su et al., 2015; Danielsson, Wennberg, Hibell, & Romelsjo, 2011, Livingston, 2011, Oesterle et al., 2004). Various media studies and reports suggest that alcohol abuse is regarded as one of the biggest social problems in Germany as alcohol drinking is widely accepted in Germany. It is also generally perceived that drinking beer or wine does not make one alcoholic.

There is growing recognition of the need for prevention of alcohol-related harm across Europe due to high level of alcohol consumption (Hughes et al., 2013). For example, the college/university students are reported to have a high probability (27%) of driving under the influence of alcohol than the non-drinking students (20%). Germany alone accounts for 17% to the European Union's drink-driving accidents (Alcohol Statistics in Europe, 2010). Therefore, the studies related to alcohol have a significant relevance and importance both in terms of addressing the drinking behaviour and alleviating the social cost related to alcohol possibly through policy interventions and their implementation

(Collins & Lapsley 2008). It has been noted that excessive drinkers of alcohol have the following four motives: coping 'to forget your problems', enhancement 'because you like the feeling', social 'because you enjoy a party', and conformity 'to be liked' (Cooper, 1994). The literature also suggests that generally positive alcohol related expectancies tend to result in excessive drinking leading to negative outcomes (Obasi, Brooks, & Cavanagh, 2016). The environmental context has also been considered to play a role in driving the positive or negative alcohol expectancies (Monk et al. 2016). It has also been noted that the critical period for the start and escalation of alcohol use is immediately after high school (Montes et al., 2017).

Alcohol related studies have drawn the attention of academic researchers, practitioners / scholars, and World Health Organisation (WHO) and the studies dealing with alcohol expectancies, self-esteem and alcohol outcomes have received significant interest in the literature (Geisner et al., 2017; Ham, Bacon, Carrigan, Zamboanga, & Casner, 2016; Dunne et al. 2013; Shell, Newman, & Xiaoyi, 2010; George et al., 1995). However, it is still unclear or ambiguous regarding the gender effect on these alcohol related dimensions. Therefore, this study examines whether there is a difference on university students' alcohol expectancies and the self-esteem by their gender using data from a regional university at Ravensburg in Germany.

Literature Review

WHO is active and is committed to easing the alcohol related health and social consequences and improving the well-being of individuals and communities through the development and implementation of cost-effective intervention programs (WHO, 2014). WHO's 2014 study presented a conceptual model of alcohol consumption and health outcomes. Model postulated that social vulnerability factors and individual vulnerability factors influence alcohol consumption in terms of quantity and quality of consumption which impact health outcomes. Societal vulnerability factors included in the model are level of development of health and welfare system and economy as a whole, culture, drinking context, alcohol production, distribution and regulation. Individual vulnerability factors include gender, age, family history of alcohol use, and socio-economic status. The health outcomes considered in the framework are mortality, socioeconomic consequences, and causing harm to other individuals (WHO, 2014). As this study has a focus on university students' alcohol expectancies and self-esteem, the following paragraphs present a review of these dimensions.

Alcohol expectancies

The belief that people hold about the effects of drinking alcohol is termed as alcohol expectancies (Dunne et al. 2013; Shell et al. 2010; George et al. 1995) which play an important role in individuals' alcohol use behaviour (Geisner et al. 2017). Positive alcohol expectancies include beliefs that drinking will result in benefits such as increased level of assertiveness, enhanced sexual functioning, increased sociability, feeling bold and courageous, being happy, enjoyable, energetic, and tension reduction and negative expectancies include increased risk and aggression, negative self-perception, and

cognitive/behavioural impairment (Cooper, O'Hara, & Martins, 2016; Brown, Talley, Littlefield, & Gause, 2016; Spillane, Cyders, & Maurelli, 2012; Zamboanga & Ham, 2008; Bot, Engels, & Knibbe 2005; Barnow et al., 2004). Positive social alcohol outcome expectancies (e.g. "I would feel at ease in social situations") has been found to mediate the relationship between social anxiety and positive indirect association with alcohol use and alcohol related problems and a negative indirect association via negative social alcohol outcome expectancies (e.g. "I would make a fool out of myself") (Ham et al., 2016). Adolescents' alcohol expectancies before drinking can influence their level of drinking when they start drinking (Bot et al., 2005). For example, the students who expected physical and social pleasure and increased assertiveness, some aspects of positive expectancies, were likely to engage in frequent heavy drinking and the males who expected enhanced sexual performance were associated with involvement in risky behaviours due to drinking (Zamboanga, 2005). The literature suggests that 'adolescent female sexual assault is a major public health problem' (Behnken, Le, Temple, & Berenson, 2010, p. 507) with 11% of high school girls being sexually assaulted. Based on the study of Behnken et al. (2010), the intervention programs to address the issues of binge drinking should consider cultural differences as their study (n=6364) found that binge drinking mediated the relationship between forced sexual intercourse and suicide for Hispanic and Caucasian adolescent females but not for African American adolescent females. An investigation of gender effect on consequences from drinking alcohol (e.g. unprotected sex, unwanted sex, vomiting, drunk driving, fights, trouble with police) showed that female students have significantly fewer undesirable consequences than male students (Sharma & Reinhard, 2016).

Drinking pattern, protective drinking strategies, and self-esteem

Generally during the holiday period, the university students' alcohol consumption level is much higher than the average consumption during the academic year (Greenbaum, Del Boca, Darkes, Wang, & Goldman, 2005). Students who live in dormitories tend to drink more than others but the ones who are married and live with their spouse tend to drink less (Zamboanga et al., 2009). Typically, heavy drinkers tend to drink more than the lighter drinkers on their 21st birthday based on a study which used a sample (n=306) of students from a midsized US university (Lewis, Lindgren, Fossos, Neighbors, & Oster-Aaland, 2009). Therefore, 21st birthday happens to be a special event when comes the question of drinking. Past studies that explored the relationship between gender and protective strategies found that women drink less than men and are also less likely to experience harmful experiences as they are more likely to use protective measures (Benton et al., 2004; O'Malley & Johnston 2002). As discussed in the literature, some of the protective strategies are 'pacing (e.g. pacing drinks to 1 or fewer per hour), diluting (e.g. drinking water at the same time), setting limits (e.g. determining in advance not to exceed a set of number of drinks), and social behaviours (e.g. walking home with a friend or a group of friends)' (Ray, Turrisi, Abar, & Peters, 2009, p. 913). Use of protecting drinking strategies are expected to help weaken the relationship between drinking and related consequences (Grazioli et al., 2015).

The literature suggests that there is an association between alcohol consumption and self-esteem. For example, high level of alcohol consumption is associated with low self-esteem and low level of alcohol consumption with high self-esteem (Collison, Banbury, & Lusher, 2016). The people with high self-esteem consider themselves in a relatively positive fashion (e.g. have self-respect, a person of worth) and the people with low self-esteem

consider themselves in a negative way or confused or uncertain (e.g. lack respect for themselves, consider themselves unworthy, inadequate, or even seriously deficient as a person (Zeigler-Hill, Dahlen, & Madson 2017; Rosenberg, 1979). Those people who have a low self-esteem and are experiencing stress or anxiety or tension tend to use alcohol to relax or release tension or cope with anxiety which can lead to negative consequences (Glindemann, Geller, & Fortney, 1999).

An investigation of the relationship between alcohol use and self-esteem using data from the students enrolled in their final year of bachelor degree or a higher qualification at universities in New Zealand (n=5082, response rate of 65%) found that higher self-esteem was associated with heavy drinking for men whereas the women who drank heavily had a pattern of lower self-esteem (Blank et al., 2016). Although there is sufficient research available which has investigated the relationship between alcohol use and self-esteem within the field of mental health, there is still little known about the gender effect of alcohol use and self-esteem (Collison et al., 2016) and also the past studies based on self-reported drinking and levels of self-esteem are 'limited or contradictory or otherwise inconclusive' (Glindermann et al., 1999, p. 61).

Therefore, based on the above review, this study investigates the difference in university students' alcohol expectancies and their self-esteem by gender. For this investigation, following null hypotheses have been postulated (Laing, Perrin, & Laing, 2018):

Null Hypothesis 1: *There is no difference in university students' alcohol expectancies by students' gender.*

Null Hypothesis 2: *There is no difference in university students' self-esteem by students' gender.*

Method

For this study, a survey of undergraduate university students was carried out for data collection from Baden-Württemberg Cooperative State University Ravensburg, a regional university in Germany. Survey design, sampling procedure, data analysis aspects are discussed in the following paragraphs. Human Research Ethics Committee of the University of the Sunshine Coast had granted ethics approval for this study.

Survey design

Use of surveys has a long history and has widely been recognised as a data gathering technique in social research (Neuman, 1997; Zikmund, 2003). Although survey captured information on protective drinking behaviour, self-esteem, consequences of alcohol consumption, alcohol expectancies, demographic questions and alcohol policy, this study uses demographic, alcohol expectancy and self-esteem related information. The self-esteem scale consisted of 12 items and were adopted from Glindemann et al. (1999). They were measured using a 5-point Likert type response scale - 1 being strongly disagree to 5 being strongly agree. The scale 'was designed to measure aspects of personal self-acceptance and the extent to which individuals' self-evaluations are favourable or unfavourable' (Glindemann et al., 1999, p. 63). Some of the items in the scale were reverse coded.

The alcohol expectancy scales were adopted from George et al. (1994) and consisted of 40 items which captured information on the following 8 dimensions: Global positive, Social and physical pleasure, Social expressiveness, Sexual enhancement, Power and aggression, Tension reduction and relaxation, Cognitive and physical impairment, Careless unconcern.

Sample size and Sampling procedure

Convenience sampling, a nonprobability sampling approach was used for the collection of data as one of the researchers had access to study sample (target respondents) and the collection of data was possible in a convenient way because of her involvement with the Baden-Württemberg Cooperative State University Ravensburg, a regional university in Germany. The survey was administered to different groups of students of this university at different times of the day and in different floors or buildings around the campus based on the consideration that 'haphazard selection of subjects may introduce bias' (Zikmund, 2003, p. 383). The classification of population in different subgroups is considered to be a sound approach.

In administering the survey for each group of students, a detailed explanation was given to them as to why the survey was conducted and the students were asked if they had any question or any problem in completing the survey. The students were advised that their participation in the survey was completely voluntary and did not involve any incentive/payment for completing the survey and also did not involve any penalty if they refused to participate. Each student then was provided with a copy (printed copy) of the questionnaire in their respective class rooms. The students were then advised to return the completed questionnaire to their lecturer in their class who was also a survey facilitator for that group in that particular class. This approach of data collection was found helpful as it provided an opportunity for direct conversation with the subjects/respondents, and clarify any question they have had with the purpose of the survey and/or the survey questions. There were all together 275 completed responses. For this study, data analysis was carried out using t-tests and descriptive statistics.

Results

Respondents' profile

Of the 275 students who participated in the survey 93% of them were in the age group of 18-24 years and 6.6% of them were in the age group of 25-34 years. 72.4% of the survey participants were female and the remaining 27.6% were male. 22.6% of them reported that they had their first alcoholic drink when they were 13 years old, 62.6% had when they were 14-15 years of age, and the remaining 14.8% had when they were more than 15 years of age. 52.2% of the respondents indicated that most of their friends consumed alcohol. 37.4% of them indicated that all of their friends consumed alcohol and only 10.4% indicated that some of their friends consumed alcohol but not all of them. In terms of alcohol policy in their residence, 159 students reported that they lived in a place where alcohol was not prohibited.

In terms of enrolment, 56.5% of them were enrolled in 6 to 10 courses, 15.5% were enrolled in up to 5 courses, and 28% were enrolled in more than 10 courses. 61.2% of them spent up to 20 hours per week in their studies, 27.8% spent more than 35 hours in their studies, and 11% spent 21 to 35 hours per week in their studies. Nearly 50% of them described their father and 64.4% of them described their mother as infrequent alcohol drinkers. In terms of frequency of drinking, nearly 20% of them drank twice a week, 30% of them once a week and nearly 4% of them every alternate day. Most of them drank on

Fridays and Saturdays. Generally, they reported that they drink more on special days e.g. birthdays, sporting events and holidays. On a typical occasion, it was reported that the average number of drinks consumed was 3.35 with a median value of 3 drinks. In terms of consequences of drinking alcohol, having unprotected sex was ranked number one followed by black-outs, missed classes, vomiting, and injuries.

Hypotheses testing

Null Hypothesis 1: *There is no difference in university students' alcohol expectancies by students' gender.*

As discussed earlier, there were 40 alcohol expectancy items (George et al. 1994) in the survey. Using descriptive statistics, mean, and standard deviation were calculated for each item. Based on the mean scores, the key alcohol expectancy items were identified. The items related to 'power and aggression', 'social and physical pleasure' and 'cognitive and physical impairment' were dominant with high mean scores. The items related to social expressiveness, tension reduction and relaxation, power and aggressiveness, and careless unconcern were somewhere in the middle and the items in the bottom related to global positive, and power and aggression. The t-test analysis (see table 1) indicates that there are some significant differences in some of the alcohol expectancy dimensions by gender. For example, the mean scores for the following dimensions the expectancies of female are significantly lower than those of their male counterparts: global positive, social and physical pleasure, sexual enhancement, power and aggression, tension reduction and relaxation, and careless unconcern. However, there was no evidence of difference in social expressiveness, and cognitive and physical impairment. Overall, the self-reported mean scores of female students in alcohol expectancies were significantly lower than those of male students.

Table 1:

Test of difference in university students' alcohol expectancies by gender

Alcohol expectancy dimensions #	Female Mean (N) (SD)	Male Mean (N) (SD)	t-value	Female
Global positive	2.11 (196) (0.61)	2.45 (73) (0.71)	-3.93***	Lower
Social expressiveness	3.15 (196) (0.76)	3.12 (73) (0.70)	0.30	Equal
Social and physical pleasure	3.09 (196) (0.69)	3.33 (73) (0.58)	-2.63**	Lower
Sexual enhancement	2.56 (196) (0.73)	2.79 (73) (0.76)	-2.24*	Lower
Power and aggression	2.36 (196) (0.59)	2.68 (73) (0.55)	4.08***	Lower
Tension reduction and relaxation	2.62 (196) (0.69)	2.91 (73) (0.64)	-3.05**	Lower
Cognitive and physical impairment	3.26 (196) (0.66)	3.31 (73) (0.64)	-0.53	Equal
Careless unconcern	2.78 (196) (0.69)	3.05 (73) (0.70)	-2.84**	Lower
Alcohol expectancy (Overall – composite score)	2.73 (196) (0.51)	2.94 (73) (0.44)	-3.13**	Lower

† stands for $p < 0.10$, * stands for $p < 0.05$, ** stands for $p < 0.01$, *** stands for $p < 0.001$

Measured on a 5.0 scale, 1 = strongly disagree, 3 = Neutral, and 5 = strongly agree.

The overall results presented in Table 1 indicate that in regards to alcohol expectancies *there was a significant gender difference and subsequently null hypothesis 1 is rejected.*

Null Hypothesis 2: *There is no difference in university students' self-esteem by students' gender.*

As discussed earlier, the self-esteem scale consisted of 12 items and were adopted from Glindemann et al. (1999). The t-test analysis (see table 2) shows that there were some significant differences in some of the self-esteem items by gender. For example, the female students had significantly lower score for the following 5 self-esteem items: 'I have a high opinion of myself' at $p < 0.001$, 'I feel I have much to be proud of' at $p < 0.01$, 'I often wish I were someone else' at $p < 0.10$, 'I wish I could have more respect for myself' at $p < 0.10$, and 'On the whole I am satisfied with myself' at $p < 0.010$. In terms of overall score for self-esteem, female students had a significantly lower mean score than male students at $p < 0.10$. However, there was no evidence of difference in the remaining 7 items of self-esteem between the self-reported scores of male and female students. These findings, therefore, suggest that null hypothesis 2 is also partially supported.

Table 2:
Test of difference in university students' self-esteem by gender

Self-esteem items #	Female Mean (N) (SD)	Male Mean (N) (SD)	t-value	Female
SE1 There are lots of things about myself I would change if I could	3.73 (196) (0.90)	3.93 (75) (1.03)	-1.598	Equal
SE2 I am a lot of fun to be with	3.60 (192) (0.74)	3.70 (73) (0.87)	-0.927	Equal
SE3 It is pretty tough to be me	3.21 (190) (0.85)	3.05 (74) (1.21)	1.185	Equal
SE4 I often wish I were someone else	4.05 (194) (0.88)	4.27 (75) (1.04)	-1.741 [†]	Lower
SE5 I have a high opinion of myself	3.22 (196) (0.76)	3.67 (75) (0.92)	-4.07 ^{***}	Lower
SE6 I wish I could have more respect for myself	3.58 (193) (0.94)	3.81 (74) (1.08)	-1.721 [†]	Lower
SE7 On the whole I am satisfied with myself	3.95 (195) (0.77)	4.15 (74) (0.72)	-1.935 [†]	Lower
SE8 I am able to do things as well as most other people	3.75 (193) (0.73)	3.72 (75) (0.98)	0.285	Equal
SE9 I am often sorry for the things I do	3.63 (196) (0.86)	3.52 (75) (1.03)	0.909	Equal
SE10 I feel I have much to be proud of	3.60 (196) (0.67)	3.85 (75) (0.95)	-2.491 [*]	Lower
SE11 All in all I am inclined to feel that I am a failure	4.15 (188) (0.85)	4.18 (71) (1.02)	-0.231	Equal
SE12 I take a positive attitude toward myself	3.87 (195) (0.67)	3.85 (74) (1.04)	0.142	Equal
Self-esteem (overall)	3.69 (197) (0.44)	3.80 (75) (0.56)	-1.70[†]	Lower

[†] stands for $p < 0.10$, * stands for $p < 0.05$, ** stands for $p < 0.01$, *** stands for $p < 0.001$

Measured on a 5.0 scale, 1 = strongly disagree, 3= Neutral, and 5 = strongly agree.

The overall results presented in Table 2 indicate that in regards to self-esteem *there was no significant gender difference* and subsequently **null hypothesis 2 is accepted.**

Discussion

Based on the review of the literature, this study noted that heavy alcohol drinking among university/college students has appeared as a common practice in European countries including Germany and has generally been regarded as a matter of public health issue. Some of the past studies have reported that the students who have positive alcohol expectancies 'the belief that the students hold about the effects of drinking alcohol' such as physical and social pleasure, increased assertiveness, and the male students who expect enhanced sexual performance after drinking are likely to engage in frequent heavy drinking (Zamboanga, 2005). It has also been reported that alcohol expectancies play an important

role in shaping university students' alcohol use behaviour (Geisner et al., 2017). However, there is still little known, or the outcomes of past studies are nonconclusive in relation to gender effect on alcohol expectancies. It has also been noted that the people with high levels of self-esteem consider themselves in a fairly positive way and the ones with low self-esteem view themselves in a negative way (Zeigler-Hill et al., 2017) and the ones who have a low self-esteem tend to use alcohol to relax or release tension or cope with anxiety (Blank et al. 2016; Collison et al., 2016; Glindemann et al., 1999).

The study found that female students have a significantly lower alcohol expectancy in social and physical pleasure, sexual enhancement, power and aggression, and careless unconcern by drinking alcohol than those of male counterparts which suggests that the female students' drinking behaviour could be more protective such as pacing 'having 1 or fewer drinks per hour' or setting limits in advance regarding number of drinks or diluting 'drinking water at the same time' (Sharma & Reinhard, 2016; Ray et al., 2009; Benton et al., 2004). However, there was no evidence of difference in social expressiveness, and cognitive and physical impairment - thus hypothesis 1 was only partially supported. Of the 12 self-esteem items, the female students had significantly lower score compared with the male students for the following 5 self-esteem items: 'I have a high opinion of myself' at $p < 0.001$, 'I feel I have much to be proud of' at $p < 0.01$, 'I often wish I were someone else' at $p < 0.10$, 'I wish I could have more respect for myself' at $p < 0.10$, and 'On the whole I am satisfied with myself' at $p < 0.010$. This suggests that female students view themselves in a negative way or a bit confused or uncertain (Zeigler-Hill et al., 2017) and they could be experiencing some kind of stress or anxiety or tension and could use alcohol to cope with the personal issues they have been suffering (Blank et al. 2016; Collison et al., 2016; Glindemann et al. 1999). However, there was no evidence of difference in the other 7 items of self-esteem. Thus hypothesis 2 also was only partially supported.

These gender-based differences on alcohol expectancies and self-esteem have significant implications for social marketers in developing a suitable strategic intervention program. The programs should be gender specific whether they relate to parenting programmes, social marketing programmes, consumer labelling, and warning messages (Anderson et al., 2012, p. 38) or alcohol education program or social norms marketing intervention (Mattern & Neighbors, 2004) or other awareness and information campaigns (Vicary & Karshin, 2002). The idea is to make a change in the university students' drinking behaviour and build their capacity in perceiving alcohol expectancies and thereby reducing the level of alcohol consumption. The successful implementation of suitable social intervention strategies could help improve university students' self-esteem and circumvent alcohol related negative consequences. It has also been reported that university's male students tend to suffer higher level of negative consequences from drinking compared with their female counterparts (Sharma & Reinhard, 2016).

The literature suggests that there are some success stories of successful interventions. For example, the Swedish Institute of Public Health (SIPH) launched a community-based intervention project in 1998 in Trelleborg to reduce the demand and supply aspects of alcohol at Trelleborg, a border town in Sweden with Germany where alcohol was made widely available compared to other Swedish cities due to large scale importation by ferry travellers from Germany. Stafstrom, Ostergren, Larsson, and Lundborg (2006) investigated the effectiveness of the intervention program and reported that the program was successful in influencing the drinking habits in a positive way among adolescents in Trelleborg.

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