

# Focus Group Interviews with College Students about Binge Drinking

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## Abstract

*This study assessed college students' attitudes and beliefs about binge drinking. Peer moderators conducted focus groups and transcript analysis was completed. Participants described that bingeing was normative, harm reduction efforts reduced personal responsibility, and parental involvement provided a barrier to binge drinking. The reported benefit of bingeing was forming relationships. Implications include the need to influence the social norms about bingeing, reconsidering the effects of harm reduction and involving parents to diminish binge drinking.*

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## Introduction

**B**inge drinking is one of the most persistent and seemingly intractable health and social problems on college campuses. Binge drinking has been defined as five or more drinks in a row for men and four or more drinks in a row for women (Wechsler, Dowdall, Davenport, & Rimm, 1995). Evidence indicates that substantial morbidity and occasional mortality result from this behavior (Wechsler, Dowdall, Davenport, & Castillo, 1995; Wechsler, Dowdall, Maener, Gledhill-Hoyt, & Lee, 1998) and that bingeing becomes widespread after matriculation (Wechsler, Fulop, Padilla, Lee, & Patrick, 1997; Wechsler & Issac, 1992; Wechsler, Isaac, Grodstein, & Sellers, 1994). In response, colleges and universities regularly commit considerable resources designed to better understand this behavior and reduce its most damaging effects. The purpose of this study was to contribute to the understanding of this behavior by qualitatively assessing college students' attitudes and beliefs about bingeing through focus groups.

Focus groups were selected as a method of inquiry in order to generate substantive qualitative data regarding students' perceptions of binge drinking. This methodology has been successfully used in similar settings for binge drinking (Emery, Ritter-Randolph, Stozier, & McDermott, 1993) and other health related behaviors like marijuana use (Warner, Weber, & Albanes, 1999), and sexual behaviors (Walden, & Fennell, 1995). In addition, focus groups have been identified as an important tool in health education needs assessment (Gilmore & Campbell, 1996) and an

underutilized methodology for developing deeper and clearer understandings of health education theory and practice (Basch, 1987). An experiential learning approach was employed as students enrolled in an undergraduate community health education course entitled "Needs Assessment in Health Education" served as peer moderators of the focus groups.

## Procedures

During the Spring of 1998 six focus groups were conducted to discuss issues related to binge drinking among college students. Students enrolled in the needs assessment course were divided into six groups, each having the responsibility to conduct one focus group. Assignments within each group included two students who served as moderators, one student took notes and another recorded the session. The group members assigned specific roles within each group. The members of the group who were not serving as moderators recruited participants. This was done so as to reduce the familiarity between moderators and participants.

Conducting the focus group entailed reviewing current literature on binge drinking, recruiting participants, conducting the focus group interview, creating a transcript of the session, analyzing the data, and writing a summary report. Prior to beginning this process the students received training in conducting focus groups as part of the needs assessment course. Readings, lecture and discussion on the purpose and utility of focus groups, instructor modeling, video tape review of previous students conducting focus groups, and in-class practice were the learning strategies employed to help students prepare to conduct the focus groups.

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Peer moderators were used in the study for two reasons. Involving undergraduate students in the research process has been shown to provide a valuable learning experience that can foster positive attitudes toward research (Hitchcock & Murphy, 1999). Participation of this nature could therefore improve student learning and appreciation for the value and importance of needs assessment. Also, peer moderators were used in an attempt to maximize the comfort of participants which could provide a more authentic, revealing and unique dialogue than if non-peer moderators were used.

Based on a review of literature, a focus group discussion guide was developed that was consistent with the guidelines identified by Krueger (1998a) and included the following six topics:

- Why do students binge drink?
- Perceived differences in bingeing behavior among different students
- Influence of advertised drink specials
- Binge drinking effect on academic performance
- Binge drinking and injuries
- Binge drinking and sexual behavior

At the beginning of each session, a moderator read an informed consent statement that described the study, explained to participants that they were under no obligation to contribute, assured confidentiality of comments, and offered the opportunity to have any of their comments erased from the tape if desired. Following this opening statement the discussion topics were addressed in order. The moderators' primary focus was to get all participants to contribute and to continue the discussion on each topic until no further responses were forthcoming. In using the discussion guide, moderators attempted to focus on the experiences of participants and avoid descriptions of hearsay evidence.

### *Participants*

Each group had the responsibility to recruit participants for their focus group. The group members who were not serving as moderators asked friends and acquaintances to participate in the study. Each focus group recruited at least six participants. No honoraria were paid but food was provided at each session.

Participation in the study was limited to full-time, traditional (age 18-24) undergraduate students at a major Midwestern university. A total of 40 students volunteered to participate in the study. Demographically, 23 (57.5%) of the participants were white females, 12 (30%) were white males, four (10%) were African-American females, and one (2.5%) was

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an African-American male. No other ethnic groups were represented among participants. By comparison, the undergraduate student population of the university is approximately 87% white, 8% African-American, and 58% female.

### *Analysis*

Analysis of the data was completed, first by the needs assessment students, and then by the lead author. The students analyzed only the focus group they conducted. They began their analysis by recording field notes during the focus group interview. Then they created transcripts of their tape. They interpreted these data in an attempt to identify themes presented in the discussion. Themes were those subjects upon which the participants focused their discussion. This was accomplished by having each group describe the themes they saw in the data and supplying quotes to exemplify these themes. They reported their findings in a written group report and each individual wrote an action plan identifying prioritized needs and health promotion recommendations.

The lead author then analyzed all the data by following the process described by Krueger (1998b) which included meeting with the peer moderators, reviewing the tapes, and conducting a transcript-based analysis of the focus groups. The focus of this analysis was to clarify themes initially identified by the peer moderators and develop new ones that became apparent through studying all of the data. As part of this process specific examples/quotes that illustrated the themes were drawn from the data. The results and discussion presented in this paper are primarily the result of this analysis.

### *Limitations and Assumptions*

The study was limited by the following factors:

- Peer moderators were engaged in their first experience with focus group interviews and had basic skills that limited the quality and quantity of data produced. More advanced skills such as sensitivity to tonality and body language and delving deeply into participant beliefs were sparingly applied.
- Peer moderators had a basic understanding of literature on binge drinking which limited their ability to investigate the depth and breadth of the behavior.
- Different peer moderators completed each focus group, which was advantageous in providing breadth of perspectives, but also introduced variability of specific questioning across groups.

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- As with any focus group, participants may have been predisposed to providing answers they think the facilitators wanted to hear rather than more honest portrayals.

The study was based on the following assumptions:

- Binge drinking is relevant to participants and they have experiences with the behavior both personally and socially.
- Peer moderators could allow for freer and more honest communication from participants than if non-peer moderators led the focus groups.
- The instructor of the course would not be unduly biased by the conclusions of the students' analysis of the data and be able to create a meaningful interpretation of the data in its entirety.

## Results

Results from this study are categorized by discussion topics from the focus groups. These results are primarily presented as themes derived from the data analysis and represent an assimilation of data from all six focus groups. Quotations from study participants are used to illustrate the themes.

### *Why Do Students Binge Drink?*

Responses to this topic tended to begin with what might be described as an initial level of superficiality. For example, a common first response was "to relieve stress." Further discussion on this particular topic noted that while this may seem a reasonable response, the practicality of bingeing to relieve stress is problematic. In this regard some students commented that binge drinking actually serves as a source of negative stress in many students lives and describing it as an appropriate method of stress reduction seemed flawed. Similar to this theme were comments that described the desire to binge as a way to "feel relaxed" and to meet new people, especially for sexual reasons.

Another theme that emerged from this discussion was that students drink to get drunk. While depth was lacking in the discussion of this topic it did commonly emerge across all the focus groups and was typically described as a perception that many students like the feeling of being intoxicated and want to feel it quickly. One student mentioned that this may be related to a "drinking problem," and briefly discussed the potential of addiction associated with binge drinking.

The college environment was discussed in some depth by all focus groups and was widely recognized as a reason students binge. Some acknowledged bingeing as a rite of passage and part of the college experience

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(e.g. "When you go to college, you get drunk"). Widespread availability of alcohol, little or no parental supervision (e.g. "You don't have to sneak around anymore") and a central focus of parties on alcohol and getting drunk were also identified as part of the environmental influence encouraging bingeing.

### *Perceived Differences in Bingeing Behavior among Different Students*

Consistent themes emerged that indicated a belief that moderation of drinking is rare among all whom chose to consume alcohol. Participants consistently reported that if college students drink, they consume a large amount of alcohol. The reported exceptions to this included older students and those in more stable intimate relationships. Several participants remarked that students tire of the "drunk scene" in their junior and senior years and begin to look down on bingeing (e.g. "Oh my God! Did I look that stupid?"). This perception was also bolstered by the reported belief that freshmen tend to be very poor at handling drinking and have not learned that "hangovers aren't fun."

Clear differences in the participants' perceptions of how males and females behave when binge drinking emerged from the dialogue. The participants reported that men often consider bingeing to be a contest, a "macho" act, and that they are clearly under more pressure to drink heavily. No detracting statements were made when these perceptions were expressed. Respondents also indicated that while women binge drink frequently as well, their participation often results in sympathetic and supportive behaviors. Examples of this include female participants who described that while being drunk they will come to the aid of their friends who are also intoxicated (e.g. "Let me hold your hair" while you vomit; "Let me get you a towel" after you vomit). Several participants concurred that females tend to "nurture" each other when negative effects of binge drinking result and that males do not typically display such behavior.

Participants also indicated that they believed students who are members of social fraternities and sororities binge more and design their houses, rules, and parties to support bingeing (e.g. "You have more opportunities to drink when you go to a function...the beer's often free and a lot of times I've been to things where the whole goal of the night is to go from room to room...and they feed you different shots. There's a lot of functions where everyone drinks."). Few of the participants identified if they were actually members of these organizations and the discussion did not reveal how participants came to this belief. Two participants

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who identified themselves as members of a sorority expressed the opinion that Greeks are "studied more and are easier to target" which they believed was accountable for higher rates of bingeing typically reported for those groups.

Discussion about binge drinking among racial and ethnic minority students was limited but suggested perceptions of different patterns of behavior. Some respondents reported that African-American students do not go to the bars as much as white students but that they tend to have parties in apartments. These parties are likely to start late at night and go until very early in the morning. These comments were made in both the focus groups that included, and those that did not include African-American participants. While discussing the location for binge drinking some participants described that, independent of race/ethnicity, apartments provide a prime location for underage drinking and that apartment parties were often a way for the students who live there to make money.

Another theme that emerged from the discussion of perceived differences in bingeing behavior was that students with older brothers and sisters who drink heavily tend to pass this on to younger siblings. Several participants described how their first experiences with binge drinking were with older siblings. Participants also discussed the role of permissive parents, meaning those who allowed or condoned drinking prior to matriculation in college. Some participants thought this resulted in less binge drinking but other participants disagreed. It was unclear whether this dialogue was based on personal experience or perceptions of others.

Parental influence was reported to play an additional role for students. Some focus group participants indicated that more parental influence and oversight prevented them from binge drinking more and there was some speculation that if parental contact of this type was more widespread among students this could help reduce binge drinking.

### ***Influence of Advertised Drink Specials***

Results from discussions on advertised drink specials were fairly brief but highly focused on two dominant themes. Students clearly reported that they liked drink specials and that they were a powerful motivator and widely popular (e.g. "Everyone knows were to go...for the specials and if you go to a different bar on those nights they'll be dead." "Certain bars are good on certain nights and everybody follows the specials").

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A second less reported theme on this topic was the conjecture by some students that bars colluded to have specials on different nights and that specials were designed to "get people drunk quickly and make more money."

### ***Binge drinking effect on academic performance***

A dominant theme reported was that binge drinking has a negative impact on academic performance but that this was not a deterrent to engaging in this behavior. Given the choice between studying and partying, the latter often wins. Some participants expressed the belief that academic performance, at least among students who get high grades, was not influenced by bingeing (e.g. "A students will get A's no matter what"). Similarly, students expressed exceptions to the belief that bingeing negatively influences academic performance by identifying friends or acquaintances who received good grades while also binge drinking frequently.

Another theme that emerged was that many popular events on campus (e.g. sports, concerts) are not a distraction from drinking and may, in fact, be a reason for bingeing. A final finding that emerged from this topic was that several students reported that binge drinking and the related social interaction was a higher priority in their lives than academics (e.g. "Parties are the most important part of college. I live for them."). A common example of this was that they planned their academic schedules so they could binge with diminished negative impact on their academic performance. This primarily entailed avoiding early morning classes and classes that met on Fridays.

### ***Binge Drinking and Injuries***

Two dominant themes emerged from the discussion on binge drinking and injuries. One was the recognition of varied behaviors among men and women and the other was the issue of responsibility and accountability in regards to harm reduction efforts. As for gender differences in relation to injuries, a commonly expressed belief was that males typically exhibit a more distorted sense of self-worth and engage in more risky, macho, and violent behavior while bingeing than they would otherwise. Some participants described females as acting out of control while bingeing. However, as opposed to anti-social behaviors as exhibited by males, they tended to display "hyper-social" behaviors. Students reported that they would become highly expressive, loud and physically "clingy" with each other.

Students spoke a great deal about practices designed to reduce harm associated with binge drinking

although their conceptions of these were largely biased toward finding ways to reduce potential risk of unintentional or intentional injuries while still drinking heavily as opposed to moderating consumption. In other words, they described ways to reduce personal responsibility and accountability because certain practices were followed under the assumption of reduced risk of injury. For example, several students spoke of the need to "trust" those with whom they engaged in bingeing (e.g. "Danger of binge drinking depends on who you are with and how much you can trust them") thereby creating the opportunity to drink more. Additionally, free ride and designated driver practices were commonly recognized by students as a way to reduce personal responsibility and accountability (e.g. "...makes one blameless and not accountable.").

Other practices that are designed to reduce harm but were perceived by students as a way to support bingeing included "party monitors" or "sober monitors" common to fraternity parties. These are individuals who try to control potentially dangerous or injurious behavior among partygoers. When in place, some participants reported that these practices supported bingeing and that the environment of fraternities reduced personal liability (e.g. "If you go to somebody's apartment and you get drunk and get injured...it's on you. If you go to a fraternity and slip and fall, the fraternity has insurance, you're covered). Students also reported a great deal of difficulty when fulfilling a role in harm reduction (e.g. "Designated drivers have a lot of trouble with drunks in their cars" "You end up babysitting everybody") and that sometimes the people assuming these roles can be irresponsible and drink as well.

A final observation on this topic was that apartment parties were the least safe place to binge. Participants reported this because in these situations the likelihood of knowing many people you can trust and having monitors of some sort is reduced. It was also noted that a lot of younger students, who were perceived as being more out of control when drinking, frequent these parties because they are below the legal drinking age.

### ***Binge Drinking and Sexual Behavior***

High-risk sexual behaviors are a common reason for, and outcome of, binge drinking. This dominant theme emerged from the discussions on binge drinking and sexual behavior. It was widely reported that many students binge drink in order to "reduce inhibitions" so they can "create the excuse for what they really want to

do." Consistent with the findings related to injuries, binge drinking was easily recognizable by participants as creating an environment wherein personal responsibility and accountability for one's actions would be reduced. This lack of accountability was consistently expressed by focus group members and is exemplified by comments like "My friend is going to take care of me tonight and she will not let me do anything I would not normally do," and "...there's a real comfort in knowing that if I do get drunk I can look to one of the girls to get home." These results were reported as experience participants had with other students as opposed to their own experience.

Some participants clearly disagreed with this notion of reduced responsibility and accountability and expressed doubt that bingeing created a situation where existing values of students were undermined. Instead these subjects commented that it was possible that values against risky sexual behavior weren't there to begin with; that bingeing is not an excuse but rather an act of self-delusion. One participant illustrated this belief by stating, "Why don't students recognize that inhibitions are there for a reason?"

An additional theme that emerged from this discussion was that the concern over date rape drugs had become a joke or cliché. For example, several students commented that the expression "I got roofied last night" had become cliché for blacking out as result of bingeing. Roofies is a slang term for the drug Rohypnol, a sedative-hypnotic that has been connected with several incidents of sexual assault (National Institute on Drug Abuse, 1999). Some students expressed doubt in the danger of these drugs. They questioned the quality of education they have received in that these substances have quickly become recognized as a joke.

## **Discussion**

This study was designed to qualitatively assess the attitudes and beliefs of college students regarding binge drinking. A unique data collection approach featuring peer focus group moderators was utilized. It was evident in the analysis of the tapes that more experienced moderators could have delved deeper into discussion topics, helped participants see the relationship between responses, and provided clearer conclusions to discussion topics. Also, the overall level of participation was compromised as some moderators were more skilled at generating participation than others.

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Certain advantages were evident with this approach. Much of the discussion featured a comfortable, conversational style even within the artificial setting of a focus group. A vernacular, tone, and context that assumed a familiarity with the subject matter characterized several responses. Participants said things that assumed prior knowledge among moderators (e.g. "You guys know what I'm talking about"). This included presumed knowledge of local bars, fraternities, and other common party locales. Additionally, moderators often communicated in a similarly informal way (e.g. "So do you guys think that policy causes kids to drink?"). Another advantage of this approach was that many of the community health education students identified this experience as being the most valuable portion of the needs assessment course.

The data from this research cannot be generalized but may be transferable to other settings. Transferability means the reader should consider if, given the context of this study, the results apply to their own situation (Guba & Lincoln, 1989). Within this context and given this methodology three intriguing results should be considered. First, participants reported binge drinking as a normal part of the college experience. Second, the environment associated with college life, and harm reduction efforts in particular, may support binge drinking. Also, students may lack a sense of personal or social responsibility related to their own binge drinking behavior and seek ways to diminish the accountability for their actions connected to bingeing episodes.

The results that students view binge drinking as a norm is supported by an absence of evidence in that no participant, in the nearly nine hours of dialogue, suggested that bingeing should not be such a common element of the college experience. While this lack of evidence may have resulted from the orientation of the discussion toward student behaviors while engaged in binge drinking, the evidence that was offered by participants further substantiates the conclusion. Participants routinely commented that heavy alcohol consumption and partying were very important parts of the college experience, sometimes more so than academics. The social interaction associated with binge drinking was highly valued by participants. They valued binge drinking as a means to experience life and it was described in many instances as a dominant form of recreation and socialization in their lives.

That the environment of college life supports binge drinking is not a particularly surprising finding. But the

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commonly reported belief that harm reduction efforts support heavy alcohol consumption is certainly worthy of further investigation. The pervasive normative nature of binge drinking certainly plays a role in creating a supportive environment. Participants readily identified binge drinking as an expectation and that many social institutions like fraternities, apartments, and bars were organized in a way to purposefully support binge drinking. This finding is consistent with research on the environmental influences of Greek organizations (Cashin, Presley, & Meilman, 1998; Wechsler, Kuh, & Davenport, 1996) and alcohol availability (Chaloupka & Wechsler, 1996).

Harm reduction efforts, typical on many college campuses, were viewed as providing opportunities for binge drinking. As long as students were not participating in the harm reduction effort as a designated driver or party monitor, these practices resulted in student's feeling free to binge heavily. Participants widely and vigorously believed this to be true. Harm reduction initiatives also had the effect of reducing personal responsibility and accountability for actions while engaging in binge drinking.

The belief of a supportive environment appeared to have a powerful influence when considered in combination with the strong desire to create a sense belonging and the belief that one's friends would prevent negative outcomes. In other words, students expressed an intense desire to have intimate relationships with their peers and binge drinking was viewed as a way to forge these relationships, both platonic and sexual. What could be described as a pseudo-responsibility and accountability emerges from this belief wherein a student could conclude something like: "If harm reduction measures are in place I am being responsible and I have acted responsibly. Therefore I am not accountable for negative outcomes of my behavior." Binge drinking becomes the conduit through which interpersonal relationships are formed and may become the sole basis for that friendship in the future, a finding consistent with research conducted on the social benefits of binge drinking derived within settings where bingeing is normative (Nezlake, Pilkington, & Bilbro, 1994). Thus, students are pursuing a highly valued joy of their life (interpersonal relationships) in an environment of diminished responsibility.

### Implications for Health Education

It is unlikely that binge drinking among college students will decrease significantly unless long-term, ecological approaches are initiated (Gonzalez, 1993-

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1994; Milgram & Anderson, 1996). Health education is a crucial part of such an approach and there are implications from this study for the way education directed at binge drinking could be conducted. Future directions for research in this area are also implied by the results.

In recent years attempts to influence the social norms regarding alcohol consumption have become popular (Haines & Spear, 1996). Given the strong sense expressed by participants in these focus groups that binge drinking is a normal part of the college experience further application and investigation into altering this perception seems warranted.

It was clear from this study that harm reduction efforts like designated drivers, night ride programs, and party monitors are viewed by students as practices that support binge drinking and alleviate personal responsibility and accountability associated with this behavior. This is a compelling result that requires additional investigation in order to understand the validity, extent, and impact of such a belief. While evidence exists to suggest that designated driver programs, in particular among harm reduction efforts, have had a positive effect in reducing alcohol-related motor vehicle crashes among young people there may be unintended consequences associated with this and other harm reduction efforts.

Another area worthy of further research and education is familial influences on binge drinking. Specifically, the potential that parents can, and perhaps should, have a more active role in reducing binge drinking. Several focus group participants indicated that parents could play an important role in shaping binge drinking. Issues for further investigation include describing how parental influence is currently exerted and exploring ways to positively maximize this influence for both parent and child.

Parental notification of alcohol or other violations used by some universities represents an official manifestation of the desire for parental involvement. At the institution where this research took place, parents are not notified when their child receives an alcohol violation. The ethical implications of such policies should be carefully considered as well as the efficacy of this approach.

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