

Article

RETRACTED: Alcohol Misuse Among Young Adults in Northern Italy

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Abstract: Purpose: To estimate the prevalence of heavy episodic drinking (HED), consumption patterns, protective and risk behaviours and motivations in a sample of young Italians with recent alcohol use. **Design:** Cross-sectional study. The target population was young people (18–29 years) living in the metropolitan area of Bologna (Northern Italy). A mixed study design with quantitative and qualitative instruments was used. **Findings:** Four focus groups were held; 500 young people were interviewed. The results show ample alcohol misuse among youths and highlight a process of normalization of excess-oriented practices. Following single episodes of HED, almost all the interviewees experienced health problems or negative consequences in the fields of relations and social commitments. A particular group of habitual alcohol drinkers (frequent and repeated misuse) were identified with a high likelihood of encountering problematic situations and stated that their motivation for their last episode of HED was boredom and the search for psychoactive effects. From the current focus, it can be seen that those who take large quantities of alcoholic beverages do so to reach a state of inebriation. Young adults seem to be well-informed as to the psychoactive properties of alcoholic beverages and are aware of the related risks. **Originality/value:** A gradual loss of traditional references in the alcohol culture emerges among Italian youths. Future studies targeted at the cultural aspects of alcohol misuse are needed.

Keywords: alcohol; heavy episodic drinking; young adults; Italy; normalisation

1. Introduction

In Italy in the last thirty years there has been a significant drop in alcohol consumption [1], with an estimate of 12.3 litres of pure alcohol per capita consumption in 1991 and 7.6 in 2016 [2]. This trend is linked to a decrease in wine consumption, which is more accentuated as compared with the other European countries [3], important social changes related to a new organization of work (mass-production), the modification of the family structure and new lifestyles and consumption patterns [4]. Alcohol control policies, taxation and the higher beverage prices have not reduced such consumption, whereas some hazardous behaviours have been modified thanks to legal restrictions on alcohol and driving [5].

The major ongoing change seems to be linked to the fall in regular drinking: daily use is decreasing while occasional consumption [6] and the practice of heavy drinking are increasing [7–10]. Furthermore, changes in the market and in the alcohol distribution network have to be taken into account: they are underlined by the growing night-time economy which is ever-expanding and is profit-driven [11].

In regard to consumption styles, the rates of Heavy Episodic Drinking (HED) in Italy are lower than in other countries: according to the WHO [2], HED in the last 30 days in Italy is 20.4% versus 30.4% for the EU average. Overall, young Italians consume drinks more frequently than their European peers, however with fewer episodes of excess [12].

Statistical data from the National Statistics Institute confirm that alcohol consumption (at least once: 65.4% in 2017 and 68.2% in 2007) and dangerous drinking methods (at least once: 23.6% in 2017 and 30.5% in 2003) in Italy are decreasing. The percentage of regular consumers is declining (21.4% in 2017 and 29.3% in 2007), while the number of occasional consumers (44% in 2017 and 38.9% in 2007) and those drinking without eating (29.2% in 2017 and 25.6% in 2007) is rising. As for the excesses, the phenomenon of binge-drinking is declining in the general population (7.4% in 2017 and 8% in 2007), while it is rising among 25- to 29-year-olds (18.9% in 2017 and 15.5% in 2007) and among females (3.4% in 2017 and 3.1% in 2007) [13].

Between 2014 and 2017, less than half of adults in Italy between the ages of 18 and 69 declared that they do not consume alcoholic beverages, however one in six consume them at “greater risk” for health, quantity or drinking styles: Italian males aged between 18 and 24 years (35%), with a higher education level and no economic issues [14].

As for the area under investigation, in the metropolitan area of Bologna, we highlight a growing number of people in need of emergency medical treatment following acute alcohol intoxication (1468 in 2009, four a day; 1971 in 2018, 5.4 a day), in particular regarding subjects aged 18 or 29 years (419 in 2009 and 463 in 2018) [15].

By means of quantitative and qualitative methods, this study aims to estimate the prevalence of heavy episodic drinking (HED), patterns of consumption, protective and risk behaviours and motivations in a sample of young people living in northern Italy with a history of recent alcohol use.

2. Methods

2.1. Study Design

Cross-sectional study. A mixed study design with quantitative (semi-structured interviews) and qualitative (focus group, FG) instruments was used.

The study described in this paper is part of the project “710063/ALLCOLL” which has received funding from the European Union’s Health Program (2014-2020). ALLCOOL aims to tackle the growing trend of the Heavy Episodic Drinking (HED) Phenomenon. The content of this report represents the views of the author alone and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

2.2. Study Setting

Regarding the questionnaires, the sample was randomly recruited at places of entertainment, in the street and at various venues. The interviews were conducted during working time, in the same place as the recruitment, in situations that allowed for privacy to be guaranteed as well as the interviewee’s anonymity. The interviewees were alone and paper and pencil were used. To avoid people in a state of intoxication, we avoided contacting the subjects after 5.00 pm. Questionnaires, carried out in the period October to November 2016, were filled out with the assistance of three appropriately trained researchers who were skilled in interactions with young adults (one psychologist, two social educators). All the candidates (i.e., subjects with alcohol use in the past year) accepted the interview.

2.3. Study Population

The target population was young people aged between 18 and 29 years living in the metropolitan area of Bologna who had used alcohol in the past year.

Questionnaires were administered to a (per quota) sample of 500 people who were selected from area of residence, sex and age; socio-economic data, psychoactive illegal substance consumption, alcohol use and information about their last HED episode were collected.

Four FGs were held; the participants were recruited from area of residence (centre, east suburb, south suburb, north suburb) and did not know one another. The first one comprised people aged 18 to 23 years (students, workers, unemployed), the second one of people aged 24 to 29 years old (students, workers, unemployed), the third one comprised university students (21 to 26 years), the fourth one comprised people with stable employment (24 or 29 years). Each group comprised eight participants and was gender, socioeconomically and educationally balanced.

2.4. Study Measurements

A semi-structured questionnaire was specifically created for the study, however it also included questions that had previously been used in other studies. Twenty subjects were successively interviewed by two different interviewers and the Kappa test was used to verify their understanding of the questions and the congruency of the responses [16].

The consumption of at least five (male) or four (female) units of alcohol on any single occasion was defined as an HED [17,18]. A drink was defined as a glass of wine (100 mL), a draft of beer (250 mL) or a shot of distilled liqueur (30 mL) [19].

The main controversy related to HED concerns the time-frame criterion. On the one hand, some studies define HED as the intake of a specific number of standard drinks on a single occasion. On the other hand, some studies frame the intake within a two-hour period [20]. Given the lack of scientific consensus, this research includes questions about the time taken to complete an HED episode as well as about the total amount of drinks consumed within the HED episode.

The items regarding the consequences of drinking are grounded in previous research [21]. In regard to the last HED episode, an open question was posed relating to the reasons for alcohol misuse.

The open responses were coded according to 11 dichotomic variables (i.e., enjoyment, socialisation, stress reduction, containment of negative emotions, search for a psychoactive effect, disinhibition, taste, boredom, recklessness, conformism) after a qualitative analysis of the text by a multidisciplinary team made up of sociologists, psychiatrists, psychologists and professional educators.

By means of the open questions, information was also collected on health problems or perceived disorders and health services attended in the previous year which were possibly correlated with alcohol use.

Interviewees were distinguished between non-HED, those who binged <1 time a month (episodic), 1–3 times a month (monthly), 1–2 times a week (weekly) and almost daily (≥ 3 times a week), relating to the HED episodes in the last year.

2.5. Statistical Analysis

Continuous and categorical variables were analysed using the Student T test and the chi-square test, respectively.

To analyse the profiles of near-daily HED subjects in relation to alcohol-related problematic situations and the reasons for the last HED, two multivariate analyses were performed using the logistic regression [22]. Stata 15.0 was used for the statistical analyses.

Regarding FG, the qualitative data were recorded, transcribed and then categorized [23]. The categories that were used for the analysis are grounded in the empirical material as well as the quantitative data. It was thus possible to combine quantitative and qualitative data in an integrated and more complex analysis. The categories of the analysis are: (a) drinking patterns; (b) HED patterns; (c) risky and protective behaviours; (d) consequences and effects of drinking.

3. Questionnaire Results

Five hundred young adults were interviewed in the metropolitan area of Bologna: 52% females, 36.6% aged between 18 and 21 years, 35.6% aged between 22 and 25 years, 27.8% aged between 26 and 29 years. Thirty-eight per cent had a degree, 59% lived in shared accommodation, 27% lived with their family of origin, 7% lived with his/her partner, while 7% lived alone.

During the past year, 28% drank alcohol on more than 200 days, 80% smoked tobacco, 62% took an illegal substance. All the illegal substance use and frequent alcohol consumption was mostly among males; furthermore, cannabis consumption was more common among the younger subjects (Table 1).

Table 1. Consumption styles in the last year.

Consumption Styles		Total (500)	Male (238)	Female (262)	<i>p</i>	18–21 Years (183)	22–25 Years (178)	26–29 Years (139)	<i>p</i>
Alcohol	% Alcohol drunk on fewer than 149 days	43.2	37.0	48.9	<0.0001	41.5	39.9	49.6	0.047
	% Alcohol drunk between 150 and 199 days	28.6	25.2	31.7		35.0	27.5	21.6	
	% Alcohol drunk on more than 200 days	28.2	37.8	19.5		23.5	32.6	28.8	
Tobacco	% Tobacco use	79.6	79.8	79.4	0.902	82.5	80.9	74.1	0.155
Illegal substance	% Illegal substance use	62.0	69.3	55.3	0.001	68.9	62.9	51.8	0.007
	% Cannabis use	61.8	68.9	55.3	0.002	68.9	62.4	51.8	0.008
	% Cocaine use	11.4	16.8	6.5	<0.0001	8.7	15.2	10.1	0.134
	% MDMA use	11.8	16.4	7.6	<0.0001	8.2	15.7	11.5	0.085
	% Amphetamine use	7.4	11.3	3.8	<0.0001	4.4	10.7	7.2	0.073
Heavy Episodic Drinking (HED)	% No HED episode	15.6	11.3	19.5	0.012	17.5	9.6	20.9	0.015
	% At least one HED episode	84.4	88.7	80.5		82.5	90.5	79.1	
	% Episodic (<1 time a month)	22.4	23.5	21.4	0.166	23.0	24.2	19.4	0.038
	% Monthly (1–3 times a month)	27.6	29.4	26.0		23.0	34.8	24.5	
	% Weekly (1–2 times a week)	21.2	21.4	21.0		24.6	16.9	22.3	
	% Almost daily (more than 3 times a week)	13.2	14.3	12.2		12.0	14.6	13.0	
	% <4 times a month	50.0	52.9	47.3	0.043	45.9	59.0	43.9	0.015
% >3 times a month	34.4	35.7	33.2		36.6	31.5	32.3		
Last HED	% Drunk at least 4–5 alcoholic units within 2 h	21.4	28.6	14.9	<0.0001	30.6	18.0	13.7	<0.0001
	% Drunk more than 4–5 alcoholic units	40.6	34.5	46.2	0.008	37.7	44.9	38.9	0.332

3.1. Heavy Episodic Drinking

From the interviews it emerged that 84% of the sample had experienced at least one HED episode during the past year and this was more frequent among males and those in the 22–25-year age group (Table 1).

In 37% of the cases, HED occurred most frequently in a bar, in 35% in a pub or outdoors, in 26% in their own house or at their friend's, in 24% during private parties and in 22% at a disco.

Regarding HED frequency episodes in the past year, 50% were fewer than four times a month (22% <1 time a month, 28% 1–3 times a month) and 34% were more than three times a month (21% 1–2 times a week, 13% > 3 times a week); frequent HED was more common among males and among the younger participants.

Concerning the last HED episode, 41% drank more than four (females) or five (males) alcohol units and 21% took them within two hours. Males and younger people are distinguished for the higher percentage of subjects who drank faster; among the females, we instead observed the highest number of people who drank more alcohol units (Table 1).

3.2. Negative Consequences

In regard to health problems or perceived disorders and health services attended in the previous year that were possibly correlated with alcohol use, 16% stated that they had experienced at least one health problem caused by alcohol in the previous year: 6% a post-bingeing hangover (headache, nausea, vomiting); 3% gastrointestinal problems (gastritis, stomach-ache, colitis, intestinal or liver problems), in particular, the females (females 4%, males 1% *p* 0.018); two cases of alcohol intoxication; 1% other types of problems (tachycardia, fainting). As a consequence of such problems, 10% turned to relatives or friends, 1% to their general practitioner, 0.6% to specialists and 0.4% to a hospital.

Following the use or the misuse of alcohol, most of the interviewees felt ill at least once or vomited, and half declared that they had done things that they do not remember, to have felt ashamed of what they had done or to have regretted having lost their self-control or for having been late for work or school. One out of three had unsafe sex or argued with friends or family; one out of five got hurt or harmed others or else regretted having had occasional sexual relationships (Table 2).

Table 2. Problematic situations owing to alcohol use: profile of subjects with “more than three HED a week” versus all others.

Problematic Situations Owing to Alcohol Use	Total (500)	>3 HED a Week (66)	All Others (434)	Odds Ratio *	95% CI	p
I have been unwell or vomited	73.8%	80.3%	72.8%	0.59	0.26–1.37	0.223
I did things that I cannot remember	54.6%	68.2%	52.5%	0.91	0.44–1.85	0.786
I felt ashamed for what I had done	45.4%	57.6%	43.6%	1.2	0.53–2.71	0.668
I regret having lost my self-control	41.6%	48.9%	40.6%	0.71	0.31–1.64	0.427
I got to school or work late	41.2%	62.1%	38.0%	1.31	0.67–2.59	0.433
I have engaged in unsafe sex	32.0%	57.6%	28.1%	2.13	1.05–4.32	0.036
I have argued with my friends or my family	26.6%	39.4%	24.7%	0.93	0.43–1.99	0.848
I have hurt myself or hurt another person	19.8%	36.4%	17.3%	2.24	1.06–4.75	0.035
I regret having had occasional sex	17.4%	37.9%	14.3%	2.56	1.22–5.36	0.013
I have been the victim of theft or an accident	13.4%	25.8%	11.5%	1.51	0.61–3.76	0.377
I have damaged public or private property	11.0%	15.2%	10.4%	0.52	0.17–1.53	0.232
I have had a road accident	5.4%	12.1%	4.4%	0.77	0.22–2.72	0.690
I have been molested, attacked or sexually assaulted	5.0%	10.6%	4.2%	1.21	0.38–3.91	0.748
I have been fined or arrested following an alcohol test	4.0%	7.6%	3.5%	0.96	0.21–4.32	0.960
I have been admitted to hospital	4.0%	4.6%	3.9%	0.48	0.09–2.52	0.386
I have been fined or arrested for other reasons linked to alcohol consumption	3.6%	13.6%	2.1%	8.11	2.03–32.40	0.003
I forced someone to have sex with me	2.6%	4.6%	2.3%	0.94	0.16–5.63	0.947

* Adjusted for sex, age, education, housing situation and the use of psychoactive substances in the last year.

To construct the profile of the subjects with more than three HED per week (almost daily bingers) in relation to having undergone problematic situations in the past year as a consequence of alcohol use, a multivariate analysis was performed using logistic regression. As confounders, we used socio-demographic data (gender, age, education level, living situation) and psychoactive substance consumptions (illegal substances, tobacco, daily alcohol use).

From the analysis, we can see that for these subjects, they have the greatest likelihood of running into specific situations, such as getting hurt or hurting someone else, having legal problems for reasons linked to alcohol consumption, having had unsafe sexual relations and regretting having had occasional sexual relations (Table 2).

3.3. Last HED Episode Motivations

Concerning the last episode of HED, most of them were motivated by enjoyment-seeking, within a context of socialisation or celebration. One out of 10 subjects state they had binged in order to reduce stress, in particular to switch off from their daily routines and commitments (Table 3).

To construct the profile of the almost daily bingers in relation to the last HED motives, a multivariate analysis was performed using logistic regression. The analysis was limited to the subjects with at least one episode of HED in the past year. As confounders, we used socio-demographic data (gender, age, education level, living situation) and psychoactive substance consumption.

For the last HED episode, these subjects seem to have a higher likelihood of being motivated by boredom or seeking a psychoactive effect.

Table 3. Reason for the last episode of HED: profile of subjects with “more than three HED a week” versus all others with at least one HED episode (*).

Reason for the Last Episode of HED	Total (422)	>3 HED a Week (66)	All Other with at Least One HED Episode (356)	Odds Ratio **	CI 95%	p
Enjoyment	40.8%	47.0%	39.6%	1.35	0.73–2.51	0.334
Celebrating	15.4%	9.1%	16.6%	0.81	0.31–2.16	0.677
Socialisation	15.2%	12.1%	15.7%	0.84	0.35–2.01	0.689
Stress reduction	11.1%	12.1%	11.0%	0.96	0.37–2.49	0.933
Containment of negative emotions	4.0%	6.1%	3.7%	3.33	0.89–12.54	0.075
Search for psychoactive effect	3.3%	7.6%	2.5%	4.34	1.03–18.36	0.046
Disinhibition	3.1%	3.4%	1.5%	0.56	0.06–5.36	0.617
Boredom	3.1%	12.1%	1.4%	8.91	2.23–35.61	0.002
Taste	2.8%	4.6%	2.5%	1.3	0.28–5.97	0.738
Recklessness	2.1%	1.5%	2.3%	0.87	0.08–9.12	0.905

* 422 subjects. ** Adjusted for sex, education, housing situation and psychoactive substance use in the last year.

4. Results of the Focus Groups

4.1. Drinking Patterns

The young adults declared that they consume a large variety of alcohol, spirits, cocktails and mixtures of alcohol and stimulants. Spirits are almost exclusively consumed with psychoactive aims (*"If I drink spirits I do so to get drunk, otherwise beer"*). Many, but above all, younger people, so as to consume a low-cost drink, prepare an artisanal cocktail by mixing spirits and alcohol-free beverages, the so-called *bottiglione*, inside a large plastic bottle which they take with them around the city.

In order to spend less, many buy alcoholic beverages in the discount food outlets or in the ethnic minimarkets, however they usually consume them in the trendy bars and around which large groups of youths gather to spend the evening together, often changing bars as the evening wears on.

The use of alcoholic beverages starts in the late afternoon, when work or study commitments have ended, and then continue into the course of the evening. Alcohol is consumed every day, however in higher quantities at the weekends or for special occasions because young adults rationally calculate the time needed to recover from the bingeing (*"It depends on what I have to do the following morning"*).

They often drink at home before going out so as to spend less and consume more (*"If I want to get drunk, I do so at home with some friends, then we go out so I don't have to spend money in the bars because they cost too much"*). At times, to curb their expenditure, the young adults pre-set the budget for the evening and go out with their money counted. Having more money available means being able to consume more expensive drinks, otherwise they resort to beer or wine.

4.2. Heavy Episodic Drinking Patterns

The consumption of 4–5 alcohol units in the course of the evening does not represent high consumption, however it is *"slightly excessive"* (*"It depends on the person, but it's normal for me"*) and those who drink higher quantities do so deliberately to get drunk (*"It depends, if I know I must get drunk, I go well over the top"*). In any case, the quantity mainly depends on the commitments scheduled for the next day.

4.3. Consequences and Effects of Drinking

More or less everyone missed school or work as a result of the alcohol bingeing, and the main effects can be summed up in terms of euphoria, a sense of disinhibition and inebriation. Some explicitly stated that alcohol helps them to be less inhibited, so it is also consumed to *loosen up* and experience the evening with freedom, breaking the patterns and the impositions of shyness (*"It knocks down the inhibitory mechanisms and shows who you really are."* *"Each one of us hides something, drinking lets you do things that you wouldn't do otherwise"*).

Many say that they appreciate the flavour and the aroma above all when they consume good quality alcoholic beverages (*"It's like eating a good fillet steak every now and then"*). Generally, however, alcohol is used for its psychoactive functions (*"... less for its taste, more for the feeling"*). The festive atmosphere is especially appreciated and it is no coincidence that consumption is often tied to moments of enjoyment and being among people and this, according to some, protects them from the stigma of alcohol addiction (*"it's different if one binges alone or binges with others: because if you are alone, the other might think badly of you; instead if you binge with others, it's all great fun"*).

Some young adults state that the aspects that they most of all appreciate when they drink alcoholic beverages are the same ones that they later loathe the day after or when they perceive the symptoms of bingeing, when the lightness turns into a headache, the euphoria a sense of guilt and the inebriation into a total loss of control.

4.4. Risky Behaviours

The practice of mixing different alcoholic beverages together is quite widespread and a rising order is usually followed, i.e. starting with the least powerful drink and slowly rising. At times,

however, the opposite can also happen to increase the psychoactive effect, to feel the psychoactive effects of the alcohol more quickly, and young adults are aware of the related risks (*"One shot, and then a small beer"*).

The practice of mixing alcohol and cannabis is very widespread, however it is connected to encounters with special groups of friends. Instead some say that they keep the two consumptions well separate to avoid sickness (*"With cannabis and alcohol, I have had blood pressure drops"*). Others report the use of alcohol and cocaine and, more rarely, alcohol and amphetamines.

4.5. Protective Behaviours

To keep alcohol consumption under control, people go out with a pre-established amount of money, a habit that seems to be the most widespread protective behaviour (*"I go out with 10 Euros"*). Some try to self-regulate by planning in advance the quantity of drinks to be consumed in the space of the evening or establishing the ideal limit of inebriation that one wants to reach (*"Pre-setting the level of drunkenness! It is very hard, but you say: I don't want to go home crawling on all fours. So you stop yourself"*).

Generally speaking, mixing different alcoholic beverages is avoided, as is the use of other psychoactive substances (*"From experience, I have learned that if I act without an order, then I feel sick;" "Avoiding mixing, smoking on top of it. If I am sick, it's because I'd mixed the drinks."*)

To offset the effects of alcohol, they have a bite to eat, they drink alcohol-free beverages and they take walks. To avoid bingeing, the alcoholic beverages are drunk slowly, making some time pass between one drink and the next. Some report the intake of special drinks (e.g. Coca-Cola, peach juice) the day after to offset particular effects (e.g. stomach acid) due to the excesses of the previous night. Among the younger subjects, some attended only the bars where they were certain to be able to find good quality alcohol or else they always consumed the same types of drinks to avoid the unpleasant day-after consequences.

Most subjects think that self-regulation is an individual fact and do not think that they need to intervene to preventively moderate friends' or acquaintances' consumption (*"If we are all spending an evening together it's normal not to block people;" "If I have to go out and act as a parent or an educator then I'd rather stay home"; "It's not such a major problem to look after a friend during an evening out"*). They realise their friend has overdone things only when it is too late (*"I stepped in at the end, because we were drinking together"*), and the drunken person becomes a burden (*"you have to keep an eye on him/her throughout the evening ... "*).

5. Discussion

This study presents some objective limits that indicate prudence in generalizing the results: the sample was randomly recruited at places of entertainment, in the street and at various venues. Collection of information at interviews could have been influenced by various factors, including the situation, the location and the time and day. These are aspects that limit the generalizability of the results to the interviews alone and do not allow for prevalence estimates. Nevertheless, the results offer useful indications for future prevention projects specifically oriented to HED in Italy.

In agreement with the results of other Italian studies conducted on young people with alcohol consumption [24], we report a large number of youths who experimented with at least one alcohol misuse episode and who used illegal substances.

A particular group of habitual alcohol drinkers (frequent and repeated misuse, 13%) were identified with a high likelihood of encountering problematic situations and were motivated by boredom for their last episode of HED [25] and the search for psychoactive effects [8,10,26,27].

Alcohol misuse is an underestimated phenomenon [24] however it is well-documented in Italy [9,28], and from the studies, a higher likelihood of intoxication emerges for the subjects with a precocious use of alcohol [7] and the use of illegal substances [10].

Following single episodes of HED, almost all the interviewees experienced health problems or negative consequences in the fields of interpersonal relations and social commitments. Many

complained of a loss of self-control, connected to the emotional sphere, to violent actions and to specific risk situations (i.e. unsafe sex).

The increase in alcohol abuse seems to be affected by the large choice of bars, the diversification of the products and the fall in prices. The market has adapted to the different consumption targets and an ever-increasing availability of low-priced products has been observed. Illegal street traders also operate in the territory, selling alcoholic beverages at cheap prices, following the ebbing and flowing of the evening. A growing phenomenon is also observed, which has already been seen in other research [29–32] determined by the scarce economic resources available among young people which is then connected to the practice of self-production of a blend of low-cost alcohol, the habit of drinking prior to going out and not consuming where prices are high.

In regard to particular trends, unlike what has been reported in the literature, where it is stated that the habitual places for youth drinking are associated with specific environments (e.g. bars, pubs and discos) or events (concerts, festivals) [33], what emerges from the focus group is the habit of going to drink in the open, close to the bars, where on the outside, groups of people are formed to spend the evening.

As a whole, these are individual actions connected by the lack of money and economic prospects and can also be understood as particular forms of daily resistance in response to the local policies regulating the sale/consumption of alcohol, read by young people as attempts to enforce behavioural or cultural changes by means of specific forms of control [34].

From this focus, it can be seen that those who take large quantities of alcoholic beverages do so to reach a state of inebriation. Young adults seem to be well informed as to the psychoactive properties of alcoholic beverages and are aware of the related risks. This is a choice made rationally and the limits not to be exceeded are established by balancing the commitments planned for the next day with the calculation of the time needed to recover. *“While drinking in moderation is preferred, the reality is that many young people are deliberately engaged in hedonistic drinking where the buzz effect of alcohol has become an important commodity within the contemporary leisure culture”* [35]. Also, the exclusively proactive use of alcohol, especially spirits, seems to subvert the legal/illegal distinction; that is the difference with the illegal psychotropic substances.

Young adults distinguish fun times from those dedicated to work or study and start drinking late in the afternoon, having finished their daily activities, when their social life starts. These habits serve to improve the control of the alcohol effects, to maintain a positive self-image, to help to prevent the intrusion of the substance into the formal relationship system (work, school, family) and to improve informal relationships (peers, friends, sociality).

While the clear-cut separation between time of production and the time of entertainment marks the boundary between dietary use and misuse, we can observe a distancing between collective or group references both in the use of alcoholic beverages and in the related problems. Assistance provided to a friend who has drunk too much only occurs after the evident signs of illbeing and consists of helping to vomit, in managing the after-effects of the bingeing and calling the ambulance. Self-regulation, however it is understood, seems to be an identifiable fact and most young people do not feel that they have to step in to moderate friends' or acquaintances' consumption.

“Drinking cultures that are not homogeneous or static, but moving and multiple, are generally described in terms of norms around patterns, practices, use-values, settings and occasions in relation to alcohol and alcohol problems that operate and are enforced in a society (macro-level) or in a subgroup within society (microlevel). They also refer to the modes of social control that are employed to enforce norms and practices” [36].

From the results of our study, it appears that the protective effect of drinking during meals or for purposes of socialisation which is so typical of Mediterranean culture [6,28,37] has largely disappeared, paving the way for regulation that is largely based on the availability of money; indeed, the most common practice of self-control in the use of alcohol consists of going out with a pre-set budget.

6. Conclusions

Future studies targeted at the cultural aspects of alcohol misuse are required.

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