A cognitive model of binge drinking: The influence of alcohol expectancies and drinking refusal self-efficacy

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Abstract

While binge drinking—episodic or irregular consumption of excessive amounts of alcohol—is recognised as a serious problem affecting our youth, to date there has been a lack of psychological theory and thus theoretically driven research into this problem. The current paper develops a cognitive model using the key constructs of alcohol expectancies (AEs) and drinking refusal self-efficacy (DRSE) to explain the acquisition and maintenance of binge drinking. It is suggested that the four combinations of the AE and DRSE can explain the four drinking styles. These are normal/social drinkers, binge drinkers, regular heavy drinkers, and problem drinkers or alcoholics. Since AE and DRSE are cognitive constructs and therefore modifiable, the cognitive model can thus facilitate the design of intervention and prevention strategies for binge drinking.
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1. Introduction

Consumption of alcohol amongst adolescents and young adults is a widely recognised problem, and often it is a problem without an apparent solution. The prevalence of drinking amongst young people poses serious issues in terms of the consequences to the young people involved, as well as to the family and society as a whole. It is often acknowledged that alcohol abuse is one of the major causes of preventable morbidity and mortality, particularly in Western societies (Weschler, Dowdall, Davenport, & Castillo, 1995), and alcohol has been

identified as the highest contributor to mortality and morbidity amongst young people in Australia (Polkinghorne & Gill, 1995).

The hazardous consequences of binge drinking arise from the disabling effects of consuming a large amount of alcohol over a short period. Adams, Barry, and Fleming (1996) identified that while the number of drinks consumed per occasion was an important risk factor for death from injury, frequency of consumption was not. While the various ramifications of binge drinking are clear (Baron, Silberman, & D'Alonzo, 1998), effective ways to prevent or intervene with binge drinking have yet to be demonstrated. This may be due to a failure of previous research in this area to address the issue from a theoretical perspective, instead conducting correlation studies examining a range of factors, which are indicative of binge drinkers. The focus of the current review is to provide an overview of the current literature on binge drinking and to propose a cognitive model as a theoretical foundation from which to address the issue of binge drinking. This model is based on Alcohol Expectancy Theory and describes cognitive motivations for binge drinking, thus enabling a theoretical approach to the issue of binge drinking prevention and intervention. While the model is a more general model, which applies to all forms of alcohol consumption patterns, the aim of the current review is to focus in particular on binge drinking, as this is an area which has not received much theoretical attention in the literature.

2. Definition of binge drinking

Although there is widespread consensus amongst researchers of the concept of binge drinking and its distinctiveness from steady or moderate drinking, no generally accepted definition of binge drinking exists. Different studies have used different definitions for both quantity consumed in one session and the frequency with which this heavy consumption occurs. In addition, various terms have been used to describe binge drinking, such as high risk drinking and heavy episodic drinking, and this makes the issue of comparing across studies particularly difficult. Similarly, some studies define different levels of binge drinking, for example, high and low frequency binge drinkers. Finally, many studies use the same number of drinks for defining both male and female binge drinkers, despite known gender differences in metabolism and effects of alcohol (Weschler, Dowdall, Davenport, & Rimm, 1995).

Binge drinking has frequently been defined as drinking five or more standard drinks of alcohol on one occasion (e.g., Syre, Martino-McAllister, & Vanada, 1997); however, various other levels have also been used. For example, Moore, Smith, and Catford (1994) defined an episode of binge drinking as the consumption of seven or more standard drinks for women and 10 or more standard drinks for men. Nadeau, Guyon, and Bourgault (1998) used eight standard drinks per day to define binge drinking. Lowe, James, and Willner (1998) created a binge drinking index by multiplying the largest number of drinks consumed by the frequency of this consumption and then formed a median split of bingers and nonbingers. Reilly et al. (1998) defined different levels of binge drinking in terms of risk. Low risk drinking was defined as 0–5 drinks for women and 0–6 drinks for men, hazardous drinking was defined as 6–12 drinks for women and 7–14 drinks for men, while harmful use was 13 or more drinks