levels of alcohol in the one 24 hour period. Drinking more than six or eight units (depending on your sex) over the recommended safe drinking limits is enough to significantly increase the risk of cardiovascular events (Room et al. 2005). Among young people who drink, 25% have admitted to becoming involved in antisocial behaviour issues (HM Government, 2007), this then has an adverse effect on their education and family life.

Excessive consumption of alcohol results in 3.3 million deaths every year, this represents 5.9% of all deaths worldwide (WHO 2015). It is an indisputable fact that young people are the biggest drinkers in society (HM Government 2007). The number of young people consuming alcohol has decreased since 2006, although the amount of alcohol that young people are consuming has increased dramatically. 11-13 year-old males who drank alcohol within the last week consumed 11.9 units in 2006, which has increased from 6.4 units in 2001. For females this has increased by 2.7 units since 2001, to 8.4 units a week in 2006 (Safe. Sensible. Social. 2007). This shows that although the number of young people drinking is decreasing, the volume of alcohol they are consuming is dangerously high. This style of drinking is more formally known as ‘binge drinking’.

There has been a large increase in the number of young women binge drinking in Britain compared to other western countries (HM Government 2007: News 2007), revealing that there is a different cultural relationship with alcohol in Britain than in other western countries, with easier access to alcohol being facilitated. The increase in young women drinking in Britain is believed to be because young women have a lot more social freedom compared to other western countries, including many of the advertisements for alcohol being aimed directly at the younger population, especially woman (Plant and Plant 2006). Drinking
alcohol from licensed shops and pubs, and 14% of these 16-17 year olds had been sold alcohol on more than 11 occasions. NHS Forth Valley (2013) have revealed that only 5 premises out of a total of 156 failed ‘test purchase’ operations carried out in the past 2 years. These figures demonstrate how the licensing (Scotland) Act 2005 has prevented young people buying alcohol.

One of the most recent large campaigns to date to tackle binge drinking among young people was the ‘Why Let Good Times Go Bad?’ campaign. The campaign was launched in September 2009 with a target audience of young people aged between 18-24 years, and aimed to demonstrate the dangerous consequences excessive drinking can have. This was the start of a five year campaign to target binge drinking. The campaign was designed to challenge young people’s attitudes towards alcohol, and their acceptance of drunkenness within their social group and culture. The campaign was led by Drinkaware, whose past campaigns have been successful in encouraging people to rethink their drinking patterns. ‘Why Let Good Times Go Bad?’ was credited with £100 million, and with the government, drinking industries and Drinkaware working together, this provided a solid framework for a smarter drinking message to be sent to young people.

Tannahill’s model of health promotion (Downie et al. 1996) is a framework for identifying, planning and carrying out health promotion, and has been widely used since its inception. Section 4 of Tannahill’s model of health promotion describes the “Why Let Good Times Go Bad?” campaign as it is aimed at health education for prevention and health protection (Whitehead and Irvine 2010). A further health model that links in with “Why Let Good Times Go Bad?” is Tones and Tilford’s (2001) Empowerment Model of Health Promotion.