

**Evaluative Research & Concept Testing Among Young Adults (19-29 years):
Assessment of Low-Risk Drinking Guidelines Print Materials****- 2006 HIGHLIGHTS REPORT -**

As part of a renewed strategy for prevention and early intervention, the Nova Scotia Department of Health Promotion and Protection (NSHPP), Addiction Services, is supporting the development of evidence-based best practices to address high-risk drinking in the province. Recent quantitative studies had confirmed that high-risk drinking was a problem among young adults in Nova Scotia, in particular males 19-29 years of age.¹ In 2005, qualitative research was undertaken to explore the context of alcohol consumption among young males and to assess their reactions to a series of education materials and messages that highlight low-risk drinking guidelines, personal strategies to reduce consumption, and alcohol effects^A. There were four groups comprised of males (students: n=17; non-students: n=15) assessed for high-risk (two groups: n=17) and low-risk (two groups: n=15) drinking patterns.² As a preliminary assessment of gender differences, an additional session was conducted June 27, 2005 with young women (age 19-29) scoring at high risk for drinking problems (n=9).³

The low-risk drinking guidelines tested were based on standards developed in Ontario by the Addiction Research Foundation and Canadian Centre on Substance Abuse that recommend individuals consume no more than two standard drinks per day with weekly limits of 14 standard drinks for men and 9 for woman. For the purpose of the current study, young adults who consumed 5+ standard drinks per sitting for men and 4+ for woman on a regular weekly basis, or consumed 15+ standard drinks per week for men and 10+ for women, were classified as high-risk drinkers. Those comprising the low-risk group in the study reported alcohol consumption rates under these rates both on a per time (<4-5 drinks per occasion) and per week basis (<10-14 drinks).

A major finding from the qualitative research with young men and women age 19-29 years was the identification of a gap between participants' experiences and perceptions around alcohol use and recommended low-risk drinking guidelines as currently conceptualized for use in other parts of Canada. These findings have implications for strategies aimed at addressing high-risk drinking among young adults in Nova Scotia, in particular the creation of effective alcohol communication and education materials and resources. These findings also point to the need for further research assessing the acceptability of low-risk drinking guidelines among the general adult population, as well as the context of drinking among underage drinkers.

The following summary report highlights key findings emerging from the combined qualitative research undertaken with young men and women in 2005. Readers are cautioned that results are instructive but should not be considered representative of young adults 19-29 years of age in the population of Nova Scotia at large. For detailed study methodology, analysis and findings refer to the full reports (see references).

^A This qualitative research project was funded through Health Canada's Drug Strategy Community Initiatives Fund, Project No: 6558-03-2004/698007, *Public Education Materials on Low Risk Drinking Guidelines and Personal Strategies for Reducing Consumption of Alcohol*.

KEY FINDINGS

Early (Underage) Drinking Patterns (≈ age 12 -18 years)

Consistent with the results of the Nova Scotia Alcohol Indicators Report (2005), underage drinkers in the province are likely to be at high risk for alcohol related problems.

- Almost all participants had consumed alcohol prior to the legal drinking age in Nova Scotia and considered this normal behaviour among their peers.
- Early drinking was described as a state of experimentation, largely initiated in junior high.
- Adolescent drinking experiences were similar for male and female participants in terms of contextual background including consumption patterns, reasons for drinking and locale.
- The primary source of information on alcohol and alcohol consumption tended to be peers (“*other kids*”, “*siblings*”), or “*trial and error*”.
- Participants reported easy underage access to alcohol yet consumption typically occurred “*in the woods*”, “*in secret*”, hidden away from any responsible supervision due to the illegal nature of the activity.
- The primary motivation for drinking was to achieve a state of intoxication: “*to get drunk*”.
- Drinking strategies typically consisted of activities and behaviours that promoted the consumption of alcohol to heighten intoxication (e.g. “*chugging*” or “*shooting*” liquor to consume more quickly).
- Drinking was initiated with low awareness and/or information about the effects of alcohol, with little or no preparation or pre-cautionary consideration of potential consequences of drinking/overdrinking, and with limited access to information resources or experience.
- Negative outcomes related to early drinking experiences were common and mostly comprised of physical reactions to excessive drinking such as vomiting, passing out, injury, alcohol poisoning and associated consequences (for example school suspensions, parental sanctions (“*being grounded*”, loss of privileges), medical attention, or police intervention).

ISSUES AND OPPORTUNITIES FOR ADDRESSING EARLY (UNDERAGE) HIGH-RISK DRINKING:

- ⇒ High level of alcohol consumption and exposure to alcohol consumption
Target primary prevention with youth and parents.
- ⇒ Lack of safety and security of early drinking environment/situations

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Target safety issues and the drinking environment.

- ⇒ Hidden activity: lack of supervision, lack of accountability and thus, limited opportunities for supporting abstinence, moderation and/or intervention

Target dealing with secrecy - who to talk to, when to break the silence.

- ⇒ Lack of understanding of effects/consequences of alcohol use

Target education and providing relevant information - what you should know before (if) deciding to drink.

- ⇒ Dangerous drinking practices

Target dangerous behaviours (e.g. binge drinking, drinking to become intoxicated) and risk reduction.

- ⇒ Lack of information regarding what to do in the case of alcohol-related emergency

Target practical safety information and health risks - signs of alcohol poisoning, recovery position, how to help a friend.

Developing Drinking Patterns (≈ age 19 - 29 years)

With age and, more importantly, lifestyle changes, participants reported accompanying changes in alcohol consumption, drinking patterns, and involvement in high-risk behaviour.

- For adults in this age group, alcohol appears to be ubiquitous and is likely to be included at any social gathering, occasion or event: *“Not so much peer pressure as alcohol is a normal part of what we are doing”*.
- Over time reported alcohol use tended to move away from the predominant goal of seeking intoxication, shifting from specifically *“going out to drink and get drunk”* to including drinking as only part of the social experience (*“drinking while you are out”*).
- As individuals matured, drinking started to shift in locale as well as context moving from getting drunk *“in the woods”*, to going out and getting *“shit-faced at the bar”*, to pre-drinking at home or private residence *“before going out”*, to chiefly *“socializing and drinking at home”*.
- Primary motivations reported for drinking were to; enhance fun and enjoyment, achieve social benefits or rewards, relax, increase confidence, and/or remove/reduce inhibitions. There were some gender differences observed:
 - Drinking and overdrinking by young woman occurred more often in response to emotional situations (*“sad or happy”*) or to reduce inhibitions (*“loosen you up”*, *“have an excuse to be irresponsible too [like the guys]”*).

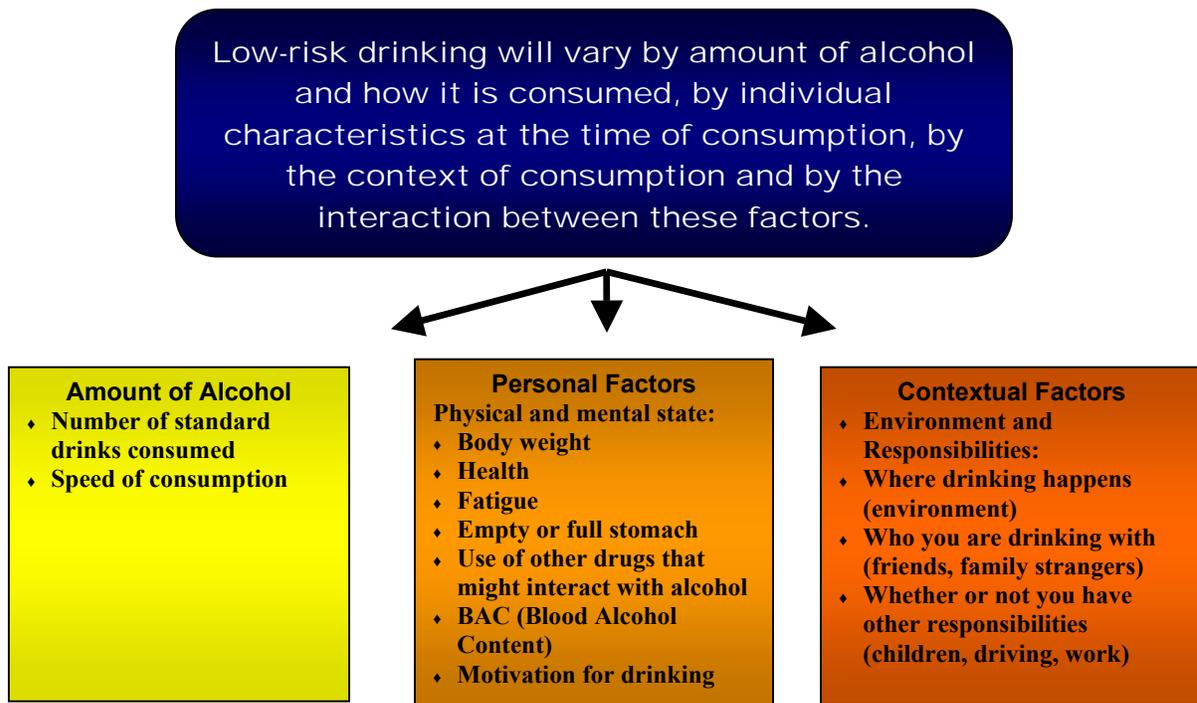
- Young men were more inclined to drink to “*have a good time*”, to relax (“*forget about their troubles*”) and to boost confidence (“*get their courage up*”).
- Among high-risk young adults, alcohol consumption appears to be supported by a sub-culture that normalizes and at times even glamorizes drinking, intoxication, and the experience of certain alcohol related consequences and other high-risk behaviours.
- Frequency of consumption and general drinking patterns were similar for both young men and women scoring for high-risk drinking, although the young men reported consumption of higher quantities, a greater tendency of specifically “*drinking to get drunk*” and more often experienced injuries, blackouts, or alcohol-related memory loss. Young women were more likely to report, “*getting drunk*” as an unplanned outcome of drinking with little to no precautions taken in the event of overdrinking.
- Work, relationship and financial considerations, obligations, and responsibilities act as primary factors mediating alcohol consumption. Again there were gender differences observed:
 - The presence of a partner, spouse, or girlfriend tended to mitigate excessive drinking by the young men who reported that they minimized intoxication in order to “*protect*” or “*look out for*” their partner. Men also mentioned reducing consumption around women so they “*wouldn’t get sloppy*” or “*act stupid*”, although most did not mind woman overdrinking. There was a consensus that men were more likely to get drunk and overdrink when they were in social situations with other males.
 - Conversely, young women noted that the presence of a boyfriend or even a potential or prospective partner could contribute to higher alcohol consumption rates, primarily to gain attention and to “*loosen inhibitions; we show off [more]*”, “*guys pay attention to you*”. The women felt that alcohol lets them relinquish some control; “*lets you do things you wouldn’t normally say or do*”. “*Guys know this*” and generally are perceived as tolerant and sometimes supportive of women getting intoxicated. In contrast the women reported little tolerance for male drunks; “*totally uncool*”, “*slobbering, bumping into you*”, “*its disgusting*”.
- Students reported increased likelihood of engaging in high-risk drinking behaviours and practices because of distinct lifestyle differences centered on relative lack of responsibilities, fewer consequences associated with overdrinking, and social encouragement or enticement to drink.
- Overdrinking for both genders largely occurred as a planned outcome; most indicated that they knew in advance before going out whether or not they would be getting drunk. Incidents of unintentional or unplanned intoxication occurred but tended to diminish with age and experience.

- Despite advance knowledge, participants cited few strategies for coping with the likelihood of getting drunk. Preparation for overdrinking centered primarily on how to handle money and transportation matters. There was no spontaneous mention of monitoring or managing consumption levels or taking other health or safety precautions.
- Individuals reported few strategies for avoiding or preventing overdrinking although most participants could cite at least one technique when prompted such as drinking more slowly (“one drink per hour”) or “eating food while drinking”.
- Participants more often reported tactics for maximizing effects of alcohol (“shooting” liquor, “pound them back before you go out so you can save money”) and minimizing the physical effects of “hangovers” (“never mix certain forms of liquor”, “drink water”, “take aspirin”).
- There was a heavy reliance on friends “to take care of you” when too much alcohol had been consumed. Some expressed resentment about being the one who had to “look out” for others with varying degrees of vigilance reported. Help primarily consisted of making sure someone who “passes out” was put somewhere “safe and out of the way”.
- Exposure to alcohol poisoning, observed and experienced first-hand was high, but few had any understanding or knowledge about the physiological effects of alcohol, the consequences of acute and chronic overdrinking, or what to do in an emergency involving alcohol.
- A number of alcohol related problems were identified such as cost, impaired judgment, overconfidence, hangovers, aggression, fights, and injuries yet few expressed concern about legal, health or safety issues associated with overdrinking.
- Drinking and driving among young adults 19-34 was still thought to be the norm although there was acknowledgement that it was not considered socially acceptable; “sure it happens”, “especially in the country; you’ve got to get home”.

Low-Risk Drinking

- Current low-risk drinking guidelines and materials generally were not perceived as relevant, credible, or engaging for the young adults taking part in this study, particularly in terms of risk reduction and recommended consumption levels (e.g. limits of two drinks per occasion), low-risk drinking tips and information (e.g. definitions of binge drinking as 5+ drinks per time).
- Some concerns centered on the appropriateness of the terminology (“low-risk drinking”) and whether or not such guidelines should be promoted.
- The primary conclusion of the participants was that low-risk drinking involves “limiting your consumption of alcohol” but probably does not consist of an absolute number of standard drinks that can be indiscriminately applied to everyone at any given time.

- There was a consensus that in order to have any practical value, limits related to the amount of alcohol consumed will have to take into account variations in individual characteristics as well as the context in which the alcohol is being consumed.



ISSUES AND OPPORTUNITIES FOR ADDRESSING HIGH-RISK DRINKING AMONG YOUNG ADULTS 19-29 YEARS:

- ⇒ Drinking and intoxication are normal behaviours associated with lifestyle.
Target related lifestyle issues to promote relevance of safer drinking behaviours and practices.
- ⇒ High-risk drinking appears to be an acute rather than chronic phase for young adults.
Target short-term survival strategies and ways to reduce risk and potential for long-term harm.
- ⇒ Primary consequences reported are physical in nature.
Target relevant tactics (practical action) for improved outcomes (e.g. How to avoid a hangover).
- ⇒ Access to and use of alcohol is high; knowledge and awareness of alcohol related risk levels is low.

Target development of relevant education materials and communication strategies for engaging young adults.

⇒ There is low motivation to seek out or pay attention to information on alcohol.

Target identification of reasons for caring with engaging, low-demand communication and distribution formats.

MATERIALS EVALUATION: Addressing High-Risk Drinking Among Young Adults (19-29 years)

Participants took part in independent written assessment and group discussion of various print campaigns for alcohol currently in use for young adults in Nova Scotia and other jurisdictions. The following characteristics emerged from the evaluation as critical considerations for incorporation into materials and strategies intended to reduce harmful alcohol consumption among young adults in Nova Scotia (age 19 to 29):

- **Keep It in the Zone** - Adopt a proactive approach to promoting safe drinking (e.g. alcohol safety) rather than just low-risk or abstinence (telling people not to drink). Help (them) to make personally relevant decisions about choosing to drink or not, and if so, how to set limits that keep drinking in their own personal safety zone. Risk for harmful drinking was seen to be uniquely related to one's current physical and mental state, the drinking environment (what, when, where, why, and how it is being consumed) and implications for personal responsibilities and safety (operation of a car/machinery, care of children, work or school).
- **Don't Preach** - Young adults want the facts so they can use them to come to their own conclusions and "*make [their] own choices*". Judgmental, paternalistic approaches will be rejected and can potentially generate counter-arguments or behaviour and they will "*tune it out*".
- **Keep it short and to the point** - Content needs to be direct, concise, and simple. The more complicated the information, the faster interest waned. Participants indicated that young adults are not currently seeking out this information nor are they highly motivated to pay attention so will likely act on any excuse to abandon the material.
- **Break it up** - Don't try to do too much with a single piece. Provide easily digestible pieces of information that direct young adults to other sources if they are interested in pursuing further such as a dedicated website, self-help booklets or brochures.
- **Just The Facts** - Focus on use of relevant, objective, believable, and preferably entertaining facts whenever possible, presented in point form and/or Q&A or Myth & Fact (for example, materials titled Straight Talk on ...Drinking).

- **Startling Stats** - Use statistics that speak to issues that are relevant to the target group and thus are likely to be shared or talked about (for example, statistics for alcohol-related injuries or deaths among their reference groups in Nova Scotia).
- **Link drinking behaviours to real consequences.** Consider using testimonials or real-life stories to make alcohol-related statistics ‘come to life’; for example, use local (Nova Scotia) people recounting their experiences first-hand, to communicate the broad impact of preventable harms and/or consequences. Engage young people as the spokespeople, using peer-to-peer strategies for communication.
- **Here Comes the Judge** - Include the long-term consequences of short-term alcohol-impaired judgment. Communicate legal implications, facts and figures, and consequences of drinking related crimes (for example, DWI charges: loss of license, impounding of vehicle, fines) and other legal offenses (public drunkenness, providing liquor to minors, drunk and disorderly, assault, manslaughter).
- **Drink not Drunk** - Support existing views that being drunk is embarrassing, messy, and harmful and that drinking does not have to lead to getting drunk.
- **Picture This** - Use pictures or charts wherever possible to illustrate concepts or information in easily understandable chart or graphic format, but ensure these are straightforward and do not confuse the issue(s).
- **Interactive Engagement** - Use quick and easy quizzes, tests, simple worksheets to calculate personally relevant scores and, if applicable, include a feature that allows users to position their score among others in their appropriate reference group: *“I don’t care how much senior citizens are drinking, how do I compare to girls my own age?”*.
- **How to Information** - Include practical information that has instructional value and relevance on a topic of interest; for example, **How To ...Drink Safely, ...Recognize and Deal with Alcohol Poisoning, ...Be a Good Drinking Buddy, ...Reduce Your Odds of Being a Drinking Statistic, ...Avoid a Hangover.**
- **Mix it Up** - Use a variety of formats (posters, fact sheets, pamphlets, coasters, napkins, ipod, and text-messaging) with contemporary designs and colours so the target group is obvious. Consider various venues for distribution of these materials and messages such as doctors’ offices, schools, public restrooms, liquor stores, bars, dormitories, or residences. Explore options for cooperative marketing for example, inserts in beer cases, and frosh packages, public service announcements shown or displayed at movie theatres or sporting events, and links with appropriate internet sites).
- **Keep it Real** - Information and materials needs to be realistic. It has to coincide with the experience of young adults and what they know to be true, otherwise, it will be dismissed and

“won’t be trusted”, as a source of information. This includes the people and activities depicted in the materials.

- **Mom and Dad** - Consider strategies and resources that encourage dialogue between youth and their parents about drinking (for example, facts, figures, myth busting), initiated by the parent or the child (**How to...** Talk to your child about alcohol... Talk to your parent about alcohol).
- **Humour** - Consider strategies and communication materials that incorporate the use of humour to draw attention to the issues. Model use of humour around the recent Nova Scotia tobacco television ads, and the Bowling series print materials (“Doesn’t have to be doom and gloom”, “We are going to drink, so how can we keep it fun?”)
- **Make it look good** - The information may be important and relevant but if the look does not attract the interest or attention of young adults, they won’t interact with it. The “look” must vary between materials for young adults versus those for teens and adolescents. Young adults are sensitive to “hokey”, “immature” or childish packaging – this would definitely deter any interaction with the information - “If it looks like it’s for kids or older adults I’m not going to pick it up”.
- **Get ‘em young** - The young adults taking part in this research felt the best time to start a dialogue on drinking is well before the legal drinking age, ideally in “Junior High”.

RECOMMENDATIONS FOR NEXT STEPS

Recommendation 1

“We are going to get drunk anyway. This stuff should focus on keeping it safe”.

New communication and education materials and messages for this audience need to incorporate a harm reduction approach and be tested with the target group prior to release.

Participants clearly responded to materials and messages that provided factual information about alcohol rather than against alcohol. A harm reduction approach that incorporates the context of drinking should be utilized in developing communication materials and messages for this group. This approach would promote safe drinking rather than low-risk, abstinence or telling people not to drink, and help to set limits that keep drinking in their own personal safety zone. Fact sheets and educational materials developed by the Department of Health Promotion and Protection and the District Health Authorities should be updated. Finally, new and updated materials should be tested with the intended audience.

Recommendation 2

“Nothing is going to stop someone from their binge-drinking plans, but maybe there could be something to help [them] deal with it.”

There is a need for resources to encourage young adult drinkers to self-assess if they have problems, offer strategies for preventing those drinking problems from escalating further, and direct them to help should they need it.

Participants reported a range of problems because of their drinking, particularly on those occasions where they had been “overdrinking”. Hangovers, overspending, embarrassing behaviour, violence, injury, losing friends, and driving a motor vehicle were typically identified. The addition of new self-assessment materials, such as quick and easy quizzes and worksheets to calculate personally relevant scores with a feature that allows users to compare their score with others, is highly recommended. Practical tips for reducing harmful consumption, as well as information on what to do/where to go if help is needed should be provided. Consideration should be given to making these resources available on the internet and linked to other events or activities young adults are likely to be involved in such as sporting events, concerts, bar contests, chat rooms. Participants indicated that they are not particularly motivated to seek out this information on their own. Interest is likely to be very spontaneous or incidental to something else that they are doing. Therefore, messaging needs to catch their attention and make them “*curious enough to go [to greater effort] and check it out*”.

Recommendation 3

“Maybe [the materials and low-risk drinking guidelines] are for middle age people...?”

The acceptability of low-risk drinking guidelines should be assessed among other drinkers in Nova Scotia .

NSHPP has adopted a proactive strategy for prevention and early intervention in order to ensure programs are relevant to a wider population base beyond traditional treatment programs. Resources already in use in other jurisdictions are being used as initial platforms for building upon specific or unique needs identified in Nova Scotia. Therefore, an important component of the proposed provincial strategy to address harmful drinking is to evaluate the various communication materials and messages under consideration among alcohol consumers in general and high-risk groups specifically. In the current research, a gap was identified between participants’ experiences and perceptions around alcohol use and the recommended low-risk drinking guidelines as conceptualized for use in other parts of Canada. While this information is valuable for informing strategy targeting harm reduction among young adults there is still uncertainty as to the relevancy of the approach for other drinkers and target groups in the province. Additional research should be undertaken to assess the educational and prevention value of the materials with a broader audience.

Recommendation 4

“Getting drunk is what it’s all about.”

Assess the context of alcohol use among underage drinkers.

Participants in these focus groups recalled their early drinking experiences as experimental and motivated by the goal of getting intoxicated. Typically, drinking was initiated with low awareness and/or information about the effects of alcohol, and with little or no preparation or consideration of the potential consequences. Negative outcomes related to early drinking were common for these participants, and almost entirely comprised of physical consequences such as vomiting, passing out, injury, and alcohol poisoning. Additional qualitative research is recommended with youth (under 19 years of age) to gain insight into how they access alcohol, why they consume alcohol, and the context of that consumption. Additional research should also include parents in order to assess their knowledge of, attitudes towards, and approaches to preventing and/or addressing alcohol use by their child(ren). This research would provide invaluable information about dialogue opportunities and key areas to address in policy, communication, prevention, and early intervention strategies targeted to underage drinkers.

Recommendation 5

“Pounding them back” and getting “hammered”, “wasted”, “shit-faced”, “drunk”, or “loaded”.

Address the social norm of drinking to the point intoxication among this age group.

Drinking to the point of intoxication appears to be a normal and accepted part of alcohol consumption among young adults, 19-29 years of age. Steps should be taken to explore ways to influence a shift from a culture of intoxication to one of moderation. This shift in social norms should be addressed within the context of a provincial alcohol strategy.

REFERENCES

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