NOVA SCOTIA

Health Promotion

EVALUATIVE RESEARCH and CONCEPT TESTING LOW-RISK DRINKING GUIDELINES PRINT MATERIALS Qualitative Research with Males Aged 19 to 29 Years

April, 2005

Prepared by Focal Research Consultants Ltd.

FOCAL Research

Turning Information Into Insight

Focal Research Consultants Ltd.
7071 Bayers Road, Suite 326 • Halifax, Nova Scotia • B3L 2C2
Phone 902.454.8856 • Fax 902.455.0109 • Email focal@focalresearch.com

TABLE OF CONTENTS

APPENDICES [1]

[1] The Appendices are not included in the electronic version of this report. Please contact Nova Scotia Health Promotion, Addiction Services for further information, at 902-424-7220.

EXECUTIVE SUMMARY

As part of a renewed strategy for prevention and early intervention, Nova Scotia Health Promotion (NSHP) 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 is a problem among males in Nova Scotia, in particular, those 19-29 years of age; however, there was little empirical evidence describing the nature and context of alcohol consumption among this population. This knowledge gap presents a particular challenge when developing strategies that are relevant to this audience. Therefore, 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.

In cooperation with the project lead at NSHP, Addiction Services, Focal Research Consultants was commissioned to conduct four in-depth qualitative research sessions from March 21 to 22, 2005 in Halifax, Nova Scotia.[2] In total 32 young men aged 19-29 years participated in the study, students (n=17) and non-students (n=15) assessed for high-risk (n=17) and low-risk (n=15) drinking patterns.[3] The sessions were three hours in length and consisted of both independent, written evaluation (in-session survey) and group discussion. Verbal and non-verbal techniques were used for information gathering and material assessment. The first hour focused on establishing contextual information for drinking (personal characteristics and experience; behaviours, attitudes and perceptions related to alcohol). During the second two hours, participants reviewed print materials related to low-risk drinking and other alcohol information.

Limitations of the Study

The purpose of qualitative research is to gain direction and insight from exploring issues among particular individuals who have a desired set of characteristics or experience. The primary advantage of the process is the ability to reach key informants on a more complex level than is afforded by standard quantitative techniques in order to obtain rich contextual information for assessing response. While the sample was selected as representative of the population of interest, qualitative findings cannot be generalized to the group at large. Moreover findings should be considered suggestive and not conclusive in nature because of the use of convenience, non-probability sampling.

[2] This qualitative study 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.*

[3] For the purpose of the current study young males who consumed 5+ standard drinks per sitting on a regular weekly basis OR consumed 15+ standard drinks per week were recruited as high-risk drinkers. Those young men comprising the low-risk group reported alcohol consumption rates of <5 drinks per time AND 14 drinks or less per week.

Key Findings Contextual Background (Males 19 - 29 years)

Early Drinking Patterns (≈ age 12 -18 years)

- **Problems with drinking** were first encountered long before leaving high school. Early drinking patterns and past incidents of overdrinking were similar between both Low- and High-Risk participants.
  - *junior high and high school*
  - *ages 12-17 years*

- **Early drinking was described as a state of experimentation.**
  - *It's part of growing up.*
  - *I think everyone has done it [drink until they passed out], in high school.*

- The **primary source of information** on alcohol and alcohol consumption tended to be **peers** *("other kids", "siblings")*, or **trial and error**.
  - *Usually nobody is telling us anything about this – just do it yourself.*

- Participants reported **easy underage access** to alcohol yet **hid consumption** due to illegal nature of the activity.

- Alcohol was **typically consumed away from home** and any responsible (for example, adult) supervision.
  - *with buddies*
  - *[with] other kids*
  - *in the woods*

- Initial **motivation for drinking was intoxication**, the standard outcome and usually sole purpose or goal for drinking.

- **Drinking strategies** typically consisted of activities and behaviours that promoted the consumption of alcohol quickly to achieve a state of intoxication.

- Drinking was initiated with **low awareness and/or information** about the effects of alcohol, with **little to no preparation or pre-cautionary consideration of potential consequences** of drinking and overdrinking and with limited access to any information resources or experience.

- **Negative outcomes related to early drinking were common** and almost entirely comprised of physical consequences such as vomiting, passing out, injury, and alcohol poisoning.

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

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, even more importantly, lifestyle changes, there were accompanying **changes in alcohol consumption** and drinking patterns. However, there was clearly a gap between participants' experiences and perceptions around alcohol use and the recommended low-risk drinking guidelines.

- **Primary benefits for drinking were reported -** fun and enjoyable, social rewards, relaxing, increased confidence, removal/reduction of inhibitions

- **High-risk alcohol consumption** among young males taking part in the study was supported by a **sub-culture** that **normalized intoxication and the experience of certain related consequences and other high-risk behaviours.**

- Opportunities exist to **leverage the association** between high-risk drinking behaviour and other related behaviour **to make potential for negative outcomes more meaningful and relevant to young males.**

    - *Alcohol distorts judgment ('beer goggles'), so you end up doing something you wouldn't otherwise do.*

    - Alcohol promotes *"bad decisions"*, which in turn lead to other high-risk behaviours (for example, *"unsafe sex"*, "*DUI*", "*picking fights*"), that can have long-term negative outcomes (for example, contracting Sexually Transmitted Infections; ending up in jail; sustaining brain damage; injuring or killing someone else).

- It appears that drinking started to shift from getting drunk *"in the woods"* to going out and getting *"shit-faced at the bar"* to *"pre-drinking"* at home/private residence *"before going out"* to pre-dominantly *"socializing at home"*.

- **Work, relationship and financial considerations, obligations, and responsibilities acted as mediating factors** for alcohol consumption. Leaving school or graduating, developing a monogamous *"serious"* relationship, getting a job, having to *"pay your own rent yourself*", alone or in combination, generally were associated with reduced consumption patterns for alcohol.

- **Students**, (especially those without significant mediating factors noted above) reported that they were **more likely to engage in higher-risk drinking** behaviours/practices because of distinct life style differences centered on relative lack of responsibilities and fewer consequences associated with over-drinking.

- As distinctions between drinking and overdrinking emerged, a shift typically occurred from specifically *"going out to drink and get drunk"* to including drinking as only part of the reason for going out *("drinking while you are out").*

- Low-Risk participants did not describe as many occasions of social drinking as High-Risk participants, who talked about "*having a few drinks*"' virtually any time a group of friends got together. However, even those who typically fell within low-risk guidelines reported overdrinking on occasion.

- **Overdrinking was largely a planned outcome**; most indicated that they knew in advance before going out whether or not they would be getting drunk. However, there were also occasions noted when unintentional or unplanned intoxication occurred but this tended to diminish with age and experience.

- Participants noted that as they grew older overdrinking moved from being the standard outcome *("It's the weekend", "It's the first nice day of spring", "It's Thursday night")* and started to occur in context of celebrations ranging from informal *("friend in town", "teams wins a game", "exams over")* to more official events or holidays (*birthdays, St Patrick's Day*).

- Despite advance knowledge **few strategies were reported for coping** with the intentional outcome of getting drunk. Preparation for overdrinking was almost entirely centered on how money was to be handled.

    - *how to get home*
    - *Make sure I put some money in another pocket for a cab.*
    - *Leave credit cards and bank cards at home so I can only spend what I've got.*

- There was **no spontaneous mention of monitoring or managing consumption levels or taking any other health or safety precautions.**

- **Young men** acknowledged f**ew strategies for avoiding or preventing overdrinking** or getting drunk although most participants could cite at least one technique such as drinking more slowly ("*one drink per hour*") or "*eating food while drinking"*.

- Participants **reported strategies for maximizing effects of alcohol** ("*shooting" liquor, "pound them back before you go out so can save money")* **and minimizing the physical effects of hangovers and drinking too much** (" *never mix certain forms of liquor", "drink water", "take aspirin").*

- There tended to be a **heavy reliance on friends** "*to take care of you"* if 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 largely consisted of making sure someone who *"passes out*" was put somewhere *"safe and out of the way"*.

- There was **high exposure to alcohol poisoning,** observed and first-hand, but **low understanding and knowledge levels of effects of too much alcohol**, consequences of acute and chronic overdrinking or of what to do in any emergency situation involving alcohol and alcohol poisoning.

- **A number of primary problems were identified -** cost (money); poor judgment (impaired judgment); over-confidence (and regrets); hangovers and physical ill-health; aggression and fights (getting into trouble); injuries.

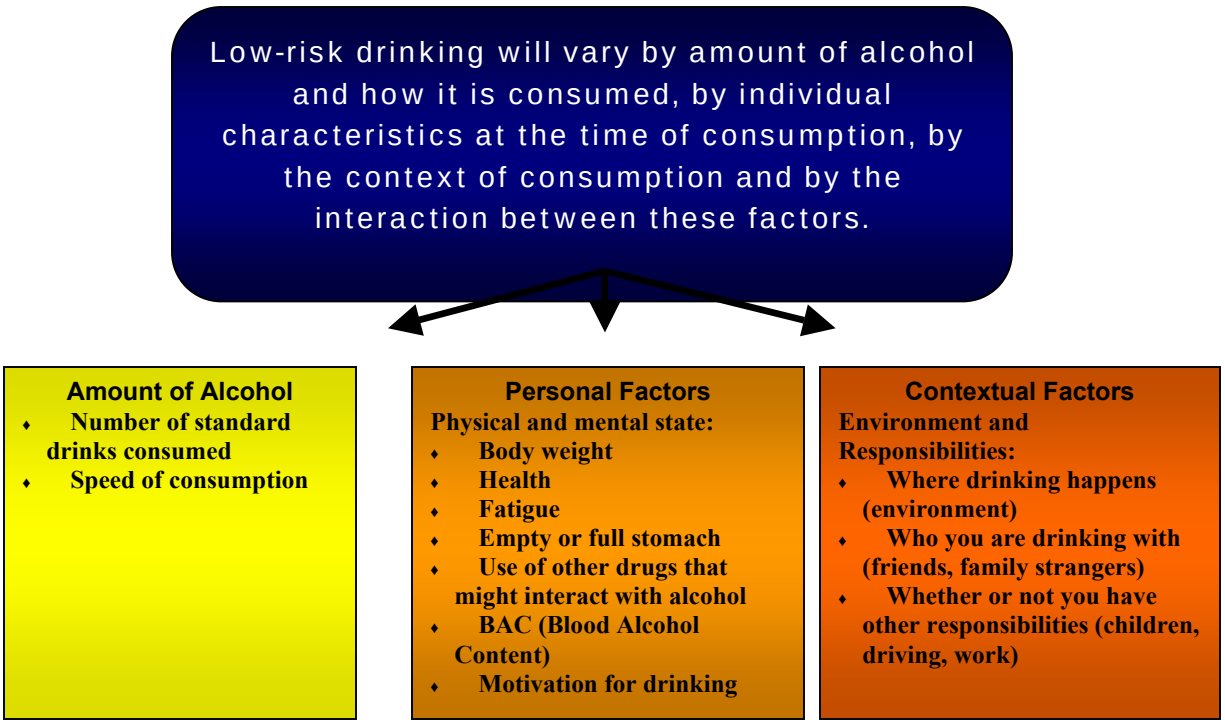
- **Few concerns were expressed about the legal, health or safety issues associated with overdrinking. Drinking and driving was still considered the norm.**

    - *You shouldn't do it, but most people still do.*

- *It is even worse in the rural areas with bars open until middle of the night but no way to get home unless you drive' so what are you going to do?*

- **Current low-risk drinking guidelines were generally perceived as <u>not</u> being relevant, credible, or engaging** for the young males taking part in this study, particularly in terms of recommended consumption levels, low-risk drinking tips and information.

Three main considerations were identified in defining **Low-Risk Drinking**:



- The primary conclusion (by group participants) was that low-risk drinking involves "limiting the number of drinks you drink". However, there was dissension about what number of drinks constituted a reasonable limit.

- In general, there was consensus that this number will vary for individuals because of a number of factors including physical, environmental, social, and personal considerations and responsibilities.

- It is interesting to note that risk was never clearly defined by participants; most discussed their ideas of low-risk drinking in terms of the risk of getting drunk rather than the risk of harm, injury or other long-term health consequences to either themselves or others.

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 alternative 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 Males (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 males in Nova Scotia (age 19 to 29):

- **Keep It in the Zone** - Do not preach; adopt a proactive approach to promoting safe drinking rather than low-risk, abstinence or telling people not to drink. Help (them) to set limits that keep drinking in their own personal safety zone.

- **Just The Facts** - Focus on use of relevant, objective, believable, 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).

- **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 easy to understand 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 demographic group.

- **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.

- **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).

- **Mix it Up** - Use a variety of formats (posters, fact sheets, pamphlets, coasters, napkins) with contemporary designs and colours so the target group is obvious. Consider various venues and options for distribution (doctors' offices, schools, public restrooms, liquor stores, dormitories or residence cooperative marketing (for example, beer cases, University and Community College frosh packages, dances).

- **Keep it Real** - 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.

- **Mom and Dad** - Consider strategies and resources that encourage dialogue between youth and their parents about drinking (for example, facts, figures, myth busting).

- **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.

Recommendations for Next Steps

1. Assess the applicability of these findings to females 19-29 years of age.
2. Develop and test new communication and education materials and messages for this audience that incorporate a harm reduction approach.
3. Develop and test 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.
4. Assess the acceptability of low-risk drinking guidelines among other drinkers in Nova Scotia.
5. Assess the context of alcohol use among underage drinkers.
6. Address the social norm of drinking to the point intoxication among this age group.

SECTION 1: INTRODUCTION

Background

The mandate of Nova Scotia Health Promotion (NSHP) Addiction Services is to provide prevention, early intervention and treatment services for individuals and their families in Nova Scotia. Historically, resources were directed to clinical interventions and treatment for substance use and gambling problems throughout the province. This approach meant that services were largely centered on remedial action triggered once a problem was recognized and contact for assistance was initiated. NSHP has initiated a more proactive strategy for prevention and early intervention in order to ensure programs and services are relevant and targeted to a population base that extends beyond traditional treatment populations.

As part of this renewed strategy, NSHP is supporting the development of evidence-based best practices and an overall provincial strategy to address problem drinking in Nova Scotia. The reduction of hazardous drinking, especially among high-risk drinking populations has been identified specifically as an important public health goal. A number of control measures have already been introduced to impact rates of alcohol use and associated risk behaviours (for example, alcohol taxation, blood alcohol content (BAC) limits for driving and graduated licensing for new drivers). NSHP plans to supplement these broad-based control measures through the development and dissemination of public education materials that highlight low-risk drinking guidelines and personal strategies for reducing alcohol consumption. This action is being initiated under the premise that promotion of options for controlled drinking *"addresses a significant gap in addiction programming [at present, and will] enhance efforts to reduce problem drinking in the Nova Scotia population"*.[4]

The development of health resources for alcohol will include practical tools (for example, self-assessment screens), information resources, links and strategies intended to engage Nova Scotians in active health promotion in community settings rather than treatment venues. Resources and materials already in use in other jurisdictions will be used as initial platforms for building upon specific and/or unique needs identified in Nova Scotia. Therefore, an important component of the proposed provincial strategy to address harmful drinking is to evaluate a variety of communication materials and messages with alcohol consumers and other key target groups in Nova Scotia.

[4] Canada's Drug Strategy Community Initiatives Fund Project Proposal: Public Education Materials on Low-Risk Drinking Guidelines and Personal Strategies For Reducing Consumption of Alcohol, Nova Scotia Health Promotion, Addiction Services, p 2.

Study Objectives

Nova Scotia Health Promotion (NSHP) has identified both immediate and long-term information objectives for the research component of developing and offering low-risk drinking guidelines materials.

As part of the first stage of an on-going evaluative process, qualitative research was undertaken to assess a series of materials presenting low-risk drinking guidelines as well as other related education materials among young males identified as a key prevention target in Nova Scotia. The scope of this particular research project was to obtain recommendations to inform the communications component of (the first stage) of a strategy to reduce high-risk drinking in Nova Scotia among critical high-risk target groups.

The objectives for the study were two-fold:

1) To examine underlying assumptions about this target group upon which the materials are based, in order to establish the relevance and credibility of the information among males aged 19 to 29; and
2) To assess response towards current print materials and education materials from local and other jurisdictions among the key target group of young male adults.

In order to gather preliminary information on these components, focus groups (four) were conducted with young male adults from the Halifax Regional Municipality area, with a contrast established between both high/low-risk drinking behaviours and students versus non-students.

The qualitative research included overall evaluation of a variety of print materials from Addiction Services in Nova Scotia and other jurisdictions. In-depth background, behavioural and perceptual information was examined within each group to provide rich contextual information to frame reactions to each set of materials tested. The information and insight gained during this initial evaluative process will be used to inform on-going research and development of low-risk drinking guidelines and supporting strategies for reduced and low-risk alcohol consumption.

Questions posed in the groups, for direction in planning the communications strategy, included:

- **What are participants' background, behaviours, attitudes and beliefs, and knowledge levels related to alcohol consumption, in terms of:**
  - drinking patterns, current and past
  - circumstances when alcohol is consumed (a typical night out, with whom, settings, reasons for drinking)
  - plans for drinking (spontaneous versus planned occasions, transportation issues, pre-drinking, self-imposed limits)

- personal consequences and risks for drinking (positive and negative experiences, injuries, drinking and driving, passing out, reasons for overdrinking)
- perceived benefits and drawbacks of drinking
- beliefs about the prevalence of hazardous or problem drinking
- exposure to materials/information/advertising for drinking or alcohol-related problems
- perceptions of various terms and definitions, including the term 'low-risk drinking'

- **Are the materials suitable to be utilized, either as is or adapted for use, in a Nova Scotia Alcohol Strategy, according to:**
  - content (literacy levels; credibility of information; confirm/affirm current low-risk behaviours; potential to effect change; adequate information as to how to access help)
  - look and feel (color, graphics, format)
  - medium
- **Did the materials present any new information?**
- **Are there any recommendations or ideas about new communications materials, with regard to such factors as:**
  - content
  - look and feel
  - format for print materials (brochure, cards, booklet, poster)
  - suggested media
- **Who are the most influential and credible role models for or spokespeople to 19-29 year old males?**
- **Should family members/significant others be a target for communication, and if so, how?**
- **Which harms or consequences from high-risk drinking should be focused upon in a communication campaign?** (for example, drinking and driving crashes; bar fights)
- **Are there certain high-risk drinking behaviours that are more socially unacceptable than others?**
- **What language should be used when referring to high-risk or problem drinking when communicating with this target group?** (for example, binge drinking; problem drinking; high-risk drinking)

The materials examined in the focus group setting included:

1. CAMH's Low-Risk Drinking Guidelines brochure
2. CAMH's Evaluate your drinking brochure
3. Addiction Services, Capital Health District's Your Drinking Plan brochure (mock-up)
4. NIAAA's Top Ten Myths about Alcohol fact sheet
5. Nova Scotia Addiction Services' alcohol fact sheets
   - Alcohol (orange)
   - Physical Effects of Alcohol (blue)
6. Bacchus/ Student Life Education Company's materials
   - The Bacchus Manoeuvre poster
   - Welcome To The Real World student poster
   - Bowling series postcards (n=7)
7. Assortment of ACDE's Facts on Tap booklets, namely,
   - A Risky Relationship – Alcohol and Sex
   - The Non-Alcoholic Hangover – When Someone Else's Drinking Gives You A Headache
   - The Naked Truth – Alcohol and Your Body
   - The College Experience? – Alcohol and Student Life

Items 1 through 5 were evaluated in detail; due to time constraints, items included under number 6 (Bacchus materials) were distributed and briefly discussed with focus group participants. Topics of the four Facts on Tap booklets were assessed for interest levels as a written exercise.

Method

Given the research objectives for the study, the various materials and resources were assessed using a series of qualitative, in-depth focus groups with young adult males in Nova Scotia. NSHP had identified this group to be at high-risk for experiencing alcohol-related problems. The age category of interest was expanded (from 19-24 years) to 19-29 years for this exploratory research. The expanded age category facilitated recruiting and assisted in validating assumptions surrounding the target group for the materials. This approach also provided information about possible responses of young males who fall just outside of the pre-identified high-risk age category but who are still involved in high-risk drinking behaviours.

Use of the expanded age category, is supported by data from the 2003 Nova Scotia Prevalence Study (Focal Research Consultants, 2004) which showed that:

- Approximately 70% of "hazardous" drinkers in Nova Scotia are male, with more than half (57%) of all those drinking at high-risk levels (on average 5+ drinks per time) falling under 35 years of age.

- 81% of males 19-29 years exceed standard low-risk drinking guidelines (15+ drinks per week and/or more than 3 drinks on average per time). This percentage declines strongly with age (30-39 years: 58%, 40-54years: 27%, 55-64 years: 21%).

- 58% of males 19-29 years report "heavy, hazardous" consumption patterns of 5+ drinks per time as compared to 31% of those 30-39 years, 17% of those age 40-54 and only 4% of those over age 55 years.

Recruitment Criteria

The materials selected for evaluation included a number of sets of materials that are relevant only for younger adults and, in some cases, are specifically designed for dissemination to post-secondary students. Therefore, the evaluation and concept testing were restricted to four focus groups as outlined below:

- **Group 1: High-Risk Male Students, age 19-29 years**

- **Group 2: Low-Risk Male Students, age 19-29 years**

- **Group 3: High-Risk Male Non-Students, age 19-29 years**

- **Group 4: Low-Risk Male Non-Students, age 19-29 years**

An alcoholic beverage was defined as one 12 ounce bottle of beer or glass of draft, one five ounce glass of wine or one straight or mixed drink with one and a half ounces of hard liquor. High-Risk drinking behaviour was defined as typically consuming either 5+ drinks per sitting **or** 15+ drinks per week**.** Low-risk drinking behaviour was defined as typically consuming both fewer than 5 drinks per sitting and fewer than 15 drinks per week.

All group participants had consumed at least one alcoholic beverage within the past 12 months. Standard occupational exclusions were applied, including any occupations related to government organizations in the field (Addiction Services, Alcohol and Gaming Authority) and distilleries, breweries or liquor distributors). Participants were invited to a discussion group about Health and Leisure Activities; screening questions measured smoking and gambling behaviours as well as alcohol consumption to preclude any preparation or predispositions to focus group content.

Project Specifications

- The focus groups were conducted in the Halifax metropolitan area in order to maximize recruiting potential for these specialized target groups. Just over half of all males age 19-29 years in Nova Scotia resided in the Halifax Regional Municipality (HRM) and therefore this area was deemed suitable for testing purposes. All recruits resided in the HRM at the time of the focus groups were held.

- Since the amount of information to be evaluated was extensive, the focus groups were designed for an extended session length of 2-3 hours duration. Breaks were instituted to maintain participant interest. The sessions were interactive and used various media and methods to capture verbal and nonverbal responses.

- Qualified participants were recruited according to national and international industry standards for social research (MRIA,ICC/ESCPMAR, Pipeda, Canadian Tricouncil Ethics) and to client specifications using Focal Research's proprietary pre-screened database of randomly generated households. This includes the NSHP 2003 Prevalence Study Panel that has more than 1000 (provincial) households in the province eligible for sampling purposes.

- Risks and ethical issues associated with this topic of discussion among groups having potentially high-risk behaviours associated with alcohol were considered; the following actions were taken:
    - **Provision of information about Addiction Services** All participants were informed of the availability of support, materials and reference information from Addiction Services upon completion of the study.
    - **Do no further harm** (incentive of combination grocery coupon and cash). Participants were primarily compensated for their participation with a gift certificate ($50.00) for a grocery store of their choice and an honorarium of only $30.00 to offset any travel expenses.

- Signed informed consent was obtained from all participants prior to video or audio taping. All confidentiality assurances were reiterated at the beginning of the sessions and will be strictly adhered to throughout the research process. Participants were informed that the information was to be utilized by Nova Scotia Health Promotion.

- All recruiting was conducted by supervised, fully trained, professional interviewers from Focal Research's centralized facility in Halifax, Nova Scotia.

Process Design

The examination process for the focus group sessions used methods and measures designed to move participants beyond initial responses to in-depth discussion providing rich, detailed contextual information.

Each of the focus group sessions was designed to:

- examine the context within which the participant group operates.
- establish the current levels of awareness and knowledge of low-risk and problem drinking signs, symptoms, consequences and options for assistance.
- identify responses towards each of the materials tested.
- capture both individual written response and interactive group response. Initial written responses captured the individual's reaction, before possible modification after the group discussion. This dual response approach simulates the situation where the individual is presented with something to consider, forms an opinion, discusses it with others, and retains or changes the initial opinion. As changes in opinion have a distinct effect on the action that the individual will take in relation to messages, it is important to understand the dynamics involved in receiving and responding to the materials being tested.
- generate discussion of materials' strengths and weaknesses.
- provide a summary of key points for concept and message impact and potential refinements.

A debriefing was conducted with the key project personnel at the completion of each session to ensure that all issues were adequately addressed and to discuss findings prior to report generation.

Session Materials

A script for the focus group sessions was developed by the moderator, in consultation with NSHP, to ensure that all issues of interest were addressed (refer to Appendix C - Discussion Outline).

Three in-session questionnaires were used to gather individual responses prior to discussion (refer to Appendix D - In-Session Questionnaires):

1. **Drinking Screen** – This screen was based on the World Health Organization's Alcohol Use Disorders Identification Test (AUDIT) measures to gather independent estimates of typical alcohol consumption behaviours. Results for all group participants can be found under Profile of Participants.
2. **Participant Questionnaire** – This questionnaire was used throughout the session for participants to record their opinions. The questionnaire included general information about the participant (for example, marital status; type of work and hobbies) and overall

perceptions of the benefits and problems of drinking and interpretation of the term low-risk drinking. In addition, the questionnaire included participant opinions on each of the five sets of materials evaluated during the group on the following dimensions:

- general likes/dislikes
- design (how the material looks)
- amount of information presented
- information was believable
- information provided was useful
- ease of understanding
- learned something new
- likelihood of picking up this information

3. **Topics of Interest** – Four Facts On Tap booklets were presented; participants indicated their interest levels ("very", "somewhat" or "not at all interested") in each of the main topics covered within the booklets. The intent was to gain insight into which topics hold particular relevance or address information needs of this target group.

Session Procedure

All sessions were conducted using Focal Research's professional focus room facilities (March 21st and 22nd, 2005). Prior to taking part in the sessions, participants signed non-disclosure forms and consent forms for videotaping of the sessions for research purposes only.

In addition to a professional moderator conducting the sessions, a senior research analyst at Focal Research and a representative from Nova Scotia Health Promotion observed all groups to provide independent verification of reported results and conclusions from the sessions.

Each session was approximately three hours in length and was videotaped for reference purposes. After welcoming participants, the moderator began with a discussion of the confidentiality requirements, the general purpose of focus groups and expectations on the part of both the researchers and participants. Participants were then asked to complete the first page of the Participant Questionnaire, without turning to the second page, and introductions were made around the table.

The first hour of each session was spent in group discussion to establish personal context, general perceptions and background behaviours of participants pertaining to their alcohol consumption and related behaviours. A general conversation about problems and decisions facing young men began the discussion and the topics of leisure activities/methods of relaxation were introduced. The Drinking Screen questionnaire was distributed; participants were instructed to complete the questions independently and to flip the pages face down once they had finished.

Topics including typical drinking patterns, circumstances when drinking occurred, plans for drinking and personal consequences or risks were then discussed to gather context and background information for the groups. Participants were directed to page two of their questionnaires, where they filled in some personal benefits and problems from drinking and their interpretation of the term low-risk drinking.

"Positives" and "negatives" of drinking were brainstormed and recorded on a flipchart for reference. Personal experiences, various situations involving drinking and perceptions of low-risk drinking were discussed, followed by a 5 to 10 minute break.

Upon their return, colour and black and white copies of the first brochure were distributed. Participants were instructed to review the colour brochure without discussion and to use green and pink highlighter markers provided to mark specific areas, passages and/or graphics on the black and white versions that they liked (green highlighter) or disliked (pink highlighter). They were then referred to page three of their Participant Questionnaire and asked to complete the written evaluation of the first brochure. Overall reaction to the brochure was then discussed as a group. This process was repeated for the remaining four sets of materials.

Following the formal evaluation and discussion of the first five sets of materials, the Bacchus materials, Facts On Tap booklets and Bowling series postcards were distributed and discussed briefly. Participants were then requested to complete the final page of their Participant Questionnaire (overall materials liked the best or least) and the Topics of Interest questionnaire, as time permitted.

Profile of Participants

As young males tend to have comparatively low-show rates for focus groups compared to almost any other group in the population, there were 12 qualified males originally recruited for each group with a goal of seven to eight shows per group. Of the total of 48 recruited participants, 37 showed and 32 participated in the sessions (refer to Appendix B for detailed group compositions for each session.)

	Students	Non-Students	Total
High-risk drinking	Group 1 n=9	Group 3 n=8	Participating High-Risk Drinkers n=17
Low-risk drinking	Group 2 n=8	Group 4 n=7	Participating Low-Risk Drinkers n=15
Total	Participating Students n=17	Participating Non-Students n=15	Total Participants n=32

Groups 1 and 2 were comprised of students, all attending post-secondary institutions on a full-time basis (University, Community College, Continuing Education programs). Group 1 (High-Risk Students) was comprised of nine males between the ages of 19 and 27, all triggering on at least one of the two high-risk drinking criteria of more than 15 drinks per week or more than 5 drinks per sitting in the past year. Group 2 (Low-Risk Students) was comprised of eight males ranging in age from 19 to 25, all typically drinking fewer than five drinks per sitting and fewer than 15 drinks per week in the past year.

Groups 3 and 4 were comprised of males in the same age group, and who were not currently attending school. Group 3 participants ranged in age from 23 to 28 all consuming at high-risk levels, while Group 4 participants were 22 to 27 years of age and triggered neither of the two high-risk drinking criteria (although all had consumed more than one alcoholic beverage within the past 12 months).

Drinking Profiles for Participants

While drinking behaviours, preferences and attitudes were discussed in the focus groups, all participants completed an independent assessment of their drinking within the past year during the session. The questions were based on the World Health Organization's Alcohol Use Disorders Identification Test (AUDIT) measures for hazardous drinking, but did not preserve the AUDIT screen in its entirety and were instead used for insight to typical drinking patterns for group members.

How often did you drink alcoholic beverages during the past 12 months? Would you say . . .

		Working Status		Risk		Total
		Non-Student	Student	Low-Risk	High-Risk	
Frequency of drinking in past 12 months	More than once a day		1		1	1
	4 to 5 times a week		3	1	2	3
	2 to 3 times a week	5	3	4	4	8
	Once a week	2	5	1	6	7
	2 to 3 times a month	5	1	4	2	6
	Once a month	2	3	4	1	5
	Less than once a month	1	1	1	1	2

Students tended to drink more frequently than Non-Students; 12 out of the 17 reported that during the past year, they drank alcoholic beverages on a weekly basis or more often. Non-Students were almost evenly divided between drinking weekly and drinking monthly. Not surprisingly, High-Risk males tended to drink more often than the Low-Risk males, although some of the Low-Risk males drank on a weekly basis (few drinks per sitting) and, conversely, some High-Risk males drank on a monthly basis or less often (binge drinkers).

Largest number of drinks on one occasion – Past 12 months

		Working Status		Risk		
		Non-Student	Student	Low-Risk	High-Risk	Total
Largest number of drinks recall having on one occasion - past 12 months	1	1		1		1
	3	2		2		2
	6	1	1	1	1	2
	8		1	1		1
	10		4	3	1	4
	12	2		1	1	2
	14	1	1	1	1	2
	15	2	2	1	3	4
	16		2	2		2
	18		1		1	1
	20	1	2	1	2	3
	22	1			1	1
	23		1		1	1
	24		1		1	1
	30	1			1	1
	38		1		1	1
	40	1		1		1

The largest number of drinks consumed in a single sitting ranged widely, from 1 to 40. The most conservative drinking behaviour was noted by Low-Risk Non-Students, the only group with any members to indicate drinking three or fewer drinks as a maximum consumed on one occasion. Occasional overdrinking was evident for some young males despite their classification, with consumption of 20 or more drinks reported regardless of work status or risk group.

Ever consumed 5+ drinks/sitting on a regular weekly/monthly basis

		Working Status		Risk		
		Non-Student	Student	Low-Risk	High-Risk	Total
Ever a time when consumed 5+ drinks per sitting/occasion - weekly/monthly basis	No - Never	2	2	3	1	4
	Yes - Weekly	6	8	5	9	14
	Yes - Monthly	7	7	7	7	14

Frequency of drinking 5+ drinks/sitting - Past 12 months

		Working Status		Risk		Total
		Non-Student	Student	Low-Risk	High-Risk	
Frequency of consuming 5+ drinks at the same sitting/occasion - past 12 Months	3 or 4 times a week	1	3	1	3	4
	Once or twice a week	5	8	3	10	13
	About once a month	1	1	1	1	2
	6 to 11 times per year	2	3	3	2	5
	1 to 5 times a year	4	2	5	1	6
	Never in the past year	2		2		2

The volatility of alcohol consumption among young males is shown in the discrepancies for some between reported behaviours over the past 12 months and current drinking patterns indicated during recruiting, used to determine assignment to either the High- or Low-Risk group. In group discussion, it was confirmed that drinking 5 or more drinks on one occasion was not uncommon. This was not a frequent habit among the Low-Risk drinkers at least in the recent past. There was little differentiation by working status or risk group in consuming potentially hazardous amounts of 5+ drinks per time, although High-Risk group members seemed more likely to drink at such volumes on a weekly basis.

Unable to stop drinking until drunk - Past 12 months

		Working Status		Risk		Total
		Non-Student	Student	Low-Risk	High-Risk	
Unable to stop drinking until drunk - past 12 Months	Never	9	7	7	9	16
	Less than monthly	5	4	7	2	9
	Monthly	1	2	1	2	3
	Weekly		3		3	3
	Daily or almost daily		1		1	1

Half of the participants (n=16) had found themselves unable to stop drinking until they were drunk within the past 12 months. Four High-Risk Students reported that this occurred on a weekly basis for them.

Failed to do what was normally expected because of drinking – Past 12 months

		Working Status		Risk		Total
		Non-Student	Student	Low-Risk	High-Risk	
Failed to do what was normally expected because of drinking - past year	Never	12	10	13	9	22
	Less than monthly	3	5	2	6	8
	Monthly		2		2	2

Despite drinking until impaired, most participants indicated that their drinking had not affected them to the point that they failed to do what was normally expected of them. High-Risk Students were the only participants who noted that this happened to them on a monthly basis, reinforcing

the concept that this is a key target group for materials that encourage responsible or low(er) risk drinking.

Needed alcoholic drink first thing in the morning

		Working Status		Risk		Total
		Non-Student	Student	Low-Risk	High-Risk	
Needed an alcoholic drink first thing in the morning - past year	Never	14	14	14	14	28
	Less than monthly	1		1		1
	Monthly		2		2	2
	Daily or almost daily		1		1	1

High-Risk Students again showed drinking patterns of the most concern, with three individuals indicating that they felt they needed an alcoholic drink first thing in the morning usually once a month or more; one participant demonstrated dependence by reporting a need for a morning drink almost daily. Only one Low-Risk Non-Student indicated an occasional feeling of need for an alcoholic beverage in the morning.

Had feelings of guilt and remorse - Past year

		Working Status		Risk		Total
		Non-Student	Student	Low-Risk	High-Risk	
Feelings of guilt or remorse after drinking - past year	Never	12	12	13	11	24
	Less than monthly	2	4	1	5	6
	Weekly	1	1	1	1	2

Three-quarters of participants (n=24) never felt guilt or remorse after drinking within the past year; six (primarily High-Risk drinkers reported occasional guilty feelings. Two individuals indicated negative feelings after drinking on a weekly basis.

Unable to remember what happened the night before

		Working Status		Risk		Total
		Non-Student	Student	Low-Risk	High-Risk	
Unable to remember what happened the night before - past year	Never	10	6	9	7	16
	Less than monthly	4	7	5	6	11
	Monthly		3	1	2	3
	Weekly		1		1	1
	Daily or almost daily	1			1	1

Black-outs, or being unable to remember what happened the previous night while drinking, occurred for half of all participants (16 out of 32) at some time during the past 12 months. For the most part, these lapses in memory happened less often than once per month (n=11), although 5 individuals reported experiencing black-outs at least once a month (n=3) or more often (n=2).

You or someone else EVER been physically injured as a result of drinking

		Working Status		Risk		Total
		Non-Student	Student	Low-Risk	High-Risk	
You/someone else ever been physically injured as a result of drinking	Yes, but not in the last year	7	7	7	7	14
	Yes, in the last year	3	5	1	7	8
	No	5	5	7	3	10

Relative/friend/doctor/Healthcare worker been concerned about your drinking

		Working Status		Risk		Total
		Non-Student	Student	Low-Risk	High-Risk	
Relative/friend/doctor/ Healthcare worker ever been concerned	Yes, but not in the last year	2	2	2	2	4
	Yes, in the last year		4	1	3	4
	No	13	10	12	11	23
	Don't Know		1		1	1

Injuries as a result of drinking were fairly common among group participants, with more than half (n=22) reporting physical injuries of themselves or someone else over a year ago (n=14) or more recently (n=8). Eight of the Low-Risk drinkers had experienced an alcohol-related injury in the past, while High-Risk drinkers were much more likely to be aware of such an injury (n=14). Regardless, most participants were unaware of anyone who had been concerned about their drinking although concern was noted by four Students, three of whom were drinking at high-risk levels.

Tobacco Use

Cigarette Smoking

	Working Status		Drinking Behaviour		
	Non-Student	**Student**	**Low-Risk**	**High-Risk**	**Total**
Ever smoked 100 or more cigarettes	9	11	10	10	**20**
Frequency of cigarette smoking					
Not in past year	5	3	5	3	**8**
Occasionally	---	1	1	---	**1**
Weekly	---	2	1	1	**2**
Daily	4	5	3	6	**9**
Number of cigarettes smoked daily					
5	1	2	1	2	**3**
7	1	---	---	1	**1**
10	1	---	1	---	**1**
15	---	1	1	---	**1**
20	---	1	---	1	**1**
25	1	1	---	2	**2**
Number of cigarettes smoked weekly					
5	---	1	---	1	**1**
7	---	1	1	---	**1**
20	---	1	1	---	**1**

Almost two-thirds of all young male group participants (n=20) had smoked 100 cigarettes or more during their lifetime, and 12 had smoked at least occasionally during the past month. There were 9 daily smokers who took part in the research, divided between Students (n=5) and Non-Students (n=4). Although the same number of Low- and High-Risk participants had smoked 100+ cigarettes, High-Risk drinkers tended to smoke more often (six daily smokers) than Low-Risk drinkers (three daily smokers) and tended to smoke more cigarettes on a daily basis.

Gambling Experience

Gambling Experience

	Working Status		Drinking Behaviour		
	Non-Student	**Student**	**Low-Risk**	**High-Risk**	**Total**
LOTTERY TICKETS					
Ever played	14	12	12	14	**26**
Ever played regularly (1+/month)	7	5	6	6	**12**
Currently regular player	7	3	5	5	**10**
BINGO					
Ever played	4	2	2	4	**6**
Ever played regularly (1+/month)	---	---	---	---	**---**
VIDEO LOTTERY TERMINALS					
Ever played	13	9	9	13	**22**
Ever played regularly (1+/month)	3	1	2	2	**4**
Currently regular player	3		1	2	**3**
SPORTS LOTTERY					
Ever played	6	10	7	9	**16**
Ever played regularly (1+/month)	3	3	3	3	**6**
Currently regular player	2	1	1	2	**3**
CASINO GAMES					
Ever played	10	13	8	15	**23**
Ever played regularly (1+/month)	3	2	1	4	**5**
Currently regular player	2	1	1	2	**3**

Lottery ticket games were the most popular form of gambling among group participants, with 26 having ever tried ticket games and 10 currently buying lottery tickets on a regular basis. Participation in Video Lottery Terminals (VLTs) and Casino Games were similar, although fewer of these young males were participating in these gambling activities compared to lottery ticket games. Interestingly, neither play of VLTs nor Casino Games was strongly differentiated by either working status or drinking behaviour, despite restriction of VLTs to licensed establishments and the easy availability of alcoholic beverages at the Casino.

Limitations of the Study

The purpose of qualitative research is to gain knowledge and insight from exploring issues among particular individuals who have a selected set of characteristics and/or experiences. The focus group setting allows the researcher to draw out ideas, feelings, experiences and other less tangible responses to issues that may be obscured or stifled by more structured methods of gathering information. The primary advantages of the process center on the ability to reach key informants on a more complex level than is afforded by standard quantitative techniques. While the sample is selected because it is believed to be representative of the population of interest it is not intended to provide descriptive or causal information that can be generalized to a specific group at large. Focus group results should not be viewed as conclusive research because participants are selected as a convenience sample rather than by random probability. In the early stages of research, or when ideas, insights and feedback are being sought, qualitative research is an invaluable tool and can be used productively to refine and define issues of interest. This can yield rich, targeted information that cannot be obtained through other techniques.

The findings in the current study provide direction and augment the information that may be gained through quantitative and other empirical research in this area. The numbers and counts presented in the report are used to illustrate the nature of the relationship between a particular idea, dimension or concept and the reaction of various participants who share similar or different characteristics. This is intended to provide a standardized, summary presentation of the evaluative criteria. Readers are cautioned that results should not be considered as representative of or generalized to all (19-29 year old) young males.

SECTION 2: CONTEXT/BACKGROUND DISCUSSION

At the beginning of each session participants were welcomed; confidentiality requirements as well as the general purpose and expectations of the groups were discussed. The first hour of each session was spent in group discussion to establish personal context, general perceptions and background behaviours of participants related to their alcohol consumption.

2.1 Personal Context

General Background

Brief introductions and "bios" were elicited to begin the discussion. Participants provided their first names, age, educational background (students), some details on where they grew up, description of their home situation (living with parents, marital status, children) and some hobbies.

The Students came from a variety of educational institutions, including Universities (St. Mary's, Dalhousie, St. Francis Xavier), Community College, specialized post-secondary institutions (a local media institute) and upgrading/adult continuing education programs. Among Non-Students, a wide range of occupations was represented including warehouse/labour, retail, software engineering, massage therapy and the military. There was a good mix of origins among participants in terms of urban (for example, Halifax, Sackville and Cole Harbour, Nova Scotia; Saint John, New Brunswick, Oshawa, Ontario) versus rural upbringing (Pictou County; the South Shore and Cape Breton, Nova Scotia as well as New Brunswick and Newfoundland).

For those participants who mentioned specific hobbies, sports were a key pastime. Hockey, basketball, golf, snowboarding, skiing, boxing, swimming, track and field, football, baseball, sailing, hunting and fishing were all noted. Some participants had competed in organized sports activities such at a national (snowboarding, track) or provincial (cross-country) level. Others had belonged to a boxing academy or participated in recreational hockey leagues. It is noteworthy that in both of the High-Risk groups, someone specifically mentioned "drinking", unprompted, at the beginning of the session when describing their leisure activities.

Most participants were involved in long-term relationships; four mentioned having young children.

Overall, the participants' backgrounds were not extraordinary and seemed relatively typical for young males living and/or going to school in Halifax. When asked about key issues or decisions facing men in their age group, all four groups responded with similar answers:

- career
- finances/money/debt
- living arrangements
- family
- life in general, plans for the next 10 years

When asked what they do to relax or unwind, responses tended to vary by risk group. Both High-Risk groups frequently mentioned activities like drinking, partying, hanging out with buddies.

- *I find a lot of times that that is what my friends want to do [when we hang out] – if there is more than 5 or 6 of us there, we are always drinking.*
- *Alcohol is usually involved when I'm relaxing or hanging out with my friends.*

The Low-Risk groups were more inclined to mention things like video games, sports, girlfriends. Both Student groups had participants who mentioned smoking pot as a way to relax.

Drinking Behaviours

Following introductions and background discussion, an in-session Drinking Screen"questionnaire based on the World Health Organization's Alcohol Use Disorders Identification Test (AUDIT) measures was distributed (refer to Appendix D - In-Session Questionnaires). Participants independently completed the Drinking Screen, to gather information on their alcohol consumption patterns over the past 12 months (refer to Section 1 - Drinking Profiles for Participants). Group discussion of their drinking behaviours followed.

Underage Drinking

When asked about **when they first started drinking**, most participants indicated that they were between 12 and 15 years old when they first got drunk. Some were in high school (age 17 or 18), and **only <u>one</u> participant out of all four groups was of legal age (19 years) when he first got drunk**.

- *There are more kids drinking in junior high than I saw drinking in University.*
- *When you turn 19, drinking just isn't as exciting anymore.*

It was acknowledged in both Student groups that problems with drinking first occurred long before attending any post secondary educational institution.

Alcohol was described as "*not difficult to get*", despite being underage. Some said that "*if you have facial hair, you can walk in [to the liquor store] and buy it.*" Other participants talked

about others going to the liquor store for them - one or two members of their group of friends who were older (or looked older) or older siblings.

One participant indicated that *" in Cape Breton, I lived in a small town right next to a liquor store. There, you just had to stand in the street for a few minutes and someone would get you some [liquor]."* Another remembered *"kids taking booze from their parents, putting it in jars and hiding it in the bathroom rafters in Junior High."*

Not surprisingly, after talking about their underage drinking, no one voiced a strong opinion against providing liquor to minors.

- *It's no big deal.*
- *I will sometimes buy liquor for my younger brother or sister now.*
- *You can try to make a profit off them [minors].*
- *I've never seen a problem with someone 17 or 18 having a few drinks.*

Some qualified their position; *"I wouldn't buy a 16 year old girl a quart of vodka if she is by herself."*

A variety of locations were discussed in reference to underage drinking. Some participants described drinking in friends' homes. ("*When I was in high school I had 2 friends whose parents didn't mind if we drank in their house as long as we didn't get out of hand.")*

Most participants mentioned outdoor locations.

- *We'd be drinking in the woods, in the shed, at some people's parents' house.*
- *In high school or junior high, we always went behind the gym.*

All four groups described underage drinking in 'the woods', regardless of urban or rural settings as *"Young guys drink in the woods because if parents or cops come, you can just scatter and you can't be seen easily"*.

The woods were also seen as appropriate for use as bathroom facilities and in the event that someone got sick from drinking too much. Girls would also drink in the woods.

- *If the guys are drinking in the woods, the girls are definitely there too.*
- *The guys would get together the day before and choose which girls they were going for, once they were drunk.*

This common thread among all young male drinkers can be leveraged in educational materials to improve relevance and enhance how the target group may relate to the information being presented, since the woods was identified as a location for underage and potentially hazardous drinking.

Virtually all participants indicated that they **no longer drank at the same high levels** as they once did. Low-Risk participants in particular noted a shift from *"drinking to get drunk"* as

adolescents to *"more social, lighter drinking now."* For Students, discussion centered around how much (more) they used to drink in high school or junior high. For Non-Students, discussion often centered on how much (more) they drank while in school, whether high school or post-secondary.

- *In high school, you would drink to get drunk but now it's more about the drinks, you might have a glass of wine or something for the taste.*
- *In high school, every time there was a dance I'd get drunk.*

One participant posited that *"There needs to be a cultural shift around alcohol. If I was allowed at 16 to have a few beers, I would have some friends over and play video games and have a few beers (like we do now) instead of drinking a quart of vodka out in the woods".*

Situations or Occasions for Drinking

Generally, participants agreed that they drank less often than was the case when they were younger, and on different occasions or in different situations. A typical night out when alcohol was involved was described as

- *anything we do*
- *shooting pool with friends*
- *a party*
- *just hanging out*

In younger years consistently drinking to get drunk was the case. *"For me, when I was in school, a weekend was enough of an 'occasion' for me to get drunk – I didn't have to worry about getting up, going to class the next day."*

The **purpose of drinking changed** as they aged, shifting from getting together with friends to drink, to drinking when getting together with friends or family.

- *Now, it's more of a social thing to spend time with your friends. It used to be that you would see them all the time and go out to get drunk – now it'll be like, 'I haven't seen you in a couple of weeks, let's go out and have a few drinks'.*
- *I drink occasionally, when I'm out with friends. It could be 3 times a month, could be zero.*
- *If I'm out for dinner, I'll now order a drink with dinner. I didn't used to do that when I was out with my parents.*

The consensus among all group participants was that if a group of friends was going downtown to the bars, **pre-drinking** would occur at someone's home before heading out primarily to save money. *"If you drink at home [before going out], you have enough money to buy a woman a drink at the bar."*

As they got older, the drinking setting more often became someone's home with friends without going out.

- *It was a progression – we started by going out to bars, then had pre-drinks at a friend's place before going to the bars and eventually just drank at home.*
- *If I went to a bar and spent $50 now, I'd kick myself. Before, in University, it wasn't unusual to spend $200 in a night buying rounds for friends, rounds of shots for the bar.*

In general, their **drinking levels had declined**. Students tended to be concerned about the financial aspect, while Non-Students no longer had the time to drink because of due to work and family commitments; they noted greater consequences and responsibilities now that they were no longer students. *"If you screw up at school, that's not real life, you just have to face your parents. If you screw up at work, you don't get your bills paid."*

Celebrations were discussed as occasions for drinking. Birthdays, homecomings, "bursary time", spring break, Christmas and the recent occasion of St. Patrick's Day were all named as specific occasions when alcohol consumption is typically involved. *"St. Patrick's Day is the best binge day of the year."*

In fact, during group discussion of the positive aspects of drinking, the Low-Risk Non-Student group indicated that the consumption of alcohol while out with friends signified a celebration rather than just a regular get-together.

Overdrinking

There was a **distinction between drinking and overdrinking** apparent in every group. In fact, the key difference between Low-Risk and High-Risk groups, regardless of student status, could be described in terms of their frequency of 'binge' drinking. Low-Risk participants did not seem to describe as many occasions of social drinking as High-Risk participants, who would talk about 'having a few drinks' virtually any time a group of friends got together. Both groups, however, could describe situations and experiences of overdrinking in the past and present. For example, comments from the Low-Risk groups included:

- *I very rarely get so drunk that I don't remember, but I drink a lot.*
- *My friend just had a birthday and I don't remember that one – I got trashed.*
- *My friend is coming home from out west and we are planning to go out and get shit-faced.*

This suggests that young males overall constitute a key target for educational materials on drinking; even those who typically fall within "low-risk" guidelines will significantly overdrink on occasion and should be informed about impacts, consequences and safety measures for overdrinking.

At present, **occasions when overdrinking might occur** include celebrations, birthdays, holidays or any other get-togethers.

- *If a party is big and people stay I'm likely to drink more.*
- *At the end of the hockey season, Rookie parties.*
- *St. Paddy's Day just happened.*
- *My birthday is this Saturday and I'm not even going to lie to you, I'll probably be drunk for the whole weekend.* [Low-Risk Non-Student]

Low-Risk participants were more likely to offer qualifying criteria for overdrinking occasions

- *If the people you're with are drinking a lot, you will drink more.*
- *It depends on who you're with - social drinkers will just be having a couple of beers but hard core drinkers will pound it back.*

It was generally agreed that most overdrinking occurred while out "*with the guys*", "*because you don't want to look like an idiot in front of a hot chick. Guys are more tolerant of that kind of stuff*".

A Low-Risk Student suggested that it had to do with one's personality: "*When I'm drinking, I'm really friendly with everybody. Sometimes I find out the next day that I bought 20 shots [for people] and I'm not really happy about that*".

In contrast, comments from High-Risk participants were more general in nature.

- *It's guys that encourage guys to overdrink, not women. Guys just want to outdo each other all the time.*
- *The ego thing, makes guys overdrink.*
- *Everyone has done that, drink beyond functioning. It's embarrassing.*

Not many group participants had strategies to help prevent them from overdrinking; most described having friends to take care of them if they had too much to drink. "*Most often, it's a girl.*" A Low-Risk participant described his strategy as, "*I get my friends to cut me off when I get messy, like banging into stuff and not making any sense*" .

High-Risk groups indicated awareness of the benefits of interspersing glasses of water with alcoholic drinks but noted that it was difficult to maintain. "*If you have a full glass of water after every drink you don't get nearly as drunk but it's hard. I tried it once but it got too hard to do.*"

It was noted in one group that "*you can control the things around you that encourage you to drink to excess, but it gets harder after you have a few drinks*".

Overdrinking was common among both Low- and High-Risk participants in the past**. Drinking during high school** was described as

- *experimenting – it's part of growing up.*
- *I think everyone has done it [drink until they passed out], in high school.*
- *When we were in high school we used to drink really fast, like do all of your drinking in an hour so you can walk around and be drunk.*

With reference to past overdrinking, one participant, a 20-year old High-Risk Student, exclaimed, *"I finally learned to tame the beast after years of abuse".* He recalled one experience as a teenager when he *"drank a quart of vodka in half an hour"* and was found by other kids in a ditch and ended up in the hospital.

Participants stated that "*everyone*" in high school got drunk or binge drank, partially because *"we didn't know how to mix drinks properly. We would chase vodka with Beep."* It was acknowledged that this type of behaviour was typical for school-aged kids and that the younger age group should be the target for educational materials about 'how to drink safely.'

In discussion about overdrinking among minors, **alcohol poisoning** was identified as a significant issue. Participants in both the Low- and High-Risk groups had experienced alcohol poisoning first-hand while a teen, with 3 of the 9 High-Risk Students indicating personal experience either in junior high or high school. A good portion of participants in all groups were at least aware of someone who had been *"pumped with charcoal"* due to excessive alcohol consumption. Thus, **information on how to prevent or respond to situations involving alcohol poisoning** is a highly relevant topic for a communications campaign.

2.2. Personal Experiences – Attitudes and Beliefs about Drinking

Conversation continued with discussion of personal experiences and attitudes towards drinking. Topics such as planning for drinking occasions, drinking & driving experiences, injuries due to drinking and the influence of girlfriends/spouses on their drinking were covered. Benefits and drawbacks of drinking were recorded individually, then discussed as a group.

Participants were asked who they believed were most likely to have alcohol problems. The general consensus was that anyone could have problems with alcohol, although the group most often described as a high-risk group for having alcohol-related issues included teens, at junior high or high school levels. In both High-Risk groups, participants also described location as playing a role.

- *It seems like small town people get drunk more than city people. There's nothing else to do, and there are special events at the few bars in town.*
- *People in rural communities [are more likely to have alcohol problems]. There's nothing else to do there but drink.*

As part of the discussion around occasions when drinking occurred, participants were asked if they made specific plans when they were intending to go out drinking. It was acknowledged that everyone generally knew before going out if they were *"going to get really drunk or not"* and would 'plan' accordingly.

It was also noted that, *"Most people plan whether or not they're going to get drunk, but sometimes it just happens. If you're out having a good time and there's no drama, sometimes you just get drunk."*

The opposite could also occur, *"It also happens the other way around. If you don't feel good, sometimes you drink and drink and just don't get drunk."*

For the most part, **plans before a drinking occasion involved money and how to get home**, with no mention made about restricting or keeping track of consumption levels. Comments related to planning an outing included:

- *I don't bring my credit card, just my bank card.*
- *I only bring a certain amount of money with me and usually walk home.*
- *I may plan on where I'm going to crash, may plan on having a designated driver.*
- *I always make sure I have money for a cab left in my pocket.*

Drinking and Driving

All group participants agreed that drinking and driving was "*bad*"; no one claimed that they drove after they had been drinking. However, at least two participants in each group admitted to having driven under the influence of alcohol at some time in the past. Past drinking and driving was most prevalent among the High-Risk Students, with seven of the nine participants indicating that they had done it. Of the remaining two individuals, one did not drive at all so only one individual in that group had, by choice, never driven after drinking.

With regard to others drinking and driving, only one individual talked about preventative measures he had taken, forcing people to leave their car keys before they leave his party. *"Actually, it has happened a few times, if they won't give me their keys, I'll knock them in the head until they give me their keys. I'm not going to have a dead person on my conscience. But I don't hassle people if they've only had one or two beers."*

Most participants admitted to having gotten into a car with someone who *"probably shouldn't have been driving."* One issue identified was how to effectively evaluate if someone else was fit to drive once you had been drinking: *"You might drive with someone who is drunk if they look way more sober than you"*. Another participant tried to rationalize his decisions, suggesting that driving skill was a factor; *"It depends on how good a driver the person is – if you are all out drinking, you don't get into a car with a person who is a lousy driver when they're sober…"*.

Some participants believed that drinking and driving was more widespread in rural communities, where there was no public transportation (Metro Transit or taxis). One comment compared drunk driving in cars to off-road vehicles in rural areas: *"People are less likely to drink and drive on a 4-wheeler, there's nothing to save you if you roll it – you'll break your neck"*.

However, others believed that drinking and driving was still a common practice in urban areas.

- *Here in Halifax, on a Saturday at 2 or 3 in the morning when the bars close, most people on the road will be drinking and driving. You don't see 600 people in the bars all getting into cabs.*
- *Probably 60% of the people I know will drink and drive – it's very common in Saint John.*
- *In Moncton, everybody drinks and drives.*

The legal consequences of drinking and driving were perceived as not serving as a significant deterrent. Three participants (one High-Risk and two Low-Risk) recalled specific instances when they were caught drinking and driving. One recalled an occasion when he drank 13 beer and drove, got pulled over by police but was not charged. Another said that on one of the eight occasions that he had driven drunk, *"the cop drove me around the corner, gave me my keys and sent me on my way."* The third noted that he got pulled over while drunk and was charged with *"speeding and stuff, but didn't get DUI"*.

The general perception seemed to be that the act of drinking and driving was irresponsible but commonplace and had few consequences.

- *I don't think the laws are rigid enough. Younger people aren't as familiar with what the consequences are.*
- *After being in the bars, I'll go to Pizza Corner and everybody is standing around. Some go and get into their cars – the cops are more concerned with the people hanging out on the corner for fights and stuff than the people who go and drive drunk.*

There appeared to be no widely held definition for how much was too much. Perceptions varied.

- *one drink per hour*
- *If you have one drink and wait 1 hour, you are 99% most likely okay to drive.*
- *one to two drinks per hour*
- *One or two drinks over 4 or 5 hours*
- *one beer with a meal*
- *For me, it's zero.*

Other participants believed that the acceptable limit varied by person and depended on body type or size. One participant went so far as to claim, *"If you have 5 drinks in 5 hours you might blow over [on a Breathalyser] because it's on your breath but if you do a blood or urine test, you will be under"*.

Although the hazards and illegality of drinking and driving were well known, for many participants it did not appear to be too great an issue. Some were of the belief that they knew

they should not do it but had done it anyway, or that it did not have the same impact or carry the same weight if someone else had a few drinks and drove.

Among those with a stronger stance against this practice, specific mention was made during two sessions of the drunk driving deaths in Dartmouth several years ago (two young girls were killed while waiting at a bus stop by a young male drunk driver in a new sports car). Mention was also made of a recent TV commercial showing an officer who had pulled over a car full of teens and then was suddenly and violently hit by a passing car driven by someone who was drunk. These responses indicate the power of shock value in reaching this population group, particularly on such contentious issues. First-hand accounts of tragedies resulting from drinking and driving (for example, the mother of the two girls) was described as a potentially effective method or spokesperson approach to reaching the young male demographic about the hazards of drinking in general.

Influence of Relationships

Participants noted that being in a steady relationship affected the nature of drinking, particularly for the High-Risk males. It was noted that, when younger, drinking occasions typically involved trying to meet women.

- *A lot of times when you're getting drunk and going out, you're looking for a girl, so now I don't drink as much.*
- *Part of the reason I don't drink as much any more is that I'm practically married now.*

For those who were older and in long-term or permanent relationships, these outings no longer occurred or had changed significantly, *"If you go out to a club with a bunch of friends who are single and you've got your girlfriend at home, they will leave you to go scope out some chicks and then really you might rather be home with your girlfriend".*

Further, behaviour while drinking with a significant other was seen as different than when they (significant other) were not present. Situations changed to drinking wine with meals, not drinking to get drunk.

Options for entertainment differed when a girlfriend was involved: *"There are lots of other things you might do instead of drinking, like going to the movies or something."*

Concern over a girlfriend's well being also played a role: *"You don't want to put your girlfriend in the situation for example if the guys (or the team) go out drinking."*

A relationship was described as *"an added responsibility"* in terms of the consequences of drinking, with one participant commenting, *"If you are a single guy and you come home drunk and be sick in bed, that's okay but if you do it with your girlfriend there, there's hell to pay".*

Even Low-Risk males noted that their drinking was not the same if their partner was around.

- *When you go to a bar with your girlfriend, you're not going to drink and behave the same way as if you go with your friends.*
- *It depends on your level of trust and protectiveness for your girl, when you are both out drinking.*

Myths and Sayings

In conversation during the sessions, a number of myths, sayings and beliefs were brought to light, including the following:

Beer goggles In three of the four sessions (all but Low-Risk Non-Students), at least one participant mentioned "*beer goggles*" during discussion of the positive and negative impacts of drinking. They tended to be described first as a negative, but some mentioned that there could be a positive side to beer goggles as well. When asked, one participant defined beer goggles as *"After a few drinks, the people who aren't so pretty just start getting prettier."* Another added that, *"That Sumo whale starts to look like a dolphin."*

Acetaminophen affects how quickly you get drunk. One participant noted that to drink responsibly, you *"don't mix acetaminophen and alcohol."* A Low-Risk Student noted, *"If you take a couple of Tylenol and then drink a couple of beer, obviously you won't be fit to drive."* This suggests a misconception, that aspirin or Tylenol will effect how alcohol is processed or absorbed by your body, that may be fairly common. However, it is noteworthy that other participants described taking water and Tylenol during a drinking session to help prevent a hangover.

The order in which types of alcoholic beverages are consumed affects the outcome. One participant quoted the following during discussion about how they decide what they're going to drink: *"Beer then liquor, never been sicker. Liquor then beer, you're in the clear."*

Tolerance plays a greater role than gender. In most cases, someone mentioned a girlfriend or female friend who could outdrink them personally, outdrink all of their male friends, or even outdrink everyone sitting at the table. One participant said he knew a girl who is *"only 110 pounds but she can outdrink any of my guy friends. She drinks way more often than us."* The belief that women can build up their tolerance and *"match the guys, drink for drink"* is potentially dangerous and indicates a need for education on the differences between male and female biological processing of alcohol.

The woods are an underage environment for drinking. During discussion of past drinking behaviours, when asked where they typically consumed alcohol as minors, every group mentioned "*in the woods*" as a location for underage drinking. Regardless of urban or rural settings, the woods were described as a standard location for groups of friends to get together and party when underage, taking advantage of any wooded areas providing cover from being

discovered by parents or police, cover while using the bathroom or vomiting outdoors, and cover by allowing kids to scatter upon discovery.

Binge Drinking During discussion of Addiction Services Capital Health District's Your Drinking Plan brochure, respondents completely disagreed with the presented definition of binge (power) drinking. A popular industry definition of binge drinking was presented in the brochure - five or more drinks at one sitting for males, four or more drinks per sitting for females. This definition was described as *"ridiculously low"* by one participant and another indicated that the unbelievable definition detracted from the piece overall; *"Five drinks is not binge drinking – that takes away from the credibility of the pamphlet."*

Various possibilities for appropriate definitions were discussed, including:
- *Maybe if you had 5 drinks in 20 minutes, but there is no time limit associated.*
- *It depends on the person, some people can handle more than 5 drinks but other people are feeling it after 4 or 5.*
- *Binge drinking could be 15 to 20 drinks, or maybe if you have a whole lot of drinks in an hour and a half.*
- *It's too hard to say, everyone is different in size and weight.*

Exactly what behaviour constituted binge drinking was also debated:
- *Binge drinking and power drinking are two different things – a binge is getting drunk and drinking the weekend away. Power drinking is pounding them back.*
- *'Five or more drinks' doesn't sit well with me. I've seen people drink for 2 days straight – that's binge drinking to me.*
- *I've had five drinks over a day and I'm not a binge drinker….*

Personal drinking patterns were discussed in terms of binge drinking:
- *If I'm going out, I'll have an 8 pack before I even go downtown. Five drinks is way too low.*
- *I think a 12 pack could be a limit.*
- *I think an 8 pack might be better. If I drink 8 before I go out then I'm feeling it.*
- *Eight maybe, but 5 is too low – people can drink a 6 pack and not even really feel it.*

Others speculated on the appropriateness of the given definition for women:
- *I've never met any woman who can really hold her liquor so 4 might be okay for them.*
- *For a 15 year old, or a girl, 5 drinks may be a reasonable limit.*

Regardless, no concrete definitions of what constituted binge drinking came forth from the groups, in terms of volume (number of drinks) or behaviours (many drinks consumed quickly versus protracted drinking session), indicating the subjectivity of this term and the difficulty in developing a definitive description of binge drinking.

Benefits and Problems with Drinking

Participants were referred to page two of their in-session questionnaire and asked to record some of the benefits and problems they associated with their drinking. Following are the verbatim comments from the questionnaires (HRS = High-Risk Student; LRS = Low-Risk Student; HRNS = High-Risk Non-Student; LRNS = Low-Risk Non-Student):

What are some of the benefits of drinking for you personally?

- More self confidence. Feel good. Creates a more social atmosphere. (HRS)
- Have more fun. Better parties. Everyone's happier and makes things more eventful. (HRS)
- Fun, confidence, taste, social aspects. (HRS)
- Good times, stories, usually meet old friends, the energy, taste and the calming, soothing feeling. (HRS)
- Fun. (HRS)
- Socializing. Fun time. Taste. (HRS)
- Relaxation. Inhibitions are somewhat lowered. Celebrating an event. (HRS)
- Relax. Kill time. Feels good. (HRS)
- For a social event. Sense of confidence. (HRS)
- Most of the time I have more fun. More friendly. (LRS)
- Social experiences. Relaxation. (LRS)
- Your ideas flow more freely providing for easier conversation. I think it's more of an impulse thought that brings easier conversation. (LRS)
- Get drunk. More relaxing. More easy going and social. (LRS)
- Social. Relieve stress. (LRS)
- Social relief. Relaxation. Loss of inhibitions. (LRS)
- More social, meet more people. Stress relief. (LRS)
- Easy to meet more people - socializing. (LRS)
- Relaxation. Forget your problems. (HRNS)
- I enjoy the taste. Something you do with friends (tradition). (HRNS)
- It's relaxing and fun. (HRNS)
- A good night of sleep. Enjoy a good drink. (HRNS)
- Social experience. Personal feeling. (HRNS)
- Fun. Friends. Social - hanging out and meeting new people. (HRNS)
- Relaxing, having fun. Forget about responsibility problems. (HRNS)
- More hydrated? Open to people. (HRNS)
- Relax. Great conversations with buddies. Good times. (LRNS)
- Gained friends. Somewhat relaxing. (LRNS)
- Social contact - fun. (LRNS)
- Relaxing with friends, good times, laughing. (LRNS)
- Relaxing, meeting people, celebration. (LRNS)
- Have a little fun. Being with friends. It's good after a hard shift. (LRNS)
- Confidence, relaxation, socialization. (LRNS)

What are some of the problems of drinking for you personally?

- Too much money spent. Injuries often occur. Hangovers. Over confidence often leads to poor judgment. (HRS)
- Say things I regret. Tend to be over confident. Spoils the next day partially. (HRS)
- Hangovers, violence, poor judgment, liver problems. (HRS)
- Sometimes people in the general area get bad ideas. Hangover. (HRS)
- Spending a lot of money. Poor judgment. (HRS)
- Hangover. Spend too much money. Bad for my body. (HRS)
- Hangovers. Vomiting. Poor judgment. (HRS)
- Risks when you consume too much. Costly - affects my budget. (HRS)
- Cost. The way I feel in the morning. Making an ass of myself at a bar. (LRS)
- Sickness. Impaired judgment. Liver damage. (LRS)
- Hurts your liver. Affects your better judgment. Dulls your mind/memory. Costs a lot of money for commercially advertised liquor. (LRS)
- Get drunk. Memory loss. Hangovers. Stomach aches. Hasty temper. Violent. Argumentative. (LRS)
- Hangover. Spent too much money. Obnoxious behaviour. (LRS)
- Hangovers. Overspending. Bad judgment. Violence (rare but happens). Sickness. (LRS)
- Money. Health. Reliability. Violent. Hangover. (LRS)
- Bad temperament control. Hangovers. Sickness. Self injury (alcohol poisoning). (LRS)
- Money. (HRNS)
- Lazy - can't do as much the next day. (HRNS)
- Sick the next day. (HRNS)
- Hangover. Possibly drink too much. (HRNS)
- Health and financial effects. (HRNS)
- The aftermath - can't afford it, waste of money, fighting. (HRNS)
- Hangover. Costs money. (HRNS)
- Impaired motor skills. (HRNS)
- The day after!! Money. Impaired. (LRNS)
- Loss of friends, money. Mentality issues: why do I support this when people die and get in accidents. (LRNS)
- Lost money. (LRNS)
- Get into trouble - not remembering, getting hurt/lost, and money. (LRNS)
- Hangover and bad for your health. (LRNS)
- Get in trouble - drinking and driving, fighting. (LRNS)
- Dependencies, abuse/family times, monetary issues. (LRNS)

Among the written responses, **two primary benefits** emerged: **social experiences** (meeting people, enhancing fun, people are happier, easy conversation; approximately 27 mentions) and **relaxation** (relieves stress, relaxing, forget your problems; approximately 20 mentions). To a lesser extent, confidence and lower inhibitions provided by drinking were noted as benefits (≈9 instances), and taste was described as a positive by four participants.

Three primary problem areas were identified from the written individual responses: **poor judgment** (bad judgment, violence, temper, losing friends, embarrassing behaviour; ≈20 instances), **hangovers** (≈19 mentions) and **overspending** (≈18 mentions).

Physical detriments were noted by approximately 10 participants (liver damage, alcohol poisoning, injuries).

Perceptions of Low-Risk Drinking

Participants recorded their perception of low-risk drinking in their questionnaires prior to discussing the concept as a group. Verbatim comments are listed below (HRS = High-Risk Student; LRS = Low-Risk Student; HRNS = High-Risk Non-Student; LRNS = Low-Risk Non-Student).

- From what I take out of Low-Risk drinking is drinking a responsible amount and knowing how much is responsible. (HRS)
- Having a drink with a meal. Not drinking to get drunk. (HRS)
- Going out and just having a few drinks in a good environment with a lot of people you know and having a sober person drive. (HRS)
- Think of alcohol and the point where you get drunk as a ladder. If you only go up a few levels and look around it's only easy to get down. When you go all the way to the top, you'll fall off. (HRS)
- Having a few (2) drinks at home after supper. (HRS)
- Drinking an amount of alcohol that doesn't make me feel bad or make myself look like an idiot. Drinking at home. (HRS)
- Having a drink with a meal. Not drinking to get drunk. (HRS)
- No mixing with pills. In safe environment. (HRS)
- Knowing your own limits! (HRS)
- Not letting the booze rule you. Being able to have one out with buddies. (LRS)
- Not drinking to excess - keeping it at a sociable level. (LRS)
- Two beer no more. Having a social drink. (LRS)
- Having a few social drinks, but not getting drunk. (LRS)
- Social drinks without getting drunk over a longer period of time. (LRS)
- Having a few drinks, either beer or hard liquor. Where your views and decisions are not greatly affected. (LRS)
- Knowing your limit depending on if you have to work the next morning or you don't. (LRS)
- Socially drinking. (HRNS)
- Social drinking - 1-2 drinks, or making transportation arrangements if drinking more. (HRNS)
- Responsible drinking. (HRNS)
- Drinking at a work function. (HRNS)
- Stay at home. One or two drinks. (HRNS)
- Staying in your house with a stronger more sober person. (HRNS)
- Casual drinking - good if it is kept to a bare minimum. (LRNS)
- No such thing. Drinking has 0 positive effect at all. Anyone that drinks is at risk. (LRNS)
- Includes 1-3 drink limits, personally… (LRNS)
- One beer after hockey/baseball. Having a plan as to how much you are going to drink, and having a plan to get home. (LRNS)
- I think low risk drinking would pertain to the idea of small servings without situations involving driving. (LRNS)
- No drinking at all, or have one or two drinks. (LRNS)
- Social drink (not drinks) to me is more favourable than any other form of drinking, but as time goes on you realize that there is no positive side. (LRNS)

In general, three main approaches to perceiving or defining low-risk drinking were evident:

1. **Volume** – equating social drinking to low-risk drinking - defined by the number of drinks (1 or 2, 1 to 3 drink limits, two beer and no more, keeping it at a sociable level, social drink (not drinks)

2. **Environmental** - considering the risks as being mitigated by one's environment (at home after supper, just having a few drinks in a good environment, drinking at a work function, in a safe environment) and/or defining low-risk as ensuring you will not be drinking and driving (making transportation arrangements if drinking more than 1 to 2 drinks, having a sober person drive, having a plan to get home, without situations involving driving)
3. **Impacts and Consequences** - judging low-risk to be based on what the impacts or consequences of drinking are (drinking an amount that doesn't make one feel bad or look like and idiot, not drinking to get drunk, know personal limit, where views and decisions are not greatly affected, depending on if have to work the next morning or not, no mixing with pills)

It is interesting to note that the Low-Risk Non-Student group was the only group where some participants noted in their questionnaire that no level of drinking is positive, or that low-risk means not drinking at all.

In discussion, it was generally agreed that low-risk drinking is *"limiting the number of drinks you drink"*. However, there was dissension about what a 'reasonable' number of drinks was:

- *Three or four beers if I'm going to play pool.*
- *Low risk for me would be 8 drinks* [High-Risk Student].
- *Three or four beer – if I have more than that I will want to have a lot more.*

One participant summed up his perception of low-risk drinking as: *"It is a slippery slope – there is a threshold for when you want to drink more and more, and it depends on what you're doing and what you're drinking".*

SECTION 3: MATERIALS EVALUATION

The following sets of educational materials were formally evaluated in the focus groups:

#1 – CAMH's Low-Risk Drinking Guidelines Brochure
#2 – CAMH's Evaluate Your Drinking Brochure
#3 – Addiction Services, Capital Health District's Your Drinking Plan Brochure
#4 – NIAAA's Top Ten Myths about Alcohol Fact Sheet
#5 – NS Addiction Services' Alcohol Fact Sheets (n=2)
- Alcohol (orange), Physical Effects of Alcohol (blue)

In sequence, participants were presented with colour copies of each of the sets of material for reference. In addition to the colour copies, participants were also provided with a black and white version of each brochure or page and given green and pink highlighter markers. As they reviewed the materials before completing the relevant questionnaire, or evaluation and discussion of the information, they were instructed to indicate on the black and white copies any passages, areas, graphics or sections they particularly liked or disliked; green highlighter to mark appealing areas, pink highlighter to mark unappealing areas and no highlighting for neutral areas. (The actual counts for green/pink marks, by section in each set of materials, is included as Appendix E to this report.)

After independent review of the materials and indicating likes or dislikes with highlighters, participants were referred to their in-session questionnaire. Each set of materials had a page in the questionnaire where participants could describe specific likes and dislikes, and evaluate the piece(s) on the following dimensions:
- design (how the material looks)
- amount of information presented
- information was believable
- information provided was useful
- ease of understanding
- learned something new
- likelihood of picking up this information

Finally, each set of materials was discussed as a group. Initiated topics included:
- awareness and appeal (content and layout)
- relevance (is it meaningful to you?)
- rerceived Value (would it generate action?)

Following the formal review of the five sets of materials presented, the groups were also presented with additional educational materials for initial reaction and brief discussion (time permitting - Welcome to the Real World poster (Bacchus), Bacchus Manoeuvre poster and the Bacchus/Student Life Education Company's Bowling series postcards (seven versions)

Evaluation of CAMH's Low-Risk Drinking Guidelines Brochure

Black and white and colour copies of CAMH's Low-Risk Drinking Guidelines brochure were distributed in each group. Participants were asked to review the information, to mark specific appealing and unappealing features using the green and pink highlighters and to complete the relevant page in the in-session questionnaire.

Recorded Likes and Dislikes

(HRS = High-Risk Student; LRS = Low-Risk Student; HRNS = High-Risk Non-Student; LRNS = Low-Risk Non-Student)

LIKES - CAMH's Low-Risk Drinking Guidelines Brochure

- Has some informative information such as the tips for following the guidelines. (HRS)
- Talking to kids about alcohol. Don't start drinking just to be healthy. (HRS)
- Bullet points (clarity). Chart on alcohol content. Slogan. (HRS)
- Use of complimentary colors is eye catching. (HRS)
- "You may have heard that" section. (HRS)
- Developing an alcohol policy for your home, workplace, school or community organization. Never drink and drive. Higher alcoholic beers and wine have a higher percentage of alcohol. Slogan. (HRS)
- Good information. (HRS)
- Good format, attractive. (HRS)
- The stuff that I did not know. Talking to kids. (LRS)
- Dispelling myths. Showing understandable numbers in places. (LRS)
- Colourful. Section with different drink types and the amount of alcohol in it. (LRS)
- Information is well organized. Stating young people. Getting injuries. (LRS)
- Standard drink diagram. (LRS)
- I like how it does branch out to age groups that legal covering. Just about all potential things dealing with alcohol. (LRS)
- Informative but… (HRNS)
- Good general information. (HRNS)
- None. (HRNS)
- Good tips. Nice images and good tables. (HRNS)
- I found the charts and facts informative. Easy to read. (HRNS)
- The facts - they're straightforward. Low risk drinking guidelines website. (HRNS)
- Informative about the effects of alcohol. (HRNS)
- Pictures and diagrams. (HRNS)
- Handout gives a great idea. (LRNS)
- Tips for following guidelines. Slogan. (LRNS)
- Informative and to the point. (LRNS)
- Low risk drinking guidelines. Advised to talk to doctor if you are concerned. Tips to follow and the what I "may not have heard" section. (LRNS)
- The information aspect. Helpful suggestions and the illustrations are helpful. (LRNS)
- I like the colours. (LRNS)
- Informative. A broad range of reasoning. (LRNS)

DISLIKES - CAMH's Low-Risk Drinking Guidelines Brochure

- It makes it seem as though drinking only has negative consequences. It's mainly aimed at people who already follow the guidelines or don't already drink. (HRS)
- Don't operate a bicycle. Don't drink if you have a family history of drinking problems. (HRS)
- Hand and glass icon. Low risk guidelines. Guidelines should be for minors too as they can also benefit. (HRS)
- Low risk drinking shouldn't be confused with casual drinking which is what I felt this booklet was trying to discourage. For a lot of people their daily routine includes alcohol to calm them. Remove that, then we have problems. (HRS)
- If you already don't drink, don't start for health reasons. Layout of brochure. Hand and glass icon. (HRS)
- In places unrealistic of average lifestyle. (HRS)
- "..Don't Start for Health Reasons". Ambiguous - "Don't Start for Heart Benefits" or "Don't Start Because It's Bad For your Health". (HRS)
- The guidelines questions didn't make a lot of sense to me - unclear. Seems to be a little generalized. (HRS)
- Stuff that everyone knows. (LRS)
- Some redundancy. Wasteful of space. Cover needs shock value. (LRS)
- The organization of the information. "Guidelines do not apply if you" section. "Low risk drinking guidelines" section. (LRS)
- Stated the obvious. Repetitive. (LRS)
- I don't like how it doesn't branch out to minors. (LRS)
- Only discuss low risk. Too much information. (HRNS)
- Contact number, email, phone number for questions. (HRNS)
- All. (HRNS)
- No introduction. I don't care who made it, more contact and/or information would have been nice. Seemed like it was made to satisfy a requirement. (HRNS)
- Certain tips are pointless. Do not serve any real purpose. The full page devoted to program sponsors could have been put to a better use. (HRNS)
- Reminds you that drinking can be dangerous. (HRNS)
- Small print. (HRNS)
- Mainly indifferent. (LRNS)
- Trying to classify minimum risks. Different guidelines aren't clear. (LRNS)
- I don't like the hand symbol. (LRNS)
- "The guidelines to do not apply if" is confusing and not able to follow quickly. (LRNS)
- Paternal, bad design, need more illustrations and the information is too direct. (LRNS)
- Some questions. (LRNS)
- Too much information, too colourful, too generalized. (LRNS)

Common **likes** among the groups included the **information and tips** provided overall:

- *informative information*
- *the stuff I did not know*
- *dispelling myths*
- *the facts – they're straightforward"*
- *good tips*

Information particularly that relating to specific areas such as talking to kids, alcohol content in drinks, the effects of alcohol was well received. In fact, each of the six bullet-point facts listed on the panel under the "You may have heard that alcohol is good for your heart". What you may not have heard is that" heading received positive endorsement from 10 to 16 participants, and negative marks from only two to five participants.

Similarly, the panel including "Tips for following these Guidelines" achieved positive marks from 10 to 19 participants, and negative marks from only 2 to 6 individuals. The **most popular** of the **tips** listed were:

- Never drink and drive – or ride with a driver who has been drinking. (19 like, 2 dislike)
- Don't drink if you are pregnant or planning to become pregnant. (18 like, 3 dislike)
- Talk to your kids about alcohol. (19 like, 3 dislike)

The definition and graphics to depict "1 standard drink" were recorded as a positive aspect by some participants and were each marked positively by 10 individuals, with only one person indicating this as an area of dislike.

In terms of **dislikes**, the actual **guidelines** were described as unclear and too generalized. Some found the brochure to have too much information, and others described the information as redundant and "*stating the obvious*". Comments described some areas as "*unrealistic*" for a typical lifestyle, some tips as "*pointless*"; one participant disliked that it addressed only low-risk behaviours.

The **"Guidelines do not apply if you"** section was among the **most contentious** areas of this piece, and was described as "*confusing*". Some comments specifically noted that "*the guidelines should be for minors too*", and that the brochure was "*mainly aimed at people who already follow the guidelines or don't already drink*." While a fair number of respondents marked some of the points under this section as positive (ranging from 4 to 11), a similar or greater number marked each as a dislike (10 to 13 participants).

The title, slogan and logo were seen to be somewhat innocuous; few participants noted each as positive; few participants noted each as negative in both the written exercises and discussion.

Recorded Evaluation/Ratings

#1 – CAMH's Low-Risk Drinking Guidelines Brochure

	Working Status		Drinking Behaviour		
	Non-Student	**Student**	**Low-Risk**	**High-Risk**	**Total**
Design					
Very appealing	1	---	1	---	**1**
Somewhat appealing	5	14	8	11	**19**
Not at all appealing	3	3	4	2	**6**
Amount of information presented					
Too little	1	7	4	4	**8**
Just right	10	6	7	9	**16**
Too much	4	4	4	4	**8**
Information was believable					
Yes	11	12	12	11	**23**
Somewhat	4	4	3	5	**8**
No	---	1	---	1	**1**
Information provided was useful					
Yes	9	6	7	8	**15**
Somewhat	6	8	7	7	**14**
No	---	3	1	2	**3**
Ease of understanding					
Too easy	---	1	1	---	**1**
Just right	10	14	9	15	**24**
Too hard	5	1	4	2	**6**
You learned something new					
Yes	4	7	6	5	**11**
Somewhat	8	5	5	8	**13**
No	3	5	4	4	**8**
Likelihood of picking up this information					
Very likely	2	2	2	2	**4**
Somewhat likely	2	6	4	4	**8**
Not at all likely	11	9	9	11	**20**

The design of the brochure was somewhat or very appealing to most participants (n=20), but they were divided on amount of information presented. Half described it as 'just right' (n=16) but the remaining half were equally split between finding "too much" and "too little" information. Nearly all of the participants who felt there was too little information were Students (n=7), suggesting that the approach used may be considered too simplistic for this target group.

Regardless of the amount of information, nearly all participants found this material to be believable on some level, and at least "somewhat useful". Most described the ease of comprehension as "just right", although five out of the six individuals who found the brochure more difficult to understand were Non-Students. The discrepancy in terms of information perceptions (amount of information, comprehension level) between the Student and Non-Student groups underscores a need for specialized or customized materials designed to target a campus population versus young adults consuming alcohol.

About three-quarters of the group participants agreed that they "learned something new" from the brochure (n=24), yet most (n=20) indicated that they were 'not at all likely' to pick up this information on their own.

Group Discussion

There were some **positive reactions** initially to the **low-risk drinking guidelines concept** during discussion.

- *All the information I really liked was on the first [panel]. If I saw this on its own, I'd probably stick it on my fridge or something. The rest of it is common knowledge.*
- *The 9 and 14 thing – I'd never heard that before.*

However, most participants did not offer positive comments about the guidelines, even at the commencement of group discussion.

- *The concept is stupid. The first thing, saying 0 equals the lowest risk of a problem, that's a no brainer."*

As conversation progressed, response to the concept became more negative in general. Low-Risk Non-Students in particular took exception to the guidelines, with comments such as:

- *When you're talking about low risk, it should be no drinking at all. That's the only way to be low risk.*
- *More than 2 drinks per week is approaching dependency for me.*
- *It says up to 9 drinks per week for women, that would be drinking on 4 or 5 days a week and that seems very high.*
- *What this says to me is that I can have 2 drinks a day, 7 days a week and that is low risk. That's ridiculous to me, it's way too much [alcohol].*

Participants in other groups did not respond as heatedly to the guidelines, but some still expressed doubts.

- *Saying that women can have 9 drinks and are okay, it's too general. If a woman sits down on a Friday night and has 9 drinks, that's not okay.*
- *You can't have standard guidelines. A 300 pound man can obviously drink more and still be okay.*
- *I know a guy twice my size who has 2 Smirnoff Ices and he's wrecked.*

While no one found the layout and design of the brochure to be offensive, response was not particularly favourable. Comments included:

- *I didn't like that there was so much small print.*
- *The slogan was decent but it should be bigger.*
- *If this is sitting among a bunch of pamphlets, I wouldn't pick it up. It wouldn't stand out – it's not attractive.*
- *I think the design is really suffering. It's kind of boring, kind of chopped up.*
- *It's almost too professional. I see the 0 2 9 14 on the front, and I don't know what it is until I open it."*

One participant indicated that he liked the graphic of the hand around the drink – others took a second look as they had not realized that was what the picture represented.

Discussion of the information presented in the brochure centered on both positive and negative aspects. Individual passages were noted as informative, including the "be a responsible host" idea and the standard drink definition.

- *The only thing interesting to me was the standard drink information.*
- *A standard drink is really 1.5 ounces?? I always thought a drink was 1 ounce.*
- *I like the responsible host line, but it sounds too clinical to say 'encourage your guests to follow these guidelines.' It should stop after saying 'be a responsible host'.*

Negative comments about the information were primarily geared towards content.

- *It's not fresh, we've seen all of these things before.*
- *They shouldn't be trying to teach us stuff – there's too much information and it's too preachy.*
- *They should take some of this out, it seems redundant. For example, 'If you drink, don't get intoxicated.' That's something you hear all the time.*

Some participants specifically noted the qualifying line which stated that the guidelines were for people of legal drinking age; they reiterated that the information should not exclude younger drinkers.

- *I don't like the part about how they [the guidelines] are for people who are of age. I know quite a few minors who drink. Even smoking ads branch out to minors.*
- *If you're trying to get kids away from binge drinking, it shouldn't say that the guidelines are [only] for people who are of drinking age.*

One participant in the High-Risk Non-Student group referenced an apparent 'conflict' in the information; *"It tells you the health benefits of drinking 2 drinks but the guidelines say don't start drinking for health reasons if you don't already drink."* This prompted another participant in that group to comment, *"You're smarter than the geniuses who wrote this!"*

In both Student groups, the "don't start drinking for health reasons" line was noted as unappealing; *"The words 'health' and 'drinking' shouldn't even be in the same sentence."*

However, at least one participant in three of the four groups mentioned learning that the health benefits from low alcohol consumption were primarily for adults over 45.

Recommendations for content changes included:

- *It needs some 'common sense' things, like 'If things start to spin, you have drank too much.'" "To educate kids, instead of telling them not to drink, we should be telling them what to do in case something bad happens.*
- *It should have more practical things, like don't mix your liquor, as soon as you feel sick or dizzy, do 'this'.*
- *We are going to get drunk anyway. This stuff should focus more on keeping it safe.*

There was some speculation offered about who comprised the target group for this brochure. One participant in the Low-Risk Non-Student group guessed it to be junior high kids, because *"it says that you shouldn't start drinking and we already have."* Other opinions offered were:

- *It's not for children because there's too much to read.*
- *Maybe it's for middle age people…it says that the health benefits are for people over 45.*

Participants were asked, "When would you read this?" In all groups, the main answer involved

- *Killing time in the doctor's office.*
- *This would be something you'd pick up at the doctor's office if you're waiting and want something to read.*

Others were not as optimistic about reading the brochure in that setting.

- *If there was this and a Chatelaine on the table, I'd pick up the Chatelaine.*
- *The paper method is not going to reach our generation at all.*

When asked about reaching the young male demographic, the consensus was that the material *"needs to be more drastic"* and should target *"late junior high kids."* When asked if they would have responded to this material at that age, one participant answered, *"Probably not but I would've been more likely [to respond then] than I would be now."*

In two of the groups, participants independently brought up the Ontario anti-smoking commercials promoting the Stupid.ca website and featuring imagery such as a young man wearing antlers and roaming the woods during hunting season, and a young person pouring chemicals onto breakfast cereal as effective in reaching their age group. The potential effectiveness of a MADD representative, or someone else telling first-hand stories was again noted. *"Older people [would pick this up], parents. You need to say something on it that will strike a chord in order to get younger people to pick it up. It needs greater shock value."*

Summary

CAMH's Low-Risk Drinking Guidelines brochure was generally well received among the young males although the primary point of the brochure was not clearly communicated. In terms of appealing features, participants liked the chart identifying what comprises 1 standard drink,

several of the "Tips" and various parts of the "What you may not have heard is that…" panel presenting facts about alcohol. In the written evaluations, no one described the "0-2-9-14" concept of low-risk drinking guidelines as an outstanding feature of the brochure and few overall noted the idea of low-risk drinking and/or actually following guidelines as a benefit or valuable new knowledge. The guidelines were not perceived as realistic, with specific exception taken to the disclaimer. However, only 1 participant indicated that the information in the brochure was not believable. This suggests that the presenting facts in this manner was appreciated by most participants. **Recommendations included tailoring the tips and facts to be more practical and relevant.** There was no clear consensus on who was being targeted by the current brochure (teens, young adults, middle aged adults), but participants felt that a lot of the information should be disseminated to minors, or inexperienced drinkers. It was suggested that **shock value** would be more effective in cutting through the clutter and generating action among young males.

Evaluation of CAMH's Evaluate Your Drinking Brochure

Recorded Likes and Dislikes

(HRS = High-Risk Student; LRS = Low-Risk Student; HRNS = High-Risk Non-Student; LRNS = Low-Risk Non-Student)

LIKES – CAMH's Evaluate Your Drinking Brochure

- The test was kind of fun. (HRS)
- Stats, charts. (HRS)
- Chart on alcohol content better than the last. Good visuals. (HRS)
- Very nicely laid out. Pie charts are more informative than a formula like the previous booklet. (HRS)
- Negative consequences chart. Stats. (HRS)
- One standard drink chart. (HRS)
- The comparison to other Canadians. The graphs. (HRS)
- "Facts" layout seems very believable. (HRS)
- I love the stats. Facts get through to people. (HRS)
- Much better than the first. How I compare to other Canadians. (LRS)
- Call to action on cover. Catching question. Comparing to other Canadians. Good graphing. (LRS)
- Title. (LRS)
- Informative. (LRS)
- The interactivity of the material. Call to action in title. (LRS)
- I like how it speaks to anyone. It's informative to an approximate value. Very catchy title. (LRS)
- Charts, diagram. More to the point. (HRNS)
- The title makes you curious. It's good direct information - useful. The toll free number. (HRNS)
- Most of it because it's easy to read. (HRNS)
- I like the approach. (HRNS)
- Most graphical illustrations were useful. A better layout ad use of information and space. (HRNS)
- Graphics, charts. Right to the point. (HRNS)
- It's like a personal test. Informative, not preachy. (HRNS)
- Pie graphs/bar graph. (HRNS)
- You can do a weekly breakdown. (LRNS)
- Simple. Evaluating yourself. (LRNS)
- Seeing where I sit amongst males. (LRNS)
- "Males" is very general. (LRNS)
- Good information. (LRNS)

DISLIKES – CAMH's Evaluate Your Drinking Brochure

- The percentages seem unrealistic. Chances of negative consequences is unclear. (HRS)
- Some of the information in the charts. (HRS)
- Colors. Cover page. (HRS)
- The colors are ugly. (HRS)
- It is not very eye catching. (HRS)
- One chart was unclear. (HRS)
- The first page. List with the days on it is a waste of space. (LRS)
- Still too specific with numbers. Generalize for the reader then get more specific later in the reading. Give answers - don't make the reader have to take out a pen. (LRS)
- Pie charts. Last paragraph. (LRS)
- Pie charts. (LRS)
- The pie charts were a little unclear. (LRS)
- The only one is there's no need for the chart for Monday-Friday because unless you are an alcoholic there's no way to really tell. (LRS)
- Color is not very appealing. (HRNS)
- It doesn't grab my attention. (HRNS)
- Source for stats. The graphs have no demographics. (HRNS)
- The chance of negative consequences vs. number of drinks. How was this correlated? The front cover. (HRNS)
- That they're not stats from NS. (HRNS)
- Could use more colours or pictures. (HRNS)
- I don't know. (HRNS)
- Comparing to other Canadians. Colours suck. (LRNS)
- Bad colours, confusing, and who cares about other people. (LRNS)
- Simple - to the point. (LRNS)
- Color scheme. (LRNS)
- Preachy, too scientific, bad comparisons, no relevance personally. (LRNS)
- Everything. (LRNS)

In written comments **two primary areas of appeal** were noted for the Evaluate Your Drinking brochure: the **graphic representations** and the **interactivity**.

When recording likes in the questionnaire, participants from three of the four groups specifically noted the charts.

- *chart on alcohol content is better than the last* [brochure evaluated]
- *pie charts are more informative*
- *negative consequences chart*
- *standard drink chart*
- *graphs*
    - *pie graphs/bar graphs*
    - *good graphing*
    - *most graphical illustrations were useful)*
- *statistics*
    - *I love the stats. Facts get through to people*

During the highlighting exercise, the "One standard drink is" chart was the area marked as a like by half of the participants (n=16); the "Chance of negative consequences…" chart was marked

by 19 participants. The two pie charts were each marked positively by 12 participants, although nearly as many (n=10 and 11, respectively) indicated dislike for these charts, indicating that this type of graphic representation was not as well-received as a diagram or bar chart.

The **title** and idea of **being able to compare** personal results to others were also **appealing** among all groups. The "*interactivity*", "*evaluating yourself*", and providing the ability to "*see where I sit amongst males*" were positive aspects noted. The title was described as "*very catchy*" and "*a call to action*", suggesting that an indication of interaction (for example, a quiz, test, compare yourself, how do you rate) on the front panel and/or as part of the title may be a good approach to encouraging young males to pick up this type of material.

One common **dislike** for the Evaluate Your Drinking brochure among all groups was the **colour scheme**.

- *the colours are ugly*
- *colour is not very appealing*
- *bad colours*

Aside from the esthetics, it appears that some of the likes were being qualified by the recorded dislikes. Although individual response to the charts and statistics was favourable, many participants noted the pie charts or some of the information being presented as negatives.

- *one chart was unclear*
- *the graphs have no demographics*
- *the pie charts were a little unclear*
- *too scientific*

At times the **source of the information** and relevance of statistics were seen as questionable.

- *the chance of negative consequences vs. the number of drinks – how was this correlated?*
- *source for stats?*
- *no relevance personally*
- *they're not stats from Nova Scotia*
- *bad comparisons*

The individual highlighting exercise revealed that there were no definite areas in this piece that stood out as disliked by most participants - areas with the highest number of dislike indications each received a comparable number of like indications. For example, the subtitle "Would you like to know how your drinking compares to other Canadians" was marked as a like by six participants but another six marked this area as a dislike. Considering that this concept was referenced favourably in the written evaluation section, it may be that the idea of evaluating your drinking and comparing your level to others is appealing but comparing nationally may be too broad a scope.

As previously noted, the pie charts for males and females also received relatively high marks for both likes (n=12 for each) and dislikes (n=11 and 10, respectively) suggesting that the graphic is

favoured, but more straightforward, easily understandable or relevant figures may need to be illustrated.

Recorded Evaluation/Ratings

#2 – CAMH's Evaluate Your Drinking Brochure

	Working Status		Drinking Behaviour		
	Non-Student	**Student**	**Low-Risk**	**High-Risk**	**Total**
Design					
Very appealing	---	2	1	1	**2**
Somewhat appealing	6	9	8	7	**15**
Not at all appealing	2	5	1	6	**7**
Amount of Information Presented					
Too little	1	3	1	3	**4**
Just right	8	14	10	12	**22**
Too much	3	---	2	1	**3**
Information was believable					
Yes	8	11	10	9	**19**
Somewhat	4	4	2	6	**8**
No	2	2	2	2	**4**
Information provided was useful					
Yes	7	11	7	11	**18**
Somewhat	3	6	4	5	**9**
No	4	---	3	1	**4**
Ease of understanding					
Too easy	---	1	---	1	**1**
Just right	12	14	11	15	**26**
Too hard	2	2	3	1	**4**
You learned something new					
Yes	7	12	9	10	**19**
Somewhat	2	2	---	4	**4**
No	5	3	5	3	**8**
Likelihood of picking up this information					
Very likely	2	2	3	1	**4**
Somewhat likely	6	9	8	7	**15**
Not at all likely	6	6	3	9	**12**

Most participants in each of the work status and risk groups found the design at least "somewhat appealing", and described the amount of information presented as "just right". Few (n=4) did not find the information believable, equally divided between Student/Non-Student and

Low/High-Risk participants. Students, however, were more inclined to rate the information as useful (n=17), with four Non-Students indicating that the information provided was "not useful".

The majority of participants had no problems with the comprehension level of the information (26 describe the ease of understanding as just right) and indicated that they learned something new (n=19). In terms of perceived usefulness of the information, more Students indicated "yes" or "somewhat" for the learning measure (n=14, versus 9 Non-Students)

Overall, ratings on these dimensions are not overly negative, with little differentiation among the groups. One notable difference, however, was that three times as many High-Risk participants indicated that they would be "not at all likely" to pick up these materials (n=9, versus 3 Low-Risk participants).

Group Discussion

Group discussion of the brochure tended to open with comments about the esthetics of the piece. The colour scheme was not appealing to most participants:

- *The colours don't work. There should be no pink on blue, no red on green, they are at opposite ends of the colour spectrum.*
- *There's good stuff inside but it's ugly. The green and pink is awful.*
- *I would never pick this up because that pink text alone drives me crazy. It almost vibrates.*

Only one participant offered a positive comment about the colour, describing the green as *"a colour of action"*.

Participants also commented on the appearance of the front panel, noting, "*It looks like an environmental pamphlet."* One participant suggested that the graphic"*… should have a beer bottle or something rather than a maple leaf*".

Response was better to the title of the brochure.

- *The title is an interesting question. I would like to know how my drinking compares to everyone else in Canada.*
- *I like the title – if I saw that, I'd want to know how my drinking compares.*
- *I'd be more likely to pick it up because it says 'evaluate your drinking' rather than something negative.*

Others qualified their positive response to the title:

- *The title would interest me, but as soon as I opened it up and saw [the middle panel] I'd fold it back up and slip it back in.*
- *The call to action is good, the title on the front, because everyone wants to know how they compare to the rest of Canada but then when you open it up and you need to get a pen and write stuff down, people who don't want to do that will abandon it there.*

As with the written comments and highlighting exercise, group response towards the charts and graphs featured in the brochure was somewhat divided. Some participants liked the charts rather than verbiage.

- *I like the graphs.*
- *I like the bar charts.*
- *The stats are good, it's nice to know where you stand*

Most either offered suggestions to improve the graphics.

- *I think the percentages should be really big – they are hard to see.*
- *I found the graph confusing – if you're colour blind, it's really hard.*

Many noted issues with specific graphs: "*I don't like the third graph, it is too vague – what exactly are the negative consequences?"*

The third graph in particular generated discussion because of its vagueness.

- *I would rather see stats on deaths from alcohol than this graph for 'negative consequences', whatever they may be.*
- *I wouldn't mind seeing a pamphlet that gives statistics on drinking and driving, the number of accidents and things like that rather than just 'negative consequences'.*
- *It should show correlations between specific consequences and levels of drinking.*

One participant interpreted the graphs as being aimed at a younger audience (*"I think it's more meant for a younger group, with the charts."*), and another agreed with the perception of a younger target audience but suggested more relevant statistics: *"I like the graphs. If I was giving this to a kid, I'd want to see graphs for drinking & driving or stuff like that."*

Discussion continued with regard to the test inside the brochure. Response was mixed again; most participants indicated that they liked the concept of recording information to position themselves against others (*"I like the 'fill-in' part."*), but the brochure in its current format had specific drawbacks for these groups. Positive comments about the test included:

- *I liked doing the test. You get the information, it's about yourself. The last one [Low Risk Drinking Guidelines] was trying to tell you to go tell your friends stuff but this was more about me.*
- *I like that it's not preaching at you and you can interact with it.*

Issues with the test involved interpretation of individual results and the subsequent personal positioning against others. Both the process and relevance of the comparison were noted as problematic. Some participants did not fully understand how the positioning process worked; this diluted the message. In the Low-Risk Student group, no participants took the time during their individual evaluation to add up the percentages of people drinking at levels below where they personally ranked. For example, one participant noted that he "*falls into the 21%*", but did understand that this meant he was drinking more than 62% of the population. One High-Risk Non-Student participant had summed his typical drinks in a week and determined, *"I'm in the*

4% [drinking 15 – 21 drinks]". He was very surprised when the next step revealed that he was drinking more than 94% of the Canadian male population (*"I don't consider myself a heavy drinker at all…"*). When asked if this finding would make him re-evaluate his drinking, he responded *"No, because it [my drinking] doesn't affect my life"*.

Another participant concluded that with this brochure, *"You're forcing too much math on people to find out where their drinking falls. There should be a chart that just shows like I'm drinking more than 80% of everybody."* Others found the test and/or comparison to be irrelevant or too broad in scope.

- *I liked the part that you are evaluating yourself. What I don't like is being compared to everyone else in Canada. I don't care what everyone else is drinking.*
- *It should really be "Evaluate YOUR Drinking" and have charts so that you can see 'I am here, I'm drinking more than this many people, I'm spending this much' rather than numbers for all men.*

The broad basis for comparisons in the brochure was an issue for many participants. The High-Risk Non-Student participant who noted that his 92nd percentile classification remarked that it was *"not a fair statement because you're looking at people between 19 and 100, it's not looking at males between 19 and 29."* Other comments included:

- *It should compare apples to apples and oranges to oranges. It should be more accurate related to what we know.*
- *The whole pamphlet feels too demographic-ish. It puts all Canadian men into one group. It should show different age categories.*

A Low-Risk Non-Student participant, who determined that he was drinking more than 35% of Canadian men, indicated *"Those stats mean nothing to me. It would be more meaningful if it was compared to people or guys in my own age category, and in smaller increments. There's a big difference between age 19 and 29."* Others noted:

- *Unless it was comparing me to men in my age group, I'd put it back down.*
- *I liked getting facts and figures, but this information is not relevant for me.*

Among the Low-Risk Students, an inherent problem with the test in the brochure was noticed: *"What if you don't go out every week? What if it's only once a month? How do you record that?"* It was also noted that the test did not accommodate binge drinking for comparisons, a practice determined to be common among this age group in earlier context discussions.

Some participants, who noted that this detracted from the credibility of the brochure, questioned the veracity of the statistics.

- *I don't believe that 35% [of men] have 0 drinks per week… That number for women is more believable than for guys.*
- *I could see 50% of women not drinking in a week but not guys – I don't think so, that 35% of guys drink [zero alcoholic beverages] in a week.*
- *It seems pretty unrealistic. Everybody I hang out with has more than 22 drinks in a week. And the women I know drink more than I do.*

The written content on the "Your choices about drinking panel" was fairly well received. One participant noted that, *"The last paragraph ['I will reduce my drinking to a low risk level. This means…'] told us exactly what the whole first pamphlet [Low Risk Drinking Guidelines] told us but in just one paragraph."* However, another participant expressed an aversion to long passages of text: *"Once I got to the 2nd paragraph on the back, it was too long for me to read. It would be better to be in point form."*

In closing discussion about suggestions for distribution of this type of information, one participant recalled posters on the wall above the urinals at a local bar, *"but they were too big to read while [using the facilities]. You should have a small, quick, to-the-point thing above the urinal. You're there for 30 seconds, have it at eye level and people will read it."* The value of the title in encouraging young males to pick up this material was reiterated, and a participant continued the thought: *"Maybe something like 'Are you a safe drunk?' I'd pick that up. Nothing is going to stop someone from their binge drinking plans but maybe there could be something to help him deal with it."*

Summary

There were specific aspects of the CAMH's Evaluate Your Drinking brochure noted as benefits and as drawbacks by the groups. The colour scheme was off-putting to most, but the title with its indication of an interactive and personally relevant exercise was appealing.

Participants liked the test aspect (Step 1) and the notion of positioning themselves against others, but found the pie charts (Step 2) difficult to understand. The requirement to combine the lower drinking percentages represented by pie wedges was not effectively communicated and, as a result, the impact of comparative positioning was lost. Essentially, participants concluded which 'pie wedge' they fell into (*"I'm in the 4%."*), but did not connect with the cumulative comparison to see what percentage of Canadian males are drinking more or less than they personally are drinking. The bar chart depicting "Chance of negative consequences related to number of drinks per week" was marked positively, but in subsequent discussion was unclear in terms of the data being illustrated ("*what are negative consequences?"*).

A lack of relevance of the information and statistics presented in this brochure was also a problem. Participants indicated that the basis for comparison was too broad, and would have

liked the statistics to represent a similar demographic group (for example, young male Nova Scotians rather than all male Canadians). It was also suggested that bar charts were a preferred graphic representation, but that more relevant information should be communicated like alcohol-related deaths or drinking and driving accident statistics.

Recommendations included:

- maintaining a title and contents that involve the reader (interactive).
- the "one standard drink" diagram (this tested favourably for both of the CAMH the Low-Risk Drinking Guidelines and Evaluate Your Drinking materials).
- providing comparative data from a credible source for Nova Scotians in an easier to interpret manner (for example, a chart showing various percentiles by age group and volume of drinks consumed).
- providing relevant statistics in bar chart formats and/or bulleted lists.

Evaluation of Addiction Services, Capital Health District's Your Drinking Plan Brochure

Participants were told that the copy they had for review was a mock-up of a planned brochure; it was not professionally designed and printed like the previous brochures. They were asked to evaluate this brochure on content and layout rather than on the design and print quality.

Recorded Likes and Dislikes

(HRS = High-Risk Student; LRS = Low-Risk Student; HRNS = High-Risk Non-Student; LRNS = Low-Risk Non-Student)

LIKES - Addiction Services, Capital Health District's Your Drinking Plan Brochure

- Informative and directed towards people who are actually going to drink. May give people helpful information. (HRS)
- Leave car keys behind. Don't accept drinks already poured. Don't get into a car with a drunk driver. (HRS)
- Good content. Safety tips are good. (HRS)
- They had a nice title. (HRS)
- Cover slogans. Leave the keys behind. (HRS)
- It's simple! The "with whom" part. (HRS)
- The safety issue and alcohol poisoning. I like some of the tips. (LRS)
- Tips on identifying alcohol poisoning. Tips on taking action. (LRS)
- The "with whom" section, "what can you do" section and the "alcohol poisoning" section. (LRS)
- Overall good. (LRS)
- Most of it. (LRS)
- Very informative. (LRS)
- Good layout. (HRNS)
- The information is more useful. (HRNS)
- It was good. (HRNS)
- Bright. Good information. (HRNS)
- Good information, good facts. The information felt more "real". (HRNS)
- That it's from NS. Tips on alcohol poisoning. (HRNS)
- Variety of information. (HRNS)
- Tips, alcohol poisoning. (HRNS)
- I like it compared to the others. Very informative and to the point. (LRNS)
- Educational - not just facts. It's not telling people to stop, just be responsible. (LRNS)
- Placement - order of points. (LRNS)
- The entire brochure. (LRNS)
- Informative - straight and to the point. (LRNS)

DISLIKES - Addiction Services, Capital Health District's Your Drinking Plan Brochure

- The tips it gives are not going to stop people from binge drinking. (HRS)
- Binge drinking is five or more drinks. (HRS)
- Structure needs work. Poison control number on front. (HRS)
- Too many maybe's and could of's. (HRS)
- Too much useless information. (HRS)
- Seems really dumbed down. (HRS)
- Binge drinking. An hour between drinks. Do not play drinking games, they can be fun. (HRS)
- Binge drinking. (LRS)
- Cover. A little wordy when starting off. It's important to have a high tempo information package. (LRS)
- "A safety issue" section, "where" section, and "binge definition tips" section. (LRS)
- Binge drinking amount too low. (LRS)
- The main title. (LRS)
- I don't like the title - not catchy enough. Needs to be more point blank. It's too long and drawn out in one spot. (LRS)
- A lot of reading. (HRNS)
- Some of the tips are unrealistic and I think they can be done if in a controlled environment. (HRNS)
- None. (HRNS)
- Example of a standard drink. (HRNS)
- Cover and graphics could use a little work. (HRNS)
- "So you're planning to Drink". (HRNS)
- No pictures or graphs. (HRNS)
- Needs more pictures to keep your interest. (LRNS)
- Design is lacking. There's no way to know you drank beyond the level of safety until you are there. (LRNS)
- This brochure should discuss setting limits. Cover should be changed. Move "Your Drinking Plan" to the bottom of the page. Should talk about consequences as the previous brochure did (i.e. job loss, spouse, children). (LRNS)
- As it is a "mock" it's not complete. It needs to be fleshed out. (LRNS)

Recorded **likes** for the Capital Health District's Your Drinking Plan brochure **centered on** the information provided and, more specifically, the **information on alcohol poisoning**. It was established in context discussion that members in each session were familiar with at least one case of alcohol poisoning, either first hand or through friends and, thus, this type of information was highly relevant. Five individuals noted the "alcohol poisoning" section of the brochure as an area they particularly liked, and the 'Know signs of alcohol poisoning' section achieved the highest number of participants indicating approval compared to all other materials evaluated in the groups. A range of 22 to 25 individuals marked each of the listed symptoms of alcohol poisoning as appealing, and a maximum of four participants marked any of the symptoms as unappealing. The whole alcohol poisoning section of the brochure (2 full panels) had rankings of appeal that far outweighed lack of appeal for every passage. The only passage within this area with notable opportunity for improvement was the second point, "How would those with you know? Will there be someone at home who can call an ambulance if needed?' Nine participants indicated that they liked this section, but six marked the sentences as a dislike.

Positive response to the brochure's written content was reflected in written assessments. A total of 18 participants who completed this section of their in-session questionnaire positively cited an aspect of the content or the information overall. Mentions included comments such as "*helpful*

information", "good content", "safety tips", the "variety of information", and verbatim references to specific tips or passages from the brochure.

Written comments indicated that this brochure presented the information better than other materials reviewed. It was described as "*more 'real*" and "*educational – not just facts*". Thus, while participants had previously stated that they liked to see facts and figures, **presenting useful information in a practical and applicable context** was also appreciated.

The **main area identified as problematic** was the **definition of binge drinking** in the brochure, specifically noted by six participants in their written evaluation.

- *The tips it gives are not going to stop people from binge drinking.*
- *Binge drinking amount is too low.*

This section was one of only two areas in the material where dislike highlights (n=11) outnumbered like highlights (n=8).

Potential **improvements** were also indicated for the **brochure's cover**, with six participants writing that the graphics and/or title on the front panel were lacking.

- *Cover – a little wordy when starting off.*
- *Cover should be changed.*
- *I don't like the title – not catchy enough.*

However, the taglines of "So – you are planning to drink" and "then let's talk about your drinking plan" fared well (n=10 and n=9 likes, respectively); only three individuals marked each of these lines as a dislike.

In their individual evaluations, most participants appreciated that this brochure was educational and practical. However, there were two participants in the Low-Risk Non-Student group who noted that there was **no mention of setting limits** and that there was **no information provided on how to prevent unsafe drinking consequences.**

Most of the **tips** presented in were **appealing**, particularly "Know what a standard drink is", "Have something to eat" and "NEVER drink and drive". In contrast, written comments described some of the tips as "*unrealistic*"; the highlighting exercise supported this. The second of two areas for which negative highlight marks exceeded the positive was the "Do not play drinking games" tip (10 likes versus 12 dislikes). This tip was specifically referenced by two participants in the questionnaire who said that, "*they can be fun*" and "*can be done if in a controlled environment*". The tips "Wait at least an hour between drinks" and "Keep track of how much you drink daily and weekly" also received a comparatively high number of unfavourable marks (7 and 9, respectively) suggesting that quite a few participants also perceived these two tips as impractical or unrealistic.

Recorded Evaluation/Ratings

#3 – Addiction Services, Capital Health's Your Drinking Plan Brochure

	Working Status		Drinking Behaviour		
	Non-Student	**Student**	**Low-Risk**	**High-Risk**	**Total**
Design					
Very appealing	1	1	1	1	**2**
Somewhat appealing	6	5	4	7	**11**
Not at all appealing	2	9	6	5	**11**
Amount of information presented					
Too little	2	5	4	3	**7**
Just right	10	10	10	10	**20**
Too much	1	1	---	2	**2**
Information was believable					
Yes	10	8	11	7	**18**
Somewhat	3	6	2	7	**9**
No	---	3	1	2	**3**
Information provided was useful					
Yes	13	9	12	10	**22**
Somewhat	---	5	2	3	**5**
No	---	2	---	2	**2**
Ease of understanding					
Too easy	2	2	1	3	**4**
Just right	11	14	13	12	**25**
Too hard	---	---	---	---	**---**
You learned something new					
Yes	10	4	8	6	**14**
Somewhat	1	5	3	3	**6**
No	2	7	3	6	**9**
Likelihood of picking up this information					
Very likely	5	1	5	1	**6**
Somewhat likely	7	5	4	8	**12**
Not at all likely	1	10	5	6	**11**

Despite being presented in mock-up format, the design was still rated as at least "somewhat appealing" by most (n=13). Nearly all participants found the information believable (n=27) and no one indicated that it was too hard to understand.

Although this brochure was favourably rated on the evaluation ratings measures, Non-Students tended to respond more positively than Students. Two High-Risk Students specifically

referenced the presentation of the information negatively in their written evaluation ("*Too much useless information."* and "*Seems really dumbed down*"). This was reflected in the ratings for amount of information, where five of the seven Student participants indicated that the brochure presented too little information. While the majority of participants (n=22) completely agreed that the information provided was useful, all of those who rated the material less positively in this regard (n=7) were Student participants. Students were also more likely to indicate that the brochure did not teach them anything new (n=7 versus n=2 Non-Students).

In terms of motivating participants to pick up these materials, there were differences both by student status (10 Students were not at all likely to pick up this information versus one Non-Student) and, to a lesser extent, by risk group (only one High-Risk participant was very likely to pick it up versus five Low-Risk participants).

Group Discussion

Initial comments about the Your Drinking Plan brochure involved its appearance; however, focus group leaders reiterated that the piece was in mock-up format and would be professionally laid out and printed before distribution.

The title of this brochure received mixed reviews. The slogan "Minimize Risks, Maximize Life" did not make a significant impression either way, with one participant saying that it *"does nothing for me"* and another suggesting that *"The main part should be 'So you're planning to drink', not the slogan thing. That would make people curious and then they might pick it up."* Some participants appreciated the realism in recognizing that people are indeed going to drink, instead of warning or telling them not to; *"It's like, so you're going to go out drinking, do it safely."*

Overall, the sub-text lines on the cover panel were preferred to the actual Your Drinking Plan title with some preferring the "So – you are planning to drink" portion and others preferring the "Let's talk about your drinking plan portion":

- *I don't like the title 'So you're planning to drink' – if I'm planning to go drinking, I'm not going to go and pick up this pamphlet.*
- *When I see 'make a drinking plan' I think that's stupid. It should stop at 'So you are planning to drink…'*

A more drastic approach to a title was put forth by one participant, *"You could say instead 'Hey, do you plan on living through your next drinking binge?' It needs shock value."*

The "With Whom?" section of the brochure was well received but most participants who commented believed that the information was better suited to young girls. *"I really like the part about don't take drinks from other people – that would be good for young girls to see." "It's much more relevant for girls but should still be qualified to specify strangers or someone you may not trust."* Another participant suggested, *"Change the 'don't accept drinks' part to be*

from strangers or people you don't know. There is a trust factor and it's not realistic to think that people will refuse any drink they didn't see poured."

In the written evaluations, the **alcohol poisoning** information was clearly identified as the **strongest point** of this brochure in discussion.

- *The alcohol poisoning stuff, that is very useful to know.*
- *The strongest thing in here is how to recognize alcohol poisoning – that should be in <u>any</u> pamphlet.*

Participants found it practical, relevant and some described situations in the past when such information would have been useful:

- *I know someone who OD'd on Dilaudid when they were drunk. His friends didn't check on him and he choked on his own vomit. If they read a pamphlet like this about what to do, things might have been different.*
- *I like the 'What can you do' section too, I wouldn't know what to do or how to tell if someone had poisoning.*

In contrast, the **Binge (Power) Drinking section** elicited an **enthusiastically negative response**, primarily due to disbelief in the definition presented:

- *I don't like the binge drinking definition, 5 drinks is too low.*
- *Five drinks is not binge drinking – that takes away from the credibility of the pamphlet.*
- *Where did they get the binge drinking number? Five is ridiculously low. Well, maybe if you had 5 drinks in 20 minutes, but there is no time limit associated.*
- *You go downtown and everyone there has had more than 3 or 5 drinks, so it's like 'you are all binge drinkers and are all bad!*

An appropriate number of drinks to be described as binge or power drinking was discussed:

- *It depends on the person, some people can handle more than 5 drinks but other people are feeling it after 4 or 5.*
- *Binge drinking could be 15 to 20 drinks, or maybe if you have a whole lot of drinks in an hour and a half.*
- *It's too hard to say, everyone is different in size and weight.*

Exactly what behaviour constitutes binge drinking was also debated:

- *Binge drinking and power drinking are two different things – a binge is getting drunk and drinking the weekend away. Power drinking is pounding them back.*
- *'Five or more drinks' doesn't sit well with me. I've seen people drink for 2 days straight – that's binge drinking to me.*
- *I've had five drinks over a day and I'm not a binge drinker…*

Personal drinking patterns were discussed in terms of binge drinking.

- *If I'm going out, I'll have an 8 pack before I even go downtown. Five drinks is way too low.*
- *I think a 12 pack could be a limit.*
- *I think an 8 pack might be better. If I drink 8 before I go out then I'm feeling it.*
- *Eight maybe, but 5 is too low – people can drink a 6 pack and not even really feel it.*

Others speculated on the appropriateness of the given definition for women:

- *I've never met any woman who can really hold her liquor so 4 might be okay for them.*
- *For a 15 year old, or a girl, 5 drinks may be a reasonable limit.*

The **"Tips" section** was **liked by most**, although some participants described issues with selected tips, mainly taking exception to the admonishment of playing drinking games:

- *I didn't like some of those tips on the back – I think you can do those things and still be safe and responsible like playing drinking games, not waiting an hour between drinks or not having something to eat.*
- *I think everyone has played 'Caps', that's a fun game when you're drinking.*
- *As soon as you tell a younger person not to do something, they're going to go and do it. It should just warn them or tell them to be careful playing drinking games and not to 'never' do it.*

Overall, most participants agreed that this type of brochure should be developed and distributed. One participant specifically noted the **appeal of local information** in contrast to the previous two sets of materials evaluated: "*What I liked about it first of was that it was from here – I don't want to know about people in Manitoba or Toronto, I like the facts about what is here."*

In terms of target groups, some felt that it *"targets inexperienced drinkers"*, which was viewed as a positive aspect but essentially in reference to younger or underage alcohol consumers:

- *It says 'adolescent' on it [on the back panel] so I see it targeting younger people.*
- *This should go to parents of kids in grade 9 or 10, to encourage parents to be open and talk about drinking with their kids.*

When asked to suggest **effective distribution channels**, doctors' offices were again mentioned (*"Even myself, if I was sitting in a doctor's office, I would pick it up and have a look."*), along with more creative suggestions including:

- *In the liquor store – shape it like a bottle.*
- *Maybe make a beer mug and print it on there so you can read it while you're drinking.*
- *Maybe put [the brochures] in beer cases.*

Summary

The Addiction Services, Capital Health District's Your Drinking Plan brochure elicited the most favourable reactions among group participants out of the five pieces formally evaluated. Positive aspects specifically noted include the relevance and utility of the alcohol poisoning information

(that *"should be in <u>any</u> pamphlet"*), the "With Whom?" section in terms of informing young girls about the potential dangers of strangers tampering with drinks, the realism of the subtitles (versus warnings or 'preachy' sentiments about avoiding alcohol), the local nature of the information (produced by and about Nova Scotians), and some of the "Tips" provided.

Non-Students responded more enthusiastically to the brochure, while Students tended to find the information more simplistic and designed for different (younger) target groups. Non-Students were more likely than Student participants to indicate that they would pick up this brochure. Considering that some topics covered (for example, danger of drugs in drinks from strangers, how to recognize alcohol poisoning) are just as relevant, if not more so, to the student population, further efforts to tailor or customize the presentation of such information to students may be warranted.

Areas to consider for improvement include:

- The definition of binge drinking was not perceived as realistic by some ("*those amounts are way too low").*
- Instruction to not play drinking games was viewed unfavourably, described as unnecessary ("*they can be fun if done responsibly*") and possibly counterproductive ("*if you tell kids not to do it then they will*").
- Tips to wait 1 hour between drinks and keep track of how much you drink daily and weekly were perceived as unrealistic ("*no one will ever do that*").

The brochure was seen as a worthwhile investment in terms of disseminating the information, however, more creative approaches to distribution were suggested to improve effectiveness in reaching the target group of young male adults (for example, liquor stores, in beer cases).

Evaluation of NIAAA's Top Ten Myths About Alcohol Sheet

The Top 10 Myths About Alcohol sheet was the fourth set of materials evaluated and the first to be presented in a single-page format rather than a pamphlet/brochure. The same process was used for evaluation, including distribution of colour and black and white copies for individual written comments followed by group discussion.

Recorded Likes and Dislikes

(HRS = High-Risk Student; LRS = Low-Risk Student; HRNS = High-Risk Non-Student; LRNS = Low-Risk Non-Student)

LIKES for NIAAA's Top 10 Myths About Alcohol Sheet

- Presented clearly. (HRS)
- Unbelievable but true. Yeah. (HRS)
- Clear. (HRS)
- I like the myth versus fact. (HRS)
- Informative. (HRS)
- Facts. (LRS)
- Several facts were really enlightening. Number 3,7,8,9,10 especially. (LRS)
- Myths and facts - good idea. (LRS)
- Myths comparing to facts. (LRS)
- Some of the more shocking facts. (LRS)
- The format is good. Content is decent. (LRS)
- Poster like. Good facts and myths. (HRNS)
- Easy to read. (HRNS)
- I like it. (HRNS)
- Some interesting facts. (HRNS)
- Some good facts. The layout, Q & A style was good. (HRNS)
- The myth idea! (HRNS)
- The myth/fact format. (HRNS)
- All. (HRNS)
- Informative. Touched on humour. (LRNS)
- Very eye catching, myth/fact, interesting to read and something for kids. (LRNS)
- The presentation. (LRNS)
- Questions 1,2,4,5 and 7. (LRNS)
- A bit more fun. (LRNS)
- I like the question. (LRNS)
- The whole package. Relevance to younger crowds. (LRNS)

DISLIKES for NIAAA's Top 10 Myths About Alcohol Sheet

- I believe myself that I could prove some of the myths correct. (HRS)
- 4,6. (HRS)
- Drinking and driving facts and sexual performance questionable. (HRS)
- Should never put in a fact that is less than 95%. (HRS)
- Did not like it at all. (HRS)
- .05% of your drinking will be erratic, especially to the police. (HRS)
- Myth one is subjective. (HRS)
- David Letterman doesn't do his top ten list from 1-10, it's 10-1. Maybe there is no order. (HRS)
- Myths - picture at the bottom. (LRS)
- Sex thing is just funny. Some seem stretched. (LRS)
- Pictures and fact 9. (LRS)
- The pictures. Most of the whole thing. (LRS)
- Myth 7 could be put in a chart. (HRNS)
- Seems like something a non drinker would write. Percentage means nothing. (HRNS)
- None. (HRNS)
- Nothing too new. (HRNS)
- That the paper is directed toward college. (HRNS)
- Some are too long. Too much to read. (HRNS)
- Needs more humour. Better to be used as a poster and not a handout because it's too bulky. (LRNS)
- Stupid people pictures. (LRNS)
- The percentage of non drinkers doesn't work with my experience. (LRNS)
- Order of the myths. Questions, 3,6,8,9,10. (LRNS)
- The design is lame. (LRNS)
- Bold answers - hard to focus and read. (LRNS)

The **presentation** format utilized was **appealing** to these groups. Participants from all four groups (n=14) specifically referenced layout of the sheet featuring the **"myth/fact" or "Q & A" format** as a like in their questionnaire:

- *Presented clearly*
- *I like the myth versus fact*
- *The myth idea*

Eight participants liked the content presented in the facts, describing them as "i*nformative*", "*interesting to read*", and "*some interesting facts*". The **humour** was appreciated by some participants ("*a bit more fun*") and the greater relevance to younger people was noted as a positive aspect.

The main written **dislike** emerging for the Top Ten Myths About Alcohol sheet centered on questions as to the **believability or subjectivity** in some of the "Facts" ("*Some seem stretched*"). Some participants particularly noted how the impact of alcohol on sexual performance (Myth/Fact # 1) was open to interpretation, and the statistics about drinking and driving/blood alcohol content and non-drinkers were also questioned *("The percentage of non-drinkers doesn't work with my experience*").

It appears that initially, some participants **misunderstood the information presented in Fact # 7**, regarding blood alcohol content (BAC). This Fact presented the impact on driving abilities at

various levels of BAC, from 0.02% through 0.05%. Written dislikes such as "*.05% of your drinking will be erratic, especially to the police*" and "*Should never put in a fact that is less than 95%*" indicate that this information can easily be misinterpreted. Another participant suggested that this Fact "*could be put in a chart*", which presumably would facilitate communication of the statistics.

Other written comments indicate a dislike for the pictures featured on the sheet (n=4); one Non-Student disliked the reference to college students in Fact # 9 ("*the paper is directed toward college*").

Written comments were supported in the highlighting exercise. The appeal of the format was shown with positive highlighting marks ranging from 8 to 12 among the ten Myths, and ranging between 8 and 14 among the Facts. The most favourably marked area was Fact # 3 ("statistics on alcohol related injuries"), with 14 positive marks and only 1 negative, likely due to the 'shocking' connotations of "serious injuries, homicides, suicides and drownings."

Although Fact # 7 (impact of BAC on driving at various levels) achieved among the highest positive marks (n=12), it also received the most negative marks (n=9), indicating the uncertainty in interpretation of this information. Myth # 5 and Fact # 5 ("how women process alcohol differently than men") were marked negatively by seven and six individuals respectively. Myth #9 and Fact # 9 ("drinking to fit in" that cited college student survey results) were marked negatively by five and six people respectively.

Recorded Evaluation/Ratings

#4 – NIAAA's Top Ten Myths about Alcohol Sheet

	Working Status		Drinking Behaviour		
	Non-Student	**Student**	**Low-Risk**	**High-Risk**	**Total**
Design					
Very appealing	5	5	6	4	**10**
Somewhat appealing	2	10	4	8	**12**
Not at all appealing	1	1	1	1	**2**
Amount of Information Presented					
Too little	---	3	---	3	**3**
Just right	10	11	12	9	**21**
Too much	4	3	2	5	**7**
Information was believable					
Yes	8	5	7	6	**13**
Somewhat	5	9	7	7	**14**
No	1	3	---	4	**4**
Information provided was useful					
Yes	9	5	7	7	**14**
Somewhat	4	10	6	8	**14**
No	1	2	1	2	**3**
Ease of understanding					
Too easy	---	2	1	1	**2**
Just right	13	14	13	14	**27**
Too hard	---	1	---	1	**1**
You learned something new					
Yes	6	8	8	6	**14**
Somewhat	3	2	1	4	**5**
No	5	7	5	7	**12**
Likelihood of picking up this information					
Very likely	2	2	4	---	**4**
Somewhat likely	9	9	7	11	**18**
Not at all likely	3	4	3	4	**7**

The design of the Top Ten Myths About Alcohol sheet was preferred, particularly compared to the previous three brochures. Ten participants rated the design of this sheet as "very appealing" versus 1 to 2 for the previous ones, and only two rated the design of the Myths sheet as "not at all appealing" versus 6 to 11 for the pamphlet style.

Most participants (n=21) found the amount of information presented to be "just right", although seven individuals (mainly High-Risk) thought it was "too much". The written evaluations indicated particular issues with Myth # 7, which had the greatest amount of text and percentages included. As one participant suggested, presenting this in a chart format or shortening this Myth/Fact topic may help reduce the perception of "too much" information.

Only four individuals (all High-Risk) noted that the piece contained information that was not believable, and only three individuals found the information not useful. Nearly all participants (n=27) and, in particular, all of the Non-Student participants, rated the ease of understanding the sheet as "just right" suggesting that the tone, writing style and format hit the mark. Respondents were divided in believing that they learned something new but, encouragingly, 22 participants reported that they would be at least somewhat likely to pick up this sheet and read it.

Group Discussion

The **format** of the Top Ten Myths About Alcohol sheet was **preferred** by participants to varying degrees, with some describing it as *"a bit better"* than the previous brochures evaluated and others indicating that it was:

- *Definitely better than the previous ones.*
- *It was more eye catching.*
- *This one was a bit more fun, easier to look at.*
- *One sheet is better than a pamphlet. It seems like there is less information to read, pamphlets are almost like reading a book.*
- *I like that they are short and concise.*

The **myths** were perceived as **entertaining**, and some participants felt that the facts (either select facts or in general) were informative and interesting. Others commented on the **disparity between the tone** of the myths and the tone of the facts:

- *The myths have a bit more personality and relevance, but then the facts seem extra boring after the myths.*
- *For # 1, the myth makes it seem like it's going to be hilarious [referencing sexual performance] but it is kind of scientific.*
- *You can tell they're trying to make it fun, so it sort of keeps you going. I read the first myth and kind of smirked, but then the fact was really dry.*

Some participants pointed out that the format was appealing but the content left something to be desired:

- *The format is good but the myths they picked could be better.*
- *I don't like it. It is all common sense to me.*

Most participants pointed out **specific passages with which they either disagreed or questioned** and suggested that those areas compromised the credibility of the sheet as a whole:

- *The first point is too subjective and people will disagree – then the rest of your points go out the window.*
- *[In # 9] The number [most of 44,000 non-drinking college students] is not believable, it doesn't fit with what I know from around here. That makes me wonder about how valid all of the facts are.*

Others identified **points of contention** with various statements and/or topics covered:

- *0.05% making your driving erratic? That's not believable.*
- *I've heard a lot of people say that they are better in bed when they're drunk, and that they can sober up quickly when they want to, can sober up before work.*
- *# 1 is not true. It depends on how much you drink. If you don't have too much, it can improve your performance - especially for women.*
- *I don't like # 4 because it says that there's nothing you can do to sober up but if you eat bread and cheese, it soaks up some of the alcohol in your stomach.*
- *I really disagree with # 2. People have a mindset for date rape and stuff and it may have nothing to do with drinking.*
- *I didn't like # 6. Postponing until you're over 21, that's not realistic.*
- *I don't like how they exaggerate some things, like the last line [of # 3] saying that alcohol is related to homicides, suicides, etc. There are lots of other things associated with those things besides drinking.*

Participants indicated that information was aimed at 18 to 24 year olds, based on the references to this age group ("*it says that about 3 times…*") and figured it is "*really geared towards college students.*" In fact, the Myth/Fact quoting the survey of college students sparked an interesting conversation in the Low-Risk Non-Student group:

- *I like # 9, 'I have to drink to fit in' because nobody has to do anything they don't want to do to fit in, but the fact is bull.*
- *That's right - college is all about drinking, that's what you do.*
- *Yeah, there is a time and a place for drinking – it's called college.*

Despite disagreements with certain facts and figures given, response was generally favourable and several participants agreed that they "*would pick it up, but would then complain about it.*" In terms of suggestions for **distribution**, one participant commented on the standard paper size, saying "*If you posted this on a wall, it would be good, it's a good size.*"

The Low-Risk Students again brought up the idea of posting the information in men's washroom facilities:

- *It would be good to have that above the urinals in bars, it gives you something to read.*
- *It would be good for the urinal because you can scan down the myths and just read the ones with the facts that you're interested in.*

Other suggested locations included bus stops, bathroom stalls, inside the buses, High schools, changing rooms, or *"anywhere that young people are waiting in lines."*

Summary

The Q&A format of the Myths and Facts was a hit with these groups. Participants responded well to the tone and language, liked the concise information, and found the Myths to be entertaining. Reactions to the individual Myths and Facts varied, with some content evoking disbelief or disagreement (for example, impact of alcohol on sexual performance, inability to 'sober up'), and some being misinterpreted (impact on driving at various blood alcohol levels). This indicates that future research to test a variety of myths and facts could tailor the content to Nova Scotian adolescents and young adults, particularly since the target for this piece was perceived as 18 to 24 year old college students because of specific references within the Facts.

Regardless of reaction to the content, 22 participants indicated they would be at least somewhat likely to pick it up. Given the format, it was also suggested that posting this type of information where young people would be exposed while waiting (for example, high schools, bus shelters, in-bus ads, public washrooms/bathroom stalls/over urinals) would be effective in reaching that demographic.

Evaluation of NS Addiction Services' Alcohol Fact Sheets

Two Alcohol Fact sheets distributed together and evaluated in the focus groups. One was orange in colour, titled Alcohol, and presented facts about alcohol under various headings including "Effects of Alcohol, Signs of Use, Impacts of Use, Alcohol and the Body", "Other problems include", and "Withdrawal Symptoms". The second sheet was blue, titled Physical Effects of Alcohol, and presented a series of factual bulleted paragraphs and contact information for Addiction Services offices throughout Nova Scotia.

Recorded Likes and Dislikes

(HRS = High Risk Student; LRS = Low-Risk Student; HRNS = High-Risk Non-Student; LRNS = Low-Risk Non-Student)

LIKES for NS Addiction Services' Alcohol Fact Sheets

- Just pure information. Very informative, but outdated. (HRS)
- Influences on how someone reacts to alcohol. All about the liver. (HRS)
- Well presented. Good solid information. (HRS)
- Alcohol can be addictive. Alcohol is a drug. Reactions to alcohol. (HRS)
- Some of the stats concerning mortality rates. (HRS)
- Good facts. Make the effects of drinking real. (HRS)
- Some facts. (LRS)
- Nothing. (LRS)
- Information. (LRS)
- Facts were great. (LRS)
- Good point form on the alcohol one. (HRNS)
- Good introduction. (HRNS)
- I like most of it. (HRNS)
- Very factual. (HRNS)
- Informative. (HRNS)
- Some of the facts are good on the blue sheet. (HRNS)
- Lots of information (health related). Point form. (HRNS)
- Nothing. (LRNS)
- Good information provided. (LRNS)

DISLIKES for NS Addiction Services' Alcohol Fact Sheets

- Too much text. (HRS)
- Too much text. (HRS)
- Not an easy read. Too much content. Not attractive. (HRS)
- Too much text. (HRS)
- Layout. (LRS)
- Everything. (LRS)
- Format. (LRS)
- Boring - too technical. (LRS)
- A lot of information of page 4. Alcohol sheet. (HRNS)
- I felt like I was reading a text book for a test. (HRNS)
- None, but hard to read. (HRNS)
- Seemed like a class handout. Professional source. (HRNS)
- Dry. (HRNS)
- Blue sheet - I already know all this. (HRNS)
- Too much to read. (HRNS)
- Color, size and layout was bad. (LRNS)
- All garbage. (LRNS)
- Too much information. (LRNS)
- Everything. (LRNS)

Recorded likes for the sheet primarily included facts that participants found to be "*informative*", "*good solid information*" and "*very factual*". Some participants quoted certain facts as ones liked the most ("*all about the liver*", r*eactions to alcohol*"), and one specifically noted the "*stats concerning mortality rates*" as an area he liked. Three participants appreciated the point form presentation of the information in the sheets.

Regardless of the appeal of point form presentation, most participants **disliked** the **amount of text** featured in the sheets, indicating that there was "*too much information*", "*too much text*" and it was "*not an easy read*." Others felt that the **content** was "*boring*", "*dry*" and likened the pages to a "*text book*" or "*class handout*".

Overall, in the highlighting exercise, the orange Alcohol sheet achieved a comparatively more favourable response than the blue Physical Effects of Alcohol sheet. Participants particularly liked the right-hand column of the Alcohol sheet that listed effects of harmful alcohol involvement on the body (marked with 12 likes, 4 dislikes), other problems (10 likes, 4 dislikes) and withdrawal symptoms (11 likes, 5 dislikes). The suggested main area for improvement on this sheet was the second paragraph that defined alcohol and alcoholic beverages; eight participants marked it negatively; no one marked it positively. This unfavourable response may be due in part to the previously expressed preferences for the '"1 drink =" charts or diagrams featured in the other materials evaluated.

For the blue Physical Effects of Alcohol sheet, negative highlighter marks outnumbered the positive highlighter marks in almost every area. The two passages marked most favourably included the "Factors that influence how a person reacts to alcohol" section, the only part of this

sheet that presented a bulleted list of information (12 likes, 8 dislikes) and the paragraph describing mortality statistics attributable to alcohol (10 likes, 7 dislikes).

It is noteworthy that no participants recorded any like/dislike indications for the sections of each sheet presenting contact information for Drug Dependency/Addictions Services offices throughout the province. On the orange sheet, this may be because the location of the addresses on the reverse side of the page -some participants may not have noticed it. However, the same type of information was included at the bottom of the blue sheet and still did not receive any marks, indicating that **participants did not see any particular benefits or drawbacks for including the addresses**.

Recorded Evaluation/Ratings

#5 – NS Addiction Services' Alcohol Fact Sheets

	Working Status		Drinking Behaviour		
	Non-Student	**Student**	**Low-Risk**	**High-Risk**	**Total**
Design					
Very appealing	---	1	---	1	**1**
Somewhat appealing	---	1	---	1	**1**
Not at all appealing	7	9	6	10	**16**
Amount of information presented					
Too little	---	---	---	---	**---**
Just right	1	1	---	2	**2**
Too much	11	11	10	12	**22**
Information was believable					
Yes	8	11	7	12	**19**
Somewhat	4	1	3	2	**5**
No	---	---	---	---	**---**
Information provided was useful					
Yes	5	9	4	10	**14**
Somewhat	5	3	5	3	**8**
No	2	---	1	1	**2**
Ease of understanding					
Too easy	---	---	---	---	**---**
Just right	6	4	2	8	**10**
Too hard	6	8	8	6	**14**
You learned something new					
Yes	7	9	8	8	**16**
Somewhat	3	1	---	4	**4**
No	2	2	2	2	**4**
Likelihood of picking up this information					
Very likely	---	---	---	---	**---**
Somewhat likely	2	4	1	5	**6**
Not at all likely	10	8	9	9	**18**

Group participants felt that the design of the alcohol fact sheets left much to be desired; only two indicated that the design held any appeal at all. The same pattern of response was evident for the amount of information presented, with two believing it to be "just right" and 22 indicating "too much". More often than not, participants also described the ease of understanding the fact sheets as "too hard" (n=14 versus n=10 who said it was "just right").

The appreciation of the factual information was apparent, however, with everyone agreeing that the information was believable, 22 participants reporting the information as at least "somewhat useful" and only four individuals indicating that they did not learn something new by reading the fact sheets. The design and manner in which the information was presented outweighed the appeal of the factual content, with the majority of participants (n=18) indicating that they were 'not at all likely' to pick the fact sheets up.

Group Discussion

Consensus among all group discussions of the alcohol fact sheets was that at least some of the information included on the sheets was interesting, useful, relevant and/or new, but the language, layout and presentation of the sheets was off-putting and therefore the information would not be communicated effectively. One participant went so far as to say, *"I'm not touching that. It's too much. The colours are terrible, I wouldn't pick that up."*

The actual **information content** was described as, *"way better than the other ones [materials evaluated]"* with some participants indicating that they liked parts of the information presented:

- *It cleared up the fact that if you are a smaller person alcohol will affect you differently.*
- *I liked the fact that it presented alcohol as a drug that can be addicting.*
- *There's so many myths about drinking I don't think anybody has it all straight in their heads what drinking does.*

Most participants indicated that, among others, the point describing women being more susceptible to the effects of alcohol (because they have less of the enzyme that breaks down alcohol before it enters the bloodstream) was new and interesting information.

The language and manner of presentation, however, were described unfavorably by participants.

- *It's definitely factual - it comes across as scientific.*
- *The language should be more layman's.*
- *This is hard to read – it is going in one eye and out the other.*

Some participants were confused by different passages (*"The orange one, when it says 'signs of use' – what is 'flushing'?"*) and others were felt that some or most of it was common knowledge:

- *When I read this, most of the facts about alcohol I already knew.*
- *The effects and the signs – who doesn't know that?*

Relevance played a key role for some participants.

- *You really need to apply the 'so what' principle here. I mean, alcohol is a clear liquid – so what?*
- *Who cares how alcohol is made?*
- *They should have stuff that relates to people who drink maybe once a month.*

The alcohol fact sheets were viewed as potentially being **suitable in a classroom context**, with individual participants in two separate groups describing them as being *"like a textbook."* Other related comments include:

- *The first thing I thought was that this would be something a high school teacher or university prof would hand out.*
- *If you were teaching a class on this stuff, these would be good.*
- *It reminds of something my teacher in high school would have and go through point by point.*
- *If I was given this in school, I'd listen to the teacher but as soon as it was done I'd make an airplane out of it and throw it away.*

Some participants felt that the sheets would not be particularly suitable even in a classroom setting.

- *I'd have to be forced to read this. I would never remember this stuff, it's way too dry.*
- *It's too technical. Too much – it's horrible.*
- *You would never present this to a high school class and expect them to read it.*
- *This is for a university class or for professionals.*

Other participants drew additional comparisons for the materials.

- *It looks like something that you have to read the fine print and then sign at the bottom.*
- *This is like the page that comes when you pick up a prescription that says 'the side effects of your medication may include…'.*

This led to a discussion of potential distribution channels, and participants suggested *"a library"*, *"the doctor's office"* or *"You'd find this at an Addictions Services office"* as places where they'd expect to see the sheets.

One participant indicated that, *"This is good information if you want to <u>be</u> a doctor."* Another suggested, *"These should go to doctors, who then can tell people about it and provide them to people who get caught drinking and driving, or people who go to the doctor for a specific appointment"*.

When asked about whom these sheets were targeting, one participant indicated, *"Not us [young adult males]. The shooting star thing makes it seem like it is for adolescents. It looks like the Make A Wish program"*.

In terms of **recommendations to improve** the fact sheets as educational materials, some participants offered specific suggestions as to types of information that can be included:

- *They should have how many young people get caught for DUI and what the consequences are.*
- *They have good information, but not in this format. Maybe they could have it divided into topics of interest for men and topics of interest for women.*
- *They could use some of these facts in with the myths, like 'I can drink as much as my boyfriend' and then put in about how women don't have the enzyme.*
- *People want to hear how many people are getting killed by [drinking].*
- *People already know about drinking and driving, about not drinking when you're pregnant because Fetal Alcohol Syndrome can kill your baby. People need to know instead about being safe when drinking.*

Summary

In general, participants consistently appreciated the communication of facts in these sheets, but the manner in which they are presented played a large role in appeal. *"They are all important facts, but the problem is that it's like reading a book."* They responded best to the information presented in bulleted lists and found the longer passages of text with scientific references to be too hard to read and comprehend.

With respect to content, some indicated a desire for more "*shocking statistics*"; there was more positive evaluation of the area that noted the number of alcohol-related deaths and disease. The negative response to the paragraph defining alcoholic beverages and the amount of alcohol in various beverages underscores the preference for graphical representation (in comparison, the "1 drink =" chart in other evaluated materials scored much better).

It was suggested that some of the facts presented in these sheets would be suitable in the Myth/Fact format of NIAAA's Top Ten Myths About Alcohol sheet, in particular the new information about women lacking the enzyme for alcohol processing. This would serve to capitalize on the benefits of disseminating facts about alcohol while using a format that is more reader-friendly.

One participant summed up the discussion: *"The problem is that no one is going to read this going by."* The above-the-urinal location was revisited, with the suggestion that some of the more relevant points could be presented as a small, eye-level poster in such locations. In their current format, participants likened the sheets to textbooks or materials they had been presented with in school (against their will), although some indicated that the sheets would be suitable for distribution through doctors, to patients or others who the doctor believes would benefit from such factual information.

Comparative Evaluations/Ratings

The following chart summarizes the combined session ratings for each of the sets of materials evaluated on each dimension covered in the in-session questionnaires. Areas where specific pieces stand out in terms of positive ratings are highlighted.

	Low-Risk Drinking Guidelines	Evaluate Your Drinking	Your Drinking Plan	Top 10 Myths/Facts	Alcohol Fact Sheets
Design					
Very appealing	**1**	**2**	**2**	**10**	**1**
Somewhat appealing	**19**	**15**	**11**	**12**	**1**
Not at all appealing	**6**	**7**	**11**	**2**	**16**
Amount of information presented					
Too little	**8**	**4**	**7**	**3**	**---**
Just right	**16**	**22**	**20**	**21**	**2**
Too much	**8**	**3**	**2**	**7**	**22**
Information was believable					
Yes	**23**	**19**	**18**	**13**	**19**
Somewhat	**8**	**8**	**9**	**14**	**5**
No	**1**	**4**	**3**	**4**	**---**
Information provided was useful					
Yes	**15**	**18**	**22**	**14**	**14**
Somewhat	**14**	**9**	**5**	**14**	**8**
No	**3**	**4**	**2**	**3**	**2**
Ease of understanding					
Too easy	**1**	**1**	**4**	**2**	**---**
Just right	**24**	**26**	**25**	**27**	**10**
Too hard	**6**	**4**	**---**	**1**	**14**
You learned something new					
Yes	**11**	**19**	**14**	**14**	**16**
Somewhat	**13**	**4**	**6**	**5**	**4**
No	**8**	**8**	**9**	**12**	**4**
Likelihood of picking up this information					
Very likely	**4**	**4**	**6**	**4**	**---**
Somewhat likely	**8**	**15**	**12**	**18**	**6**
Not at all likely	**20**	**12**	**11**	**7**	**18**

Key Observations

- CAMH's Low-Risk Drinking Guidelines brochure ranked highest in terms of the believability of the information, and among the highest for ease of understanding.

- CAMH's Evaluate Your Drinking brochure scored among the highest in terms of the amount of information presented and ease of understanding. This ranked best in terms of communicating new information.

- Addiction Services Capital Health District's Your Drinking Plan brochure ranked among the highest in terms of amount of information presented and ease of understanding. This piece rated highest in providing useful information and had the highest number of participants indicating that they would be "Very Likely" to pick it up.

- NIAAA's Top Ten Myths About Alcohol sheet achieved the best ratings for appeal of the design and rated among the highest in terms of amount of information presented and ease of understanding. The highest number of participants indicated at least some likelihood of picking it up ("somewhat likely" + "very likely").

- NS Addiction Services' Alcohol Fact sheets were the only pieces for which no one indicated any question as to the believability of the information. However, these materials were also the only one for which no one indicated that they would be "very likely" to pick up, as most participants indicated that there was "too much information" presented.

Additional Materials from Bacchus/Student Life Education Company

Following the formal review of the five sets of materials, the groups were presented with additional educational materials for initial reaction and brief discussion (time permitting):

- Welcome to the Real World student poster
- The Bacchus Manoeuvre poster
- Bowling series postcards (seven versions)

Welcome to the Real World Poster

The Welcome to the Real World poster is produced by Bacchus and the Student Life Education Company Inc. It quotes three statistics: "64% of Canadian students drink 4 drinks or less at parties or bars, if they choose to drink at all"; "Most Canadian students drink twice per month, or less often"; '"93% of Canadian students believe that drinking alcohol should not interfere with academics". The information was sourced from the Alcohol and Student Life Survey, 2003. This Survey was conducted by The Canadian Centre for Social Norms Research and was based on a random sample of 5280 Canadian students. The poster ends with the tagline, "You decide / What's Real for you" and provides The Student Life Education Company's web address. As this

poster was specifically designed to target the college student population and because of time constraints, this poster was shown only during the first two sessions, to High- and Low-Risk Students.

Response to the Welcome to the Real World poster was more positive among the Low-Risk Students than the High-Risk Students. Participants in the High-Risk group found the statistics quoted to be *"not believable"* and some of the questions to be unrealistic:

- *I mean, '93% of students say that drinking shouldn't interfere with studies' – who would actually agree that drinking should interfere?"*

One High-Risk participant indicated that *"Students would start to question about sample size and everything, wondering if the numbers are true."* Low-Risk students, in contrast, did not react as strongly to the information presented, saying, *"I like it – I think the information is great, nicely displayed."* A Low-Risk participant offered a suggestion to improve the layout; *"It is annoying to see the big logo and advertising stuff [throughout], it could be at the bottom or something."*

Some Low-Risk Students questioned the validity of the statistics:

- *I just kind of find it hard to believe.*
- *Yeah, where are these students?*

The predilection for morbid statistics and shock value among these groups was again evident in a summary comment, *"I just don't find it shocking enough for people to care."*

The Bacchus Manoeuvre poster

The Bacchus Manoeuvre poster illustrates how to position someone who has passed out due to drinking to ensure "*they won't choke to death if they throw up*". Step-by-step instructions are given along with drawings showing the positioning of the person at each step. A brief paragraph after the illustrations describes what you should do if a friend passes out due to drinking, urges the reader to seek medical attention if they are worried or cannot wake the person, and explains the campaign intentions.

Among all four groups response to the Bacchus Manoeuvre poster was much more favourable than the student-targeted Welcome to the Real World poster, and seemed even more positive than response to any of the brochures or fact sheet materials formally evaluated during the sessions. Participants described the poster as *"cool"*, *"practical"* and indicated that they would definitely read it if they saw it on a wall; *"It's practical, it's very informative, I like it."*

Some participants suggested potential applications for the information:

- *I like this a lot, I didn't know this [manoeuvre], it makes me feel like now I know, and maybe I'll be able to take care of my friend if he's like that and maybe I could save his life.*
- *If your friends leave you and someone who's seen this over a urinal walks by maybe they'll put you in the right position.*

Various individuals among the groups recognized the manoeuvre as the "recovery position" from first aid training.

- *It gets airways open for air into the lungs.*
- *My father has Ménières disease and blacks out once a week - I needed to know this, it is the recovery position."*

Every group agreed that this poster should be distributed in the province, *"Nova Scotia should spend some money putting these things up."* It was generally agreed that the target group for this should be/is *"young people"*, given the illustrations and the language used. However, it was seen to be most practical for young people, considering that most overdrinking occurs well before legal drinking age: *"If this went out now to high schools, you would joke about it with your buddies but the pictures would stick with you."*

Suggested locations for the posters or the information included:

- *On the walls at schools.*
- *This should be everywhere, in everyone's dorm room, in high schools.*
- *That should be right on the liquor bottle, or have smaller versions handed out with liquor at liquor stores.*
- *In high schools, on any wall.*
- *In the bars.*
- *That would be good to see above urinals*

There were some criticisms of the poster's design and layout, which identified areas with potential for improvement.

- *It needs colour. It would get lost in the bulletin boards at schools.*
- *They should word that last part better – if it says they may still die if you put them in this position, why bother?*
- *Design-wise, this doesn't say to me to 'learn the manoeuvre' it just shows it.*
- *It shouldn't say the Bacchus Manoeuvre, it seems like a brand name or something. It should have the Bacchus at the bottom.*
- *The bottom paragraph is hard to read because it is all caps.*

Suggestions to leverage the campaign included ideas such as, *"It should be part of a series of steps, such as '1. Learn the manoeuvre, 2. Hand over the keys' and so on."* Another participant felt the poster and campaign needs *"something to draw attention, a marketing hook. Maybe have a picture of a rock star who died by asphyxiating on their own vomit from drinking."*

The Bacchus Manoeuvre poster was the best-received overall and was recommended for distribution because of its practicality, applicability, and ease of understanding.

Bowling Series postcards

Seven individual postcards were distributed for brief review near the end of the group sessions. The cards showed colourful and humourous graphics. The text played on the word "bowling" paired with images of young people (in various situations) vomiting (into toilet bowls, outside, in bathroom stalls). Each card featured the series logo of a toilet and two small cartoon heads, and the slogan "If you drink don't bowl".

Positive reactions were motivated by the humour, the novelty and the format:

- *These are funny.*
- *These are awesome.*
- *Things like this tend to be passed on a lot.*
- *Different approaches are good, like these here postcards.*
- *Yeah, this is what I was talking about [before, in reference to the Top Ten Myths About Alcohol sheet], it has the humor in it. If this was over a urinal, I would read this.*
- *They obviously work, because we all want to take them home.*

Most participants agreed that it was a good idea to reach someone with a short, attention-getting item like a postcard that provides a fact or statistic about drinking as well.

Despite the novelty, some participants were not convinced of its potential effectiveness.

- *I think it's humourous but it's not going to stop people from drinking.*
- *I think you could find a more effective way of advertising this stuff, I mean I don't know how often people use postcards.*

Others found the postcards irritating.

- *I think they would cheese people off.*
- *It's like people are making fun of it [drinking to excess and getting sick].*

Comparisons were made between the Bowling campaign for drinking and a recent "Reasons For Smoking" campaign in Nova Scotia. One participant indicated that the postcards remind him of the "Reason #" print campaign to encourage quitting smoking, and drew a parallel between the "The drunker you get, the better you bowl" lines on some of the postcards and the sarcastic "reasons to smoke" given in the provincial ads.

Others compared the campaign to the television executions of the Reasons to Smoke ads featuring two actors from the Canadian movie Fubar. Some made negative comments (*"I hate those commercials – they blatantly make fun of Canadians"*) while others appreciated the humour (*"I like them - they make me laugh"*). One participant summarized his view of the approach by saying, *"In this day and age, with those commercials, they hit everybody as funny*

but they touch everybody because these guys look like stoners. They are just perfect for that age group of younger males."

Further discussion of the provincial campaign indicated a general belief that the ads *"don't make you want to smoke, they put across that it's not cool to be smoking anymore."* When asked if drinking was ever 'cool' like smoking used to be, participants in the group replied, *"It still is".*

Spokespeople

Toward the closing of each group, participants were asked suggestions about how to best reach them (the target group of young males) with educational information about low-risk drinking and/or alcohol consumption in general. The idea of spokespeople to assist in presenting the information and reaching key groups was discussed briefly.

The consensus was that celebrity spokespeople would not be effective in communicating this type of information to young male adults;

- *I am less likely to listen to a celebrity – I couldn't give a rat's ass about what Mel Gibson thinks about drinking.*
- *They [celebrity spokespeople] are just getting paid to say that – doesn't mean anything.*

Even the idea of 'dead celebrities' who died from alcohol- related causes was not well received. Instead, every group voiced a preference for someone accessible and real:

- *Someone who has actually experienced negative consequences.*
- *Someone who is hip and cool and would come into a class and talk.*

The potential effectiveness of a MADD representative, or someone else telling first-hand stories was noted, *"In my experience, [the best spokesperson has been] someone whose life was drastically changed."*

It was stressed that the more shocking, graphic or disturbing the recount, the better; *"The more shocking it is the more it sticks with you, for example the films of brutal car crashes shown in high school – I've had friends who saw that and it really worked [to deter them]."* Others agreed with the concept, but emphasized the lack of material other than drinking and driving:

- *Not drinking & driving, people already know about that.*
- *Advertising needs to focus on the binge drinking, drinking until you're dead, the throwing up pieces of your stomach, stuff like that.*

Participants suggested that they, or others in their demographic, could be spokespeople to adolescents in the communities. They mentioned discussing their own experiences with underage drinking and safety precautions to take, in the manner of "*if I knew then what I know now*" to help younger kids (13 to 16) benefit from the "*mistakes*" of young male adults (19 to 24).

In two of the groups, participants independently brought up the recent Stupid.ca Ontario anti-smoking campaign. The television ads, airing on CHUM TV stations such as Much Music, promote the Stupid.ca website and feature young people doing 'stupid' things such as wearing antlers and roaming the woods during hunting season, pouring chemicals onto breakfast cereal and rolling around in dog leavings in a park. The participants felt that the 'shocking' imagery and humour were effective in reaching the young male audience.

Other television commercials or campaigns that reached and stuck with various group participants included:

- The MADD-sponsored commercial featuring a crying baby and describing how the baby's mother was killed by a drunk driver.
    - *Remember the MADD commercial with the baby crying? That really sticks with you – has impact.*
- The commercial showing a view from a driver's seat being blurred by stacking used beverage glasses in a row and ending with sound effects of a car crash.
    - *Very simple, visual approaches like the one with the glasses being stacked one behind the other – those are very effective.*
- The ad showing a car full of teenagers being pulled over by a policeman who approaches the car and is suddenly and violently hit by a passing car, later described as being driven by someone under the influence of alcohol.
    - *"The best stop drinking commercial I ever saw was the MADD one, when the cop pulled over the car full of kids who were worried about their drinking then the cop gets nailed by a truck that blows by – it was not what I expected at all, it really made me stop and go, 'S**t'.*
    - *Yeah, that really freaked me out.*
- Nova Scotia Health Promotion's Reasons To Smoke campaign featuring the two actors from the movie Fubar
    - *You need some ads like those 2 smoking guys.*
    - *Guys like that would definitely influence us – humour helps, we all make fun of those guys.*

Overall Preferences

After reviewing, evaluating and discussing the alcohol consumption educational materials, participants were referred to the final page of their in-session questionnaires. They were asked to identify which ONE piece they liked the most, and which ONE piece they liked the least. Space was included for providing reasons.

Overall Preferences among Educational Materials Evaluated

	Working Status		Drinking Behaviour		
	Non-Student	**Student**	**Low-Risk**	**High-Risk**	**Total**
Which one piece do you like the most?					
Top Ten Myths about Alcohol	1	2	1	2	**3**
Your Drinking Plan	3	2	2	3	**5**
Alcohol Fact Sheets		3		3	**3**
*Postcards (written in by participant)		1		1	**1**
Top Ten Myths about Alcohol/Your Drinking Plan	1			1	**1**
Low-Risk Drinking Guidelines/Evaluate your Drinking/Your Drinking Plan	1		1		**1**
Which one piece do you like the least?					
Low-Risk Drinking Guidelines	2	3		5	**5**
Evaluate your Drinking		1		1	**1**
Top Ten Myths about Alcohol	1	2		3	**3**
Alcohol Fact Sheets	1	2	3		**3**
Top Ten Myths about Alcohol/Alcohol Fact Sheets	1		1		**1**
Low-Risk Drinking Guidelines/Evaluate your Drinking/Your Drinking Plan/Alcohol Fact Sheets	1			1	**1**

*NOTE: As part of the in-session questionnaire, only the five sets of materials formally evaluated were provided in a check-list format for participants to indicate which one they "liked most" and which they "liked least". In total, fourteen participants from all four groups recorded their preferences. One participant independently added "Postcards" to the list and indicated a preference. Other participants recorded comments about preferences for the additional Bacchus/Student Life Education Company materials discussed in the groups in the spaces provided below the checklist.

Addiction Services, Capital Health District's Your Drinking Plan brochure received the most votes for "liked the most" (n=7) and only one vote as "liked the least". Reasons offered for selecting Your Drinking Plan as preferred included:

- *Targets actual drinkers and doesn't try to prevent.*
- *Brief and to the point - Fast Facts.*
- *Informative for the most part.*
- *Fun and informative.*
- *Interesting.*

Ranking of NIAAA's Top Ten Myths about Alcohol fact sheet were evenly divided, with four participants indicating it to be the material they "liked the most" and four saying they liked it "the least". Reasons offered for preferring the Myth/Fact sheet included:

- *It's interesting.*
- *Because it's easy to read and gets the point to you.*

Reasons offered for liking this piece the least included:

- *Had the least useful information.*
- *Information presented seemed debatable.*
- *Pointless facts that everyone already knows.*

The presentation of the information in the format utilized in the Top Ten Myths about Alcohol sheet appeared to be the most notable feature of that sheet. Participants suggested that the relevance of the information could be improved.

The Alcohol Fact Sheets were described as "liked the least" by four individuals, but were described as "liked the most" by three participants, all of whom were High-Risk Students. Comments from these High-Risk Students included:

- *Had the most useful information.*
- *'Just the Facts' layout, noted 'Relieves pain, anxiety, increases sociability', not as biased as others, seems credible. Information allows you to arrive at your own informed decision.*
- *Factual, makes the drinking effects real.*

Student participants appreciated easy-to-read and easy-to-comprehend facts. It may be that Students' comparatively more frequent exposure to textbooks and detailed educational information predispose a more favourable response to this type of presentation than Non-Students, but print materials that present relevant, realistic and applicable facts were highlighted as a potentially successful approach.

CAMH's Low-Risk Drinking Guidelines brochure rated the lowest in terms of preference among evaluated materials. Only one individual described this brochure as the one they liked the most, and that was in combination with two other sets of materials. A total of six participants, all in High-Risk groups, denoted this brochure as the material they liked the least, for reasons including:

- *Boring. Long.*
- *Unrealistic.*
- *Poor visual. Bombarding target market with text or information all at once will not be effective.*
- *Rhetorical.*

It is noteworthy that the Bacchus/Student Life Education Company materials, although not listed in the options for ranking as favourite or least favourite pieces, were voluntarily written in as preferred materials by five participants. Comments included:

- *I like the poster and postcards.*
- *Postcards – Are visually excellent. Shock and comedy value go a long way with target market. Facts can all be presented in this form and information will be retained by the reader.*
- *The postcards and the black and white material [are preferred].*
- *The postcards were quite effective.*
- *Postcards, poster. There isn't one. Combine parts of all of them, make it more appealing and include certain facts.*

SECTION 4: TOPICS OF INTEREST

An additional questionnaire was provided to most of the focus groups (time permitting) to gain insight into the various topics of interest among young males. The topics included were based on four of ACDE's Facts On Tap series of booklets:

- The College Experience? - Alcohol and Student Life (modified for Non-Student groups to remove specific references to "student")
- The Non-alcoholic Hangover – When Someone Else's Drinking Gives You A Headache
- The Naked Truth – Alcohol and Your Body
- A Risky Relationship – Alcohol and Sex

All groups except the Low-Risk Students were able to complete the questionnaire. In all cases, participants were asked "How interested are you in the following?".

Alcohol and (Student/Your) Life

	Working Status		Drinking Behaviour		Total (excl. Low-Risk students)
	Non-Students	**High-Risk Students**	**Low-Risk Non-Students**	**High-Risk**	
Sobering Statistics on (college students') alcohol use					
Very interested	3	1	2	2	4
Somewhat interested	7	7	3	11	14
Not at all interested	5	1	2	4	6
The realities behind some common (college) misconceptions					
Very interested	2	2	---	4	4
Somewhat interested	10	3	5	8	13
Not at all interested	3	4	2	5	7
Tips to help you cut down or stop drinking					
Very interested	4	1	2	3	5
Somewhat interested	9	2	3	8	11
Not at all interested	2	6	2	6	8
A calendar for recording the cost of your average monthly alcohol intake					
Very interested	4	3	4	3	7
Somewhat interested	4	1	1	4	5
Not at all interested	7	5	2	10	12
How to handle it when others are drinking and you're not					
Very interested	4	1	2	3	5
Somewhat interested	6	4	1	9	10
Not at all interested	5	4	4	5	9
A test that reveals whether you have a problem with alcohol					
Very interested	3	2	1	4	5
Somewhat interested	8	5	2	11	13
Not at all interested	4	2	4	2	6
Where to go for help					
Very interested	4	2	1	5	6
Somewhat interested	6	4	2	8	10
Not at all interested	**5**	**3**	**4**	**4**	8

Most topics covered in Alcohol and (Student/Your) Life did not strike a chord with group participants. Among those who filled in this section of the in-session materials, most indicated some interest in each topic (n=10) to14 out of 24 participants), with one exception. The idea of a calendar for recording the cost of your average monthly alcohol intake had the highest number of individuals indicating that they would be "very interested" in this topic (n=7), but it also had the highest number who were "not at all interested" (n=12). This indicates that the general concepts covered in this Facts On Tap booklet such as "sobering statistics, tips to help you cut down on drinking and where to go for help" did not generate exceptional interest levels. Response was strongest towards a practical and relevant tool that participants could use (for example, illustrating the amount of money going out of pocket to alcohol), although more participants also responded negatively to this idea than any other topic.

When Someone Else's Drinking is the Problem

	Working Status		Drinking Behaviour		Total (excl. Low-Risk students)
	Non-Students	**High-Risk Students**	**Low-Risk Non-Students**	**High-Risk**	
Stories from (students) people who were affected by someone's drinking problem					
Very interested	3	4	1	6	7
Somewhat interested	8	4	4	8	12
Not at all interested	4	1	2	3	5
What you can do if someone else's drinking is affecting you					
Very interested	3	1	1	3	4
Somewhat interested	11	7	5	13	18
Not at all interested	1	1	1	1	2
How to help a friend whose drinking has gotten out of control					
Very interested	4	4	2	6	8
Somewhat interested	11	5	5	11	16
Not at all interested	---	---	---	---	---
Intervention success stories from the viewpoint of recovering alcoholics					
Very interested	4	2	3	3	6
Somewhat interested	9	5	2	12	14
Not at all interested	2	2	2	2	4
The scariest second-hand effects of heavy drinking					
Very interested	6	4	2	8	10
Somewhat interested	6	3	3	6	9
Not at all interested	3	2	2	3	5
How to respond to a life-threatening alcohol related emergency					
Very interested	7	5	2	10	12
Somewhat interested	6	3	4	5	9
Not at all interested	2	1	1	2	3
What you should never do when a person is severely intoxicated					
Very interested	7	6	2	11	13
Somewhat interested	5	3	2	6	8
Not at all interested	**3**	**---**	**3**	**---**	3

Some of the topics covered in the Facts On Tap When Someone Else's Drinking is the Problem booklet generated **notable levels of interest** among group participants. All 24 participants who rated these topics indicated at least some level of interest in "**how to help a friend whose drinking has gotten out of control"** with 16 saying they were "somewhat interested" and eight saying they were "very interested". High interest in this topic area was reflected also in the positive responses to the Bacchus Manoeuvre poster.

The topics generating the strongest interest levels, however, in terms of those who were "very interested", included "the scariest second-hand effects of heavy drinking" (n=10 "very interested"), "how to respond to a life-threatening alcohol-related emergency" (n=12 "very interested"), and "what you should never do when a person is severely intoxicated" (n=13 "very interested"). The most obvious link between these topics is the shocking or attention-grabbing words included in the descriptions. This illustrates a theme that ran throughout the focus group sessions - the effectiveness of shock value, grotesqueness, gruesome facts or images, death statistics and other morbid or disturbing things in generating interest and grabbing the attention of a young male target audience.

Alcohol and Your Body

	Working Status		Drinking Behaviour		Total (excl. Low-Risk students)
	Non-Students	**High-Risk Students**	**Low-Risk Non-Students**	**High-Risk**	
How to define 'one drink'					
Very interested	1	3	1	3	4
Somewhat interested	5	3	3	5	8
Not at all interested	9	3	3	9	12
A true/false quiz that lets you test your alcohol knowledge					
Very interested	6	2	4	4	8
Somewhat interested	5	3	1	7	8
Not at all interested	4	4	2	6	8
How to determine your blood alcohol level					
Very interested	7	7	5	9	14
Somewhat interested	5	2	---	7	7
Not at all interested	3	---	2	1	3
How your behaviour changes as your blood alcohol rises					
Very interested	5	3	3	5	8
Somewhat interested	6	3	2	7	9
Not at all interested	4	3	2	5	7
What's happening in your brain when you're drinking					
Very interested	5	4	3	6	9
Somewhat interested	6	5	1	10	11
Not at all interested	**4**	**---**	**3**	**1**	4

Among the topics covered in the Alcohol and Your Body booklet, "how to determine your blood alcohol level" received the highest interest ratings with the majority (n=14) indicating that they were "very interested" in this area; a further seven individuals indicated that they were "somewhat interested". There was a relatively high interest in a calendar to assist readers in calculating their monthly expenditures on alcohol (from the Alcohol and (Student/Your) Life booklet). Practical tools that provided personal facts or figures about the reader rated well among these groups of young adult males.

"What's happening in your brain when you're drinking**"** rated a distant second in interest and appeared to grab the attention of Students more so than Non-Students. **It is interesting to note that of all topics presented the heading, "how to define 'one drink" had the greatest number of participants who were "not at all interested" (despite the written and verbal positive reactions to the graphic or chart depicting this information in the brochure evaluations.)**

Alcohol and Sex

	Working Status		Drinking Behaviour		Total (excl. Low-Risk students)
	Non-Students	High-Risk Students	Low-Risk Non-Students	High-Risk	
Real-life stories of drunken sexual situations, regretted/changed their life					
Very interested	6	3	5	4	9
Somewhat interested	7	2	1	8	9
Not at all interested	2	3	1	4	5
The facts about how alcohol has different effects on men and women					
Very interested	4	4	4	4	8
Somewhat interested	7	3	2	8	10
Not at all interested	4	1	1	4	5
Scary but true stats about the sexual danger that alcohol can put you in					
Very interested	7	3	4	6	10
Somewhat interested	5	4	1	8	9
Not at all Interested	3	1	2	2	4
How to respond when you're being pressured into having sex					
Very interested	4	---	3	1	4
Somewhat interested	6	2	2	6	8
Not at all interested	5	6	2	9	11
Where to get help if you've been sexually assaulted					
Very interested	3	1	2	2	4
Somewhat interested	7	2	3	6	9
Not at all interested	5	5	2	8	10
Danger signals to watch out for when your drinking with potential romantic partners					
Very interested	2	---	1	1	2
Somewhat interested	9	5	4	10	14
Not at all interested	4	3	2	5	7
Whether you can have sex legally with someone who is drunk					
Very interested	6	---	4	2	6
Somewhat interested	6	6	2	10	12
Not at all interested	3	2	1	4	5
Assault prevention including the basic facts about 'date rape drugs'					
Very interested	5	1	4	2	6
Somewhat interested	9	4	2	11	13
Not at all interested	1	3	1	3	4
A quiz that will help you determine if your relationship depends too heavily on alcohol					
Very interested	4	---	3	1	4
Somewhat interested	8	5	3	10	13
Not at all interested	**3**	**3**	**1**	**5**	6

Group participants were not particularly forthcoming during the discussion sessions whenever the topic of sex and alcohol was broached. Most participants agreed that warnings about the dangers of drinking in relation to sex (consensual or not) were appropriate for females, but they showed little interest in pursuing the topic or discussing any personal experiences. Some participants voiced a belief that alcohol did not create sexual predators, that it *"depends on the person – alcohol won't make someone sexually assault someone who wouldn't do it anyway"*.

One participant described decisions about having sex after drinking as *"an ethical question that the individual needs to ask themselves, if it is taking advantage of someone or if it's just having sex when drinking."*

With these comments in mind, it is not surprising to see that interest levels were lowest for topics related being "pressured into having sex" (n=11 "not at all interested") and "where to get help if you've been sexually assaulted" (n=10 "not at all interested") as these were perceived essentially to be more relevant to women. Interest was higher for more gripping topics like "real life stories of drunken sexual situations, regretted/changed their life" (n=9 "very interested") and "scary but true stats about the sexual danger that alcohol can put you in" (n=10 "very interested'). The "facts about how alcohol has different effects on men and women" also garnered comparatively high interest levels (n=8 very interested). (Note that earlier discussions included interest in the new information about women having less of the enzyme that breaks down alcohol - presented in the Physical Effects of Alcohol sheet.)

SECTION 5:

SUMMARY OF KEY FINDINGS & RECOMMENDATIONS

An overview of the context discussions is presented below. The main study objectives are each addressed in a Q & A format to summarize key observations from the evaluations and response to the materials presented for consideration.

Background/Context

The following list summarizes key observations about the drinking behaviours of the young adult male session participants:

- **Students tended to drink more frequently than Non-Students** (weekly) regardless of risk level (high- versus low-risk drinkers).
- **Only <u>one</u> participant was of legal age when he first got drunk**. Most were between the ages of 12 and 15. Participants described themselves as 'experienced' drinkers, having experimented in junior high and high school. Virtually all participants indicated that they no longer drank at the same high levels as they did in junior high and/or high school and less often drank to get drunk.
- **Alcohol was not difficult to obtain when they were underage** and supplying liquor to minors was viewed as "*not a big deal*". Many described how they provided liquor to minors, including younger siblings, on occasion.
- As minors**,** participants described drinking at the homes of certain friends, whose parents allowed them to consume alcohol in a safe environment. Other locations mentioned were "*behind the gym*" or "*in the woods*"**.** The woods, as an underage drinking environment, was mentioned in all four groups regardless of urban or rural locale. Drinking in the woods was noted to provide cover from parents or police, as well as cover for using the washroom or vomiting.
- Drinking occasions at their current age were more social in nature than when they drank more heavily as minors. Celebrations were regular occasions when alcohol was consumed, although members of the high-risk groups more often mentioned simply "*getting together with friends*" as involving drinking. "*Pre-drinking*" (drinking before going out or going downtown in order to save money) was also common. Some participants described a shift in patterns with age, from drinking to get drunk (minors), to going downtown to bars, to pre-drinking before hitting the bars, to getting together for drinks at someone's home and not going out afterwards.
- Even low-risk group members could describe occasions, past or future, when they had/intended to overdrink or get drunk. St. Patrick's Day, sports team-related parties, birthdays, homecomings and "*parties with lots of people having fun*" were all described as

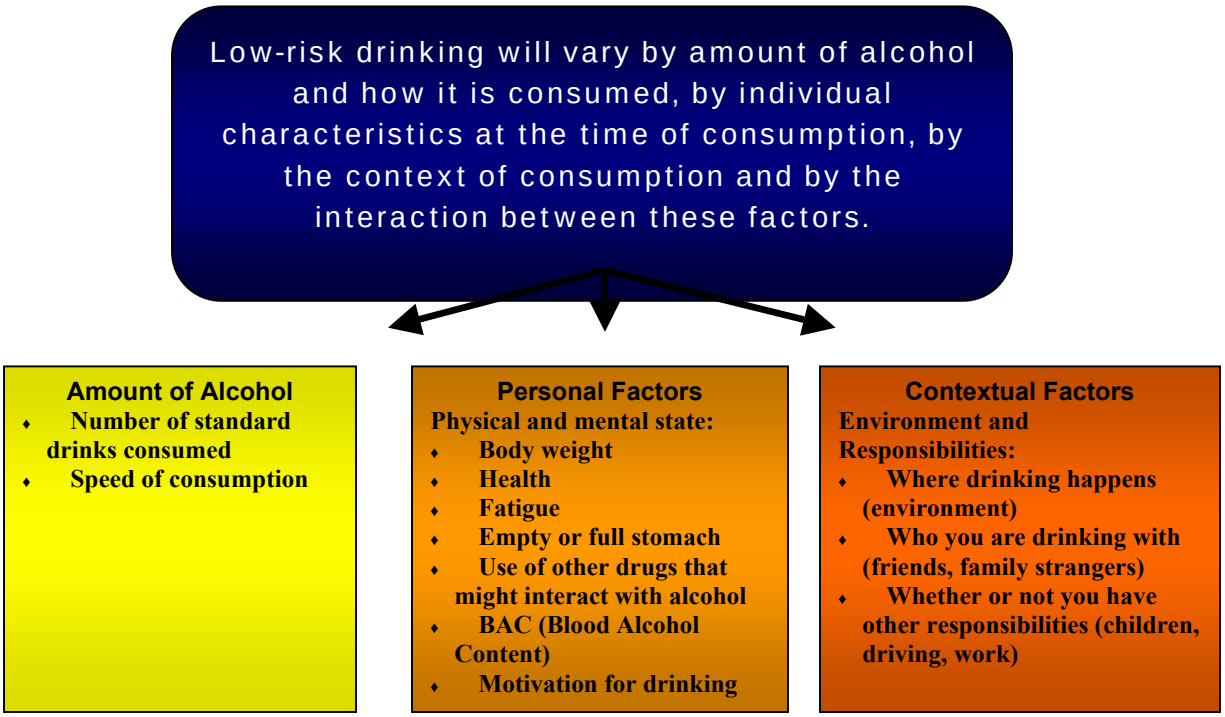
occasions when overdrinking would occur. Participants in both the low- and high-risk groups had experienced alcohol poisoning first-hand as a teenager; three of the nine High-Risk Students indicated **personal experience with alcohol poisoning** in either junior high or high school.

- **Personal strategies to prevent overdrinking were few**, and mainly involved enlisting the help of friends. Some indicated that they had attempted various techniques in the past such as alternating alcoholic drinks with water or waiting between drinks, but these strategies were found to be difficult and quickly abandoned.
- **High school** was clearly identified as a **period in life when 'everyone' gets drunk**. Some participants considered that drinking to the point of passing out was a rite of passage. It was acknowledged that high school kids do and will get drunk, partially because of inexperience or to be considered cool, and that this age group should be the target for safe or responsible drinking materials.
- **All** group participants **agreed that drinking and driving is bad** and no one claimed that they drove after they had been drinking. However, at least two participants in each group admitted to having driven under the influence of alcohol at some time in the past. Past drinking and driving was most prevalent among the High-Risk Students, with seven of the nine participants indicating that they had done it. Of the remaining two individuals, one did not drive at all so only one individual in that group had, by choice, never driven after drinking.
- **The hazards and illegality of drinking and driving were well known** among participants, but it did not appear to be considered as a big issue. This appears to be due in part to a lack of clarity in how much was too much, and a **variety of perceptions about how blood alcohol levels are calculated and influenced** by situational and physiological factors.
- Participants had a **preference for shock value approaches** as an effective means for reaching this group and leaving an impression (for example, MADD-sponsored television commercials with violent imagery) but some participants continued to have an 'it will never happen to me' perception. First-hand and preferably local accounts of tragedies related to drinking and driving, along with serious and consistent enforcement by police, were identified as having the greatest potential as deterrents for driving under the influence of alcohol.
- **Being in a serious relationship impacted how these young men tended to drink**. They were more reluctant to get drunk with their significant other around for various reasons, including avoiding looking stupid, getting sick or protecting their girlfriend from other drunks while out.
- A number of **misconceptions about alcohol consumption** were mentioned. Beliefs included that acetaminophen affects how quickly you get drunk (discussed after describing taking Tylenol with water while drinking to prevent hangovers), that the order in which types of alcohol are consumed affects the outcome *("Beer then liquor, never been sicker. Liquor then*

beer, you're in the clear."), and that tolerance plays a greater role than gender in terms of 'outdrinking' or ability to drink someone 'under the table.'

- The benefits associated with alcohol consumption identified most often by group participants were social experiences (meeting people, enhancing fun) and relaxation. The **drawbacks** mentioned most often include poor judgment, hangovers and overspending.

Three main considerations were identified in defining **"Low-Risk Drinking"**:



The primary conclusion was that low-risk drinking involves "*limiting the number of drinks you drink*". However, there was dissension about what number of drinks constituted a reasonable limit. In general there was a consensus that this umber varies for individuals because of a number of factors including physical, environmental, social and personal considerations and responsibilities. It is interesting to note that 'risk' was never clearly defined by participants; most discussed their ideas of low-risk drinking in terms of the risk of getting drunk rather than the risk of harm, injury or other long term health consequences to either themselves or others.

Evaluation of Materials

Q. Are the materials suitable to be utilized, either as is or adapted for use, in a Nova Scotia Alcohol Strategy, according to content, look and feel, medium?

A. Each of the pieces evaluated had features preferred among the groups, which could be adopted in creating new materials. Each also had areas identified as unappealing.

General results for each set of materials follow:

1. CAMH's Low-Risk Drinking Guidelines Brochure

Likes
- bullet-listed facts about alcohol
- some of the tips for following low-risk drinking guidelines
- the 1 standard drink chart

Dislikes
- Actual guidelines themselves were perceived by some as unclear, unrealistic and/or too generalized.
- Presentation of health benefits from consuming alcohol conflicted with the recommendation to not start drinking.
- Target audience was not clear (was guessed to be junior high kids who have not started drinking yet) or middle-aged adults (people over 45 who may realize health benefits).

Features to adopt for this audience
- Include 1 standard drink chart and definition.
- Include relevant tips for safe drinking.

2. CAMH's Evaluate Your Drinking Brochure

Likes
- title's "call to action" and interactive test
- the 1 standard drink chart
- graphs
- idea of being able to position or compare one's drinking volume or patterns against others

Dislikes
- the colours
- vague statistics (undefined negative consequences)
- lack of relevance in positioning their drinking levels among all males in Canada

Features to adopt for this audience

- interactivity (quiz or test) - strike a balance between ease of completion (not too much math) and relevance of results such as positioning various drinking levels (which may accommodate weekly, monthly or binge drinking occasions) among common age groups (Nova Scotia).

3. Addiction Services, Capital Health District's Your Drinking Plan Brochure

Likes
- educational information on alcohol poisoning
- some of the tips for safe drinking
- recognition that drinking is going to occur
- local information and production

Dislikes
- definition of binge drinking
- unrealistic tips or unnecessary admonitions such as "don't play drinking games" and "keep track of how much you drink daily and weekly

Features to adopt for this audience
- information about how to recognize alcohol poisoning and what to do if this is suspected - seen as highly relevant, practical and applicable
- warnings of the dangers of accepting drinks from strangers – seen as good information but should be aimed at young women
- creative distribution methods - availability at liquor stores or inserts in beer cases

4. NIAAA's Top Ten Myths About Alcohol Fact Sheet

Likes
- presentation of the information using the Myth/Fact approach
- one page format
- humour potential in the Myths

Dislikes
- disparity in tone of the myths (more fun) and facts (boring)
- some of the information presented was 'questionable' or too subjective

Features to adopt for this audience
- presentation and readability - could be adapted to a Q&A format
- more relevant Myths could be selected
- adjust writing style of the accompanying Facts to be more entertaining
- single page format - suitable for posting (above urinals in bars or other public facilities to reach young male target group)

5. NS Addiction Services' Alcohol Fact Sheets (blue and orange)

Likes
- interesting and new facts
- quality and credibility of the information
- point form/bulleted list presentation of facts

Dislikes
- dry, boring language
- relevance of some of the information such as how alcohol is made
- dense verbiage
- likened to a textbook or information intended to go to doctors or other health professionals

Features to adopt for this audience
- Include the more relevant or preferred facts (mortality statistics, new information like the comparative deficiency of alcohol-digesting enzymes in women and the physiological impacts of alcohol).
- Use bulleted lists to show quick facts without paragraphs of text.

Note that these sheets were seen as suitable for distribution by doctors or health professionals to people seeking information, as opposed to part of an educational/awareness campaign.

6. Bacchus/Student Life Company's materials (Bacchus Manoeuvre & Welcome to the Real World posters, Bowling Series postcards)

Likes
- poster format
- strong positive response to the Bacchus Manoeuvre poster as instructional, practical and useful, empowering young people to potentially save lives
- Humour of the postcards was appreciated and it was mentioned that the format would permit the cards to be 'passed around' a lot.

Dislikes
- narrow focus on college students in the Welcome to the Real World poster
- veracity of presented statistics on the Welcome to the Real World poster
- lack of colour in the Bacchus Manoeuvre poster
- usefulness of postcards (questioned)

Features to adopt for this audience
- Translate the humour and graphics of the Bowling series material to various products that may be more practical for use with the target group than postcards (for example, notebook covers, keychains, drink coasters).

- Distribute the Bacchus Manoeuvre poster in any locations where young people were waiting or lining up - public transportation (buses, bus shelters), high schools, public washrooms.

Q. Did the materials present any new information?

A. Participants indicated that some facts contained in the materials were new information, but response was more positive towards practical information rather than new. Response among all groups was favourable towards factual information, primarily presented in quick, point-form statistics.

While the recovery position presented as the Bacchus Manoeuvre was recognized by some participants, the step-by-step process to physically position an individual in this preventative posture was seen as very useful and new to most. Educational information on prevention, recognition and appropriate responses to possible alcohol poisoning elicited strong positive responses because of applicability. Participants recommended that this type of information be included in any communications materials developed.

A predilection for the morbid or grotesque was identified, particularly in terms of attention-grabbing power but also in terms of frightening statistics that could leave an impression (for example, numbers of local alcohol-related deaths, rates of liver disease, homicides/violent crimes). Some physiological information was new, specifically that involving gender differences in terms of how alcohol is processed.

These groups seemed interested in exercises that yield personally relevant scores; for example, how blood alcohol levels are determined or how much money they spend on alcohol in a given month. Further research could be done to test various approaches to engaging young adults in educational exercises that are easy and relevant and provide new and useful information.

Q. Are there any recommendations or ideas about new communications materials, with regard to such factors as content, look and feel, format for print materials, suggested media?

A. Each group acknowledged that their demographic was difficult to reach and even more difficult to impress. Shock value was repeatedly mentioned as the most effective approach in terms of content and attention-getting. As one participant stated, *"To target us, either make it more fun or more grotesque."* It was also noted that from a marketing perspective, safe drinking information should be more narrowly targeted to maintain relevance. Participants pointed out that while their demographic was defined as 19 to 29 year old males, the drinking behaviours at either end of the 10-year span are markedly different.

Concise and factual information, understandable charts or graphs presenting relevant and clearly defined information and point-form lists or Q&A/Myth & Fact formats tested well. Participants preferred covers and titles that represented a call to action or interactivity as well as realism in terms of helpful information over warnings, reproaches or "don't drink" messages. Practical or instructional content was also preferred (including safety tips and alcohol poisoning information) and was identified as suitable for inclusion in "*anything put out there*".

Most of the brochures presented were associated with waiting-room reading at doctors' offices. However, the poster or single-page items elicited suggestions for posting at eye-level or in places where young people/target group members stand in line or wait for something, such as in washrooms/over urinals (facts, Q&A), in schools and cafeterias (posters on walls or pages on bulletin boards), on buses or bus shelters (posters). Distribution at point-of-purchase was also suggested for some materials, with humour or morbid statistics prominently placed to get attention followed by useful facts. Bottle hangers, flyers in beer cases or pamphlets at the cash registers were suggested as ways to reach 19 to 29 year old men.

Of the spontaneously mentioned sources of related information, for both alcohol and tobacco, all were television campaigns. Commercials sponsored by MADD, Stupid.ca commercials sponsored by the Government of Ontario, specific ads with graphic and violent imagery (officer being hit by a passing truck) or the local Reasons To Smoke campaign were all mentioned by group members without prompting.

Q. Who are the most influential and credible role models or spokespeople to 19-29 year old males?

A. Celebrities were not described as role models or influential among these groups. Influential spokespeople were recommended to be real people who could describe personal experiences. However, it is important to keep in mind that the group participants considered the primary target group for low-risk drinking information to be younger students (in junior high or high school).

Participants discussed having people, whose lives were drastically affected, address school assemblies or classes with true-life stories to personalize the negative experiences and to make kids understand that the risks are real and could happen to any of them or someone else they cared about. Also discussed was the possibility of participants themselves (19 to 29 year old males) acting as spokespeople with younger men to communicate their actual experiences to assist high school drinkers in "*learning from our mistakes*."

Q. Should family members/significant others be a target for communication, and if so, how?

A. Junior high and high school students, together with their parents, were identified as a key target for low-risk drinking information. The majority of high-risk drinking activity was described as occurring when participants were in junior high or high school. Placement of posters and flyers in various areas of high schools (and other educational institutions) such as bulletin boards, cafeterias, hallways and washrooms was suggested more than once. Encouraging parents to discuss drinking with their kids and communicating safety tips and procedures such as the Bacchus Manoeuvre to teens as well as alcohol poisoning recognition and subsequent action were identified as goals for a communication campaign.

Q. Which harms or consequences from high-risk drinking should be focused upon in a communication campaign? (for example, drinking and driving crashes; bar fights)

A. Alcohol poisoning and the potential for choking to death after passing out while drunk were directly identified as consequences that should be focused upon in a campaign. Other recommendations favoured consistently as practical and relevant included:

- how to recognize alcohol poisoning and what to do if you suspect someone is suffering from alcohol poisoning
- the Bacchus Manoeuvre instructions for placing someone who has passed out in the recovery position to prevent death due choking on vomit
- other harms and consequences from drinking such as poor judgment (in contexts such as engaging in unsafe sex, becoming belligerent and picking fights to overspending) and hangovers

Q. Are there certain high-risk drinking behaviours that are more socially unacceptable than others?

A. In these groups, socially unacceptable high-risk drinking behaviours were described in the past tense, essentially occurring as learning experiences during high school. It was noted that in high school, everybody drank until they passed out and that it was/is embarrassing to drink beyond functioning. Although it was recognized that these behaviours still happened on occasion, they were much more prevalent as teens and, while perhaps not acceptable, were tolerated and addressed by "*friends looking out for you when you're drunk*".

Q. What language should be used when referring to high-risk or problem drinking when communicating with this target group? (for example, binge drinking; problem drinking; high-risk drinking)

A. The definition of binge drinking in the evaluated materials was a point of contention among participants, and risk in association with drinking was primarily viewed as 'risk of getting drunk' rather than other harmful consequences. The low-risk drinking guidelines sparked debate; some found the numbers too high (two drinks per day seven days a week for men); others found them too conservative ("*a woman drinking nine drinks is a lot"*).

The binge drinking section of the Your Drinking Plan brochure, entitled "Binge (Power) Drinking" also provoked negative response (because of the definition of the term and the low number of drinks specified). Some participants indicated that binge and power drinking were two different things; binges involve prolonged time periods being drunk while power drinking was equated with drinking relatively large amounts of alcohol quickly. All participants felt that five drinks for men/four drinks for women at one sitting was too few to be termed as binge or power drinking as exceeding this level was commonplace.

Additional research, focused on perceptions and acceptable definitions of these terms, could be undertaken to isolate the most effective language and classification criteria to use with different target groups.

Characteristics Recommended for Future Communication Materials

The following characteristics are recommended for incorporation into communication materials and strategies for reduced and low-risk alcohol consumption targeted for young males (age 19 to 29):

- **Keep It in the Zone** - Do not preach; adopt a proactive approach to promoting safe drinking rather than "low-risk", abstinence or telling people not to drink. Help to set limits that keep drinking in their own personal safety zone.
- **Just The Facts** - Focus on use of relevant, objective, believable, 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, stats for alcohol-related injuries or deaths among their reference groups in Nova Scotia).
- **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 be sure it really is easier to understand 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 demographic group.

- **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.

- **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).

- **Mix it Up** - Use a variety of formats (posters, fact sheets, pamphlets, coasters, napkins) with contemporary designs and colours so the target group is obvious. Consider various venues and options for distribution (doctors' offices, schools, public restrooms, liquor stores, dormitories or residence cooperative marketing (for example, beer cases, University and Community College frosh packages, dances).

- **Keep it Real** - 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.

- **Mom and Dad** - Consider strategies and resources that encourage dialogue between youth and their parents about drinking (for example, facts, figures, myth busting).

- **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.

Recommendations for Next Steps

1. Assess the applicability of these findings to females 19-29 years of age.

2. Develop and test new communication and education materials and messages for this audience that incorporate a harm reduction approach.

3. Develop and test 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.

4. Assess the acceptability of low-risk drinking guidelines among other drinkers in Nova Scotia.

5. Assess the context of alcohol use among underage drinkers.

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