



Health Promotion

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

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Prepared by Focal Research Consultants Ltd.



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

EXECUTIVE SUMMARY	i
Limitations of the Study.....	i
<i>Key Findings Contextual Background (Females 19 - 29 years)</i>	<i>ii</i>
Challenges facing Young Women.....	ii
Underage Drinking.....	ii
Comparative Drinking Profile.....	iii
Low-Risk Drinking	iv
<i>Summary of Materials Evaluation</i>	<i>iv</i>
<i>Recommendations for Materials and Messaging</i>	<i>v</i>
SECTION 1: INTRODUCTION	1
<i>Background</i>	<i>1</i>
<i>Method</i>	<i>2</i>
Research Design and Objectives	2
Recruitment Criteria.....	3
Project Specifications.....	3
<i>Process Design</i>	<i>4</i>
Session Materials	4
Profile of Participants.....	5
Drinking Profiles for Participants	5
Tobacco Use.....	9
Gambling Experience.....	9
<i>Summary – Comparative Drinking Profile</i>	<i>10</i>
<i>Limitations of the Study</i>	<i>10</i>
Section 2: CONTEXT/BACKGROUND DISCUSSION	12
<i>Personal Context</i>	<i>12</i>
General Background	12
Drinking Behaviours	14
Underage Drinking.....	14
Changes in Drinking Habits	17
Reasons for Drinking and Overdrinking	18
Situations/Occasions for Overdrinking	19
Consequences of Drinking/Overdrinking.....	20
<i>Perceptions of Low-Risk Drinking</i>	<i>23</i>
SECTION 3: MATERIALS EVALUATION.....	26
<i>Evaluation of CAMH’s Low-Risk Drinking Guidelines Brochure</i>	<i>26</i>
Recorded Likes and Dislikes.....	26
Recorded Evaluation/Ratings.....	27
Group Discussion.....	28

NOVA SCOTIA OFFICE OF HEALTH PROMOTION
Evaluative Research and Concept Testing – Low-Risk Drinking Guidelines Print Materials
Females Age 19-29 Years
Prepared by Focal Research Consultants Ltd.

Summary	28
<i>Evaluation of CAMH’s Evaluate Your Drinking Brochure</i>	29
Recorded Likes and Dislikes.....	29
Recorded Evaluation/Ratings.....	30
Group Discussion.....	31
Summary.....	31
<i>Evaluation of Addiction Services, Capital Health District’s Your Drinking Plan Brochure</i>	32
Recorded Likes and Dislikes.....	32
Recorded Evaluation/Ratings.....	33
Group Discussion.....	34
Summary.....	35
<i>Evaluation of NIAAA’s Top Ten Myths about Alcohol Sheet.....</i>	35
Recorded Likes and Dislikes.....	35
Recorded Evaluation/Ratings.....	36
Group Discussion.....	37
Summary.....	38
<i>Evaluation of NS Addiction Services’ Alcohol Fact Sheets.....</i>	38
Recorded Likes and Dislikes.....	38
Recorded Evaluation/Ratings.....	39
Group Discussion.....	40
Summary.....	40
<i>Comparative Evaluations/Ratings.....</i>	41
Key Observations.....	42
<i>Additional Materials from The Portman Group (England).....</i>	43
If You Do Do Drink Don’t Do Drunk – Poster and Materials	43
<i>Additional Materials from Bacchus/Student Life Education Company.....</i>	44
Learn the Bacchus Manoeuvre Poster.....	44
Bowling Series Postcards.....	44
<i>Summary Comments and Recommendations</i>	45

**NOVA SCOTIA OFFICE OF HEALTH PROMOTION
Evaluative Research and Concept Testing – Low-Risk Drinking Guidelines Print Materials
Females Age 19-29 Years
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APPENDICES¹

APPENDIX A – Participant Screener

APPENDIX B – Group Compositions

APPENDIX C – Discussion Outline

APPENDIX D – In-Session Questionnaires

Drinking Screen

Participant Questionnaire

APPENDIX E – Likes and Dislikes for Evaluated Materials

CAMH's Low-Risk Drinking Guidelines Brochure

CAMH's Evaluate Your Drinking Brochure

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

NIAAA's Top Ten Myths About Alcohol Sheet

NS Addiction Services' Alcohol Fact Sheets (n=2)

Alcohol (orange)

Physical Effects of Alcohol (blue)

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

Recent quantitative studies had confirmed that high-risk drinking was a problem among young adults in Nova Scotia, in particular males 19-29 years of age. 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 (four groups comprised of males (students: n=17; non-students: n=15) assessed for high-risk (two groups: n=17) and low-risk (two groups: n=15)² drinking patterns.

A major finding from this research was that there was a gap between the experiences and perceptions around alcohol use by young men and the recommended low-risk drinking guidelines. **These findings have implications for provincial alcohol strategies aimed at addressing high risk drinking among young adults in Nova Scotia in particular the creation of effective education materials and resources. One recommendation emerging from the research was to explore the same issues among young women.**

As a preliminary assessment of any gender differences Nova Scotia Health Promotion, Addiction Services commissioned Focal Research to conduct a session with young women scoring for high risk for alcohol related harm. Using a similar design and methodology a single focus group comprised of women 19-29 years of age (n=9) was conducted on June 27, 2005.³ All woman taking part in the study were consuming alcohol at high risk levels of either more than four drinks per occasion at least once per week or on average consuming more than 10 drinks per week

The results of the session, with particular emphasis on identifying cross-gender consistencies and differences are discussed.

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

² Focal Research Consultants Limited. (2005, April). *Evaluative research and concept testing: low-risk drinking guidelines print materials - Qualitative research with males aged 19 to 29 years.* Halifax: Nova Scotia Health Promotion.

³ This qualitative research project was funded through Health Canada's Drug Strategy Community Initiatives Fund, Project No: 6558-03-2004/698007, *Public Education Materials on Low Risk Drinking Guidelines and Personal Strategies for Reducing Consumption of Alcohol.*

should be considered suggestive and not conclusive in nature because of the use of convenience, non-probability sampling.

Key Findings Contextual Background (Females 19 - 29 years)

Challenges facing Young Women

Challenges seen to be facing the young women in the focus group differed from those identified by the young men taking part in the earlier sessions.⁴

- For the young men career, finances, living arrangements or accommodations and initiation of family were consistently identified as the major challenges.
- The dominant challenges identified to be facing young women (in the focus group) centered on: consequences of “*living in a male dominant society*” (for example, gender inequalities); pressure of “*expectations of what a woman is supposed to look like*” (for example, physical attractiveness and female stereotype); “*sexual energy and how to use it your advantage but not get into trouble*” (for example, sexual power and politics).

Underage Drinking

The young women in this study reported underage drinking experiences that were highly similar to those noted by the young men in terms of context, quantities, reasons for drinking and location. This suggests that there are few gender differences especially in adolescent drinking patterns, with differences starting to emerge at a high school age.

- For some of the girls, a “*double standard*” in the past meant that they did not have the same freedom as boys to experiment with high-risk activities. However, this discrepancy was not longer seen to exert a strong influence. Consequently the girls were just as likely to be engaging in risky behaviours including drinking. In fact there was a consensus that “*kids in general are a lot more sophisticated*” and were “*getting experience younger*” than years ago.
- Findings were similar to those with the young men - drinking was largely initiated in junior high, occurred “*in the woods*”, “*in secret*”; was hidden away from any responsible supervision; was undertaken with intent “*to get drunk*”; was associated with injuries and “*getting sick*”, with “*kids*” learning about the effects of alcohol on a “*trial and error*” basis.
- Alcohol was easy to obtain; the young women reported “*guys*” were often the source of liquor especially as they moved from through adolescence to high school age. This is

⁴ It should be kept in mind that the nine participating young women (on average) tended to be younger than the young men (n=32) taking part in the study, and therefore differences may also reflect age as well as gender considerations.

considered to be the highest risk time for alcohol-related injuries, drinking and driving and other related physical consequences of alcohol consumption.

Comparative Drinking Profile

The drinking profile for the young women taking part in this focus group (high-risk drinking patterns) was very similar to that obtained for the young men scoring for high-risk drinking, with a few notable exceptions:

- Frequency of consumption was comparable; however, the young men tended to report consumption of higher amounts, a greater tendency of specifically “*drinking to get drunk*” and experiencing black-outs or alcohol-related memory loss and injuries.
- The young women were much more likely to report “*getting drunk*” as an unplanned outcome of drinking; little to no provisions or precautions taken in advance in the event of overdrinking. As with the young men there was a heavy reliance on friends or drinking companions to “*take care of you*”.
- Alcohol was considered ubiquitous at any gathering or social occasion; “*Not so much peer pressure as alcohol is a normal part of what we are doing*”, “*We’ve grown up with it like that*”.
- The young men and women reported different reasons for drinking. The women more often reported drinking and overdrinking in response to emotional situations (“*sad or happy*”) and to “*lose inhibitions*” (“*loosen you up*”, “*have an excuse to be irresponsible too [like the guys]*”). Young men were perceived to “*drink more often to have a good time*” although it was noted that sometimes men drank to “*forget about their troubles*” and “*get their courage up*”.
- Most drinking and overdrinking situations were similar for both genders including celebrations, significant events or anniversaries; however, the women specifically mentioned “*dancing*” (“*putting on a show for the guys*”, “*to get their attention*”) and emotional situations as a catalyst for “*drinking too much*”. Women also noted overdrinking in retaliation to or “*to even the score*” with a spouse or partner.
- Participants noted that “*most guys don’t seem to mind girls overdrinking, as long as you don’t get sloppy*” but the women were unanimous in their aversion to “*drunk guys*”; “*totally uncool*”, “*it’s disgusting*”, “*bumping into you, slobbering*”. There was a consensus that young men tended to “*get wasted with their buddies*” but generally stayed in control when they were out with a girl.
- There was a high level of ignorance and, for the most part, a lack of concern surrounding alcohol, definition of standard drinks, blood alcohol levels, other legal or physical

consequences and alcohol poisoning, even though all participants reported first-hand exposure to alcohol-related injuries and/or deaths and other negative consequences.

- Violence, vulnerability and unsafe sex were discussed (in relation to alcohol) and were not considered to be problems exclusive to women. Like the young men there was little emphasis on the relationship between sexual or physical vulnerability and alcohol. Participants indicated a perception that society was becoming more aggressive “*sober or drunk*”; most identified these issues as relevant for both men and women.

Low-Risk Drinking

Again the response of the young women was highly similar to that of the young men.

- Essentially low-risk drinking was not linked to a specific amount of alcohol. Instead it was considered to be a concept that must take into account **individual capacity** (for example, personal tolerance), the **circumstances** (for example, environment) and **conditions under which the alcohol was being consumed** (for example, impacts and consequences). Participants noted that personal low-risk limits varied depending upon the interplay between these factors.
- The standard low-risk guidelines, tested in the session, were not considered relevant or reasonable to participants - in particular, limits of two drinks per occasion and definitions of binge drinking as 4+ for women and 5+ for men.

Summary of Materials Evaluation

Five primary sets of material were evaluated by the participants through independent assessment and group discussion.

CAMH’s **Low-Risk Drinking Guidelines Brochure** was not particularly appealing or effective to this group of young women and indicated unlikely to be picked up or used. It may have potential as an information resource for parents or generally for older adults but was not considered relevant to, engaging or motivating for younger adults. Participants were especially critical and skeptical of the drink amounts comprising the low-risk guidelines. There was interest in practical tips and information presented in a different context especially in terms of host responsibility, reducing risks and general facts.

CAMH’s **Evaluate Your Drinking Brochure** was appealing to the young woman as a concept, but the material fell short of expectations and was disappointing because it was not relevant to the women and their own drinking experience. Participants indicated value in inviting people to examine their own drinking habits. The use of graphs and other summary information was preferable to continuous text but the information was so generalized that it had little significance or worth (for participants). A more customized evaluation, that takes lifestyle and other factors into account, is recommended for young adults.

Capital Health District's **Your Drinking Plan Brochure** was well received and seen to be particularly appropriate for distribution to adolescents. However, the young women taking part in this group found much of the information valuable but were "*put off*" by the perceived "*immaturity*" and "*lack of professionalism*" in how the material was presented. The language, layout and "*look*" would have to be modified and made more sophisticated to appeal to young adults. Customizing this material appears to be a worthwhile investment in generating a series of materials designed to target adolescents, teens and young adults thus increasing the likelihood that it will be picked up and/or used as a resource.

NIAAA's **Top Ten Myths About Alcohol Sheet** was a preferred design; the Q & A format was appealing to the young women but there was a consensus that the information needed to be "*more factual and less judgmental*". The content was considered a bit too subjective and "*preachy*" in places; this detracted from the credibility of the piece. These young women wanted the facts presented in a quick, attractive and engaging format. They responded poorly to generalities and platitudes (for example, "*most of your peers don't drink, WRONG*"). Questions and answers need to be kept realistic and relevant. "*Don't tell us what to do, give us better information to make our own choices.*"

NS Addiction Services' **Alcohol Fact Sheets** were seen to have authority and credibility but the amount of information and unattractive design were considered "*boring*" and off-putting to participants. Participants indicated that young adults would be highly unlikely to "*go near this*" on their own and so it is more likely to have value as a resource for adults teaching or working with others who may benefit from such detailed understanding. While there was good factual information, they were not inviting, engaging or relevant to the young women. They may be useful as a resource in generating content for Q & A materials or an Alcohol Quiz designed for teens and young adults.

Recommendations for Materials and Messaging

After reviewing, evaluating and discussing the educational materials, participants were asked for any final thoughts or comments regarding how they could best be reached with information on alcohol. The feedback and comments were very similar to those from the young men taking part in the earlier sessions.

The following characteristics are recommended for incorporation into communication materials and strategies for reduced and low-risk alcohol consumption targeted for young adults:

Realistic - Information needs to be realistic. It has to coincide with the experience of young adults and what they know to be true, otherwise it will be dismissed and "*won't be trusted*", as a source of information.

- **Factual** – Materials need to contain factual information. Young adults want the facts so they can use them to come to their own conclusions and “*make [their] own choices*”. Judgmental, “*preachy*” or a paternalistic approaches will be rejected and potentially generate counter-arguments or behaviour and they will tune it out.
 - *Don’t tell us what to do.*
 - *Sounds like a parent telling you not to do something.*
 - *big turn off*
- **Show consequences** - Link drinking behaviours to real consequences.
 - *don’t need to scare you into it but give you the real figures of what can happen*
 - *need to show the consequences so we can see the point of paying attention*
- **Keep it practical** - Participants responded positively to practical tips for reducing risk and staying safe especially when linked to real situations.
 - *like what happens if you drink so much you pass out or what to do if someone has alcohol poisoning*
 - *things that can influence the effects of alcohol*
 - *reasons for drinking, if you are angry you are more likely to over drink and drink quicker*
 - *If you are dancing, have a glass of water with your drink.*
- **Keep it short and to the point** - Content needs to be direct, concise and simple. The more complicated the information, the faster their (young women) interest waned. Participants indicated that young adults are not highly motivated to go through this information so any excuse to abandon it will be acted upon.
 - *Have a reference to a website you can go to get more detail if you want.*
 - *[The] website should have a simple catchy name you can remember because we won’t write it down.*

In some cases going to such a site may be spontaneous when doing something else on the Internet.

- **Make it engaging.** - According to the young women in this focus group, the more personally relevant the information is, the better. They liked checking on how they rated compared to others but quickly lost interest if the exercise was complicated or focused on issues that did not matter to them: “*I don’t care how much senior citizens are drinking, how do I compare to girls my own age?*”
- **Make it fun.** - The young women were not as strong in endorsing humour as the young men but they did mention how appealing the Nova Scotia smoking ads were. This suggests that the right kind of humour has the potential to engage both genders.

- *doesn't have to be doom and gloom stuff*
- *We are going to drink, so how do we keep it fun?*
- **Make it look good.** - Materials need to be attractive, eye-catching or interesting if young adults are going to pay attention or pick it up. The information may be important and relevant but if the look does not attract the interest or attention of young adults, the likelihood of getting to the content is non-existent.
- **Make it look grown-up.** - The “look” must vary between materials for young adults versus those for teens and adolescents. These young women were sensitive to “hokey” or “immature” or childish packaging – this would definitely deter any interaction with the information - “Looks like it's for kids or older adults I'm not going to pick it up”.
- **Setting our own limits** - The low-risk drinking guidelines, outlined in the evaluated materials, did not speak to the young women. The idea of a fixed number of drinks was completely inconsistent with their experience with alcohol. Low-risk drinking was seen to be related to one's current physical state, what and how they were drinking, the circumstances and situation and personal responsibilities; “It's not going to apply to everyone, it's a customized thing”. When specifically questioned about promoting a personal Safety Zone, there was a positive response but some skepticism about how it would be defined; “Good idea but it depends on how they tell you what those safety zones are”.
- **Get us young** - The young women taking part in this research, (like the young men), felt the best way to reach them was in the school system especially “Junior High”, “Can't use the teachers, [kids] don't listen to teachers”.
- **Spokespeople** - There is a role for spokespeople and materials.
 - *need someone acting like themselves, not an authority, older students maybe*
 - *someone who is cool*
 - *a trusted person who has experience*

It was suggested that perhaps this role could be filled by university students talking to teenagers in high school and the high school students talking to junior high adolescents.

SECTION 1: INTRODUCTION

Background

As part of a renewed strategy for prevention and early intervention, Nova Scotia Health Promotion, Addiction Services, is supporting the development of evidence-based best practices to address problem 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.

Four in-depth qualitative research sessions were conducted from March 21 to 22, 2005 in Halifax, Nova Scotia. In total 32 young men, aged 19-29 years - students (n=17) and non-students (n=15) scoring for low-risk (n=15) or high-risk (n=17) drinking⁵ - participated in the study. The sessions were three hours in length and consisted of both in-depth group discussion and independent, written evaluations.

A major finding was that there was a considerable gap between participants' experiences and perceptions around alcohol use and the recommended low-risk drinking guidelines. Implications for a Nova Scotia social marketing campaign aimed at reducing high-risk drinking behaviours and creating relevant education materials were identified.⁶

Before proceeding further, Nova Scotia Health Promotion, Addiction Services decided to explore the same issues among young women as preliminary assessment of any gender differences or similarities in responses. A single group, using a similar design and methodology, comprised of women 19-29 years of age was conducted on June 22, 2005. The results of the session, with particular emphasis on identification of issues with cross-gender relevance as well as gender-unique social marketing significance, are discussed. However, readers are cautioned that results should not be considered representative of or generalized to young women in the population of Nova Scotia at large.

⁵ Low-risk drinking patterns = < 5 standard drinks per sitting AND < 15 standard drinks per week; high-risk drinking patterns = 5+ standard drinks per sitting AND 15= drinks per week.

⁶ *Focal Research Consultants Limited. (2005, April). Evaluative research and concept testing: low-risk drinking guidelines print materials - Qualitative research with males aged 19 to 29 years. Halifax: Nova Scotia Health Promotion.*

Method

Research Design and Objectives

In cooperation with the project lead at NSHP Addiction Services, Focal Research Consultants was commissioned to conduct one in-depth qualitative research session with young women 19-29 years of age residing in the Halifax Regional Municipality (HRM).

For comparative purposes the design used in the qualitative in-depth sessions conducted with young men during March, 2005 was adapted for use in the current study with young women. In total nine women took part, all scoring for high-risk drinking (3+ drinks per time and/or 9+ drinks per week). The sessions were three hours in length and consisted of both independent, written evaluation (in-session survey) as well as group discussion. Verbal and non-verbal techniques were used for information gathering and material assessment.

The first 1.5 hours focused on establishing contextual information for drinking (personal characteristics and experience, behaviors, attitudes and perceptions related to alcohol). Typical circumstances when drinking occurred, plans for drinking and personal consequences or risks were also discussed to establish background information including a particular emphasis on violence and vulnerability. Personal experiences, various situations involving drinking and perceptions of low-risk drinking were also discussed.

During the remaining 1.5 hours the following materials were evaluated:

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)
6. (England) The Portland Group's Who is Looking Out for You (poster and brochure)
7. Bacchus/Student Life Education Company's Materials
 - . The Bacchus Manoeuvre poster
 - . Bowling Series postcards (n=7)

Recruitment Criteria

All group participants had consumed at least one alcoholic beverage within the past 12 months. 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. 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 group content.

Project Specifications

- Consistent with the groups conducted with young men, the session with the young women took place at Focal Research's qualitative facilities located in Halifax Nova Scotia.
- Because the amount of information to be evaluated was extensive, the 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/ESOMAR, Pipeda, Canadian Tri-council Ethics) and to client specifications using Focal's proprietary pre-screened database of randomly generated households. This includes the NSHP 2003 Prevalence Study Panel that has over 1000 (provincial households) 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 with 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 will 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 the session to ensure that all issues were adequately addressed and to discuss findings prior to report generation.

Session Materials

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

Two 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 the 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/problems of drinking and interpretation of the term “low-risk drinking”. The remainder of the questionnaire gathered 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

Profile of Participants

Twelve young women between the ages of 19 and 26 years were recruited to take part in the session on Monday June 27, 2005. In total nine women participated in the actual group over a period of three hours (6:00 p.m. to 9:00 p.m.), comprised of students (n=4) and non-students (n=5). All participants reported behavior associated with high-risk alcohol consumption; having consumed either 3+ drinks per sitting or 9+ drinks per week. No participant had attended a focus group or one-on-one interview within the past 12 months; five had never taken part in a focus group; the remaining four had participated in one two or more years ago. (Refer to Appendix B for detailed group compositions for each session.)

Drinking Profiles for Participants

While drinking behaviours, preferences and attitudes were discussed in the focus groups, all participants also completed an independent assessment of their drinking within the past year during the session. The questions were based on a modified version of the World Health Organization’s (WHO) AUDIT measures for hazardous drinking. While the AUDIT screen was not administered in its entirety, the modified screen was considered appropriate for the purpose of the groups. The results are useful for gaining insight about typical drinking patterns for participating group members.

Frequency of drinking in the past 12 months?

	Working Status		Total
	Non-Student	Student	
2 to 3 times a week	2	2	4
Once a week	1	0	1
Once a month	1	1	2
Less than once a month	1	1	2

About half of the group reported drinking on a weekly basis; the remaining four participants were evenly split between monthly and less frequent consumption patterns. Three participants reported significant changes in drinking patterns following the birth of a child. All three were “*first time moms*”; two had a young toddler (1 year old); one had a 4-year old child.

Largest number of drinks recall having on one occasion

	Working Status		Total
	Non-Student	Student	
3	0	1	1
4	0	1	1
7	0	1	1
10	1	0	1
11	1	0	1
12	1	1	2
13	1	0	1
15	1	0	1

Ever consumed 5+ drinks in one sitting on a regular basis

	Working Status		Total
	Non-Student	Student	
No – Never	1	1	2
Yes – Weekly	4	2	6
Yes - Monthly	0	1	1

The largest number of drinks consumed during the last year in a single sitting ranged from 3 to 15. Students reported lower rates of per time drinking than the Non-Students. However, it should be noted that only those young women currently exceeding low-risk drinking standards (3+ drinks per time or 9+ drinks per week) were invited to participate. Therefore it is not surprising that all these young women had consumed 3 or more alcoholic beverages in one sitting at least once during the past year. Six reported having consumed 10 or more drinks on at least one occasion over the past 12 months.

In terms of regular weekly or monthly consumption **only two young women** indicated they had **never consumed 5+ drinks on a regular basis**. The majority (6 out of 9) had consumed at levels of 5+ drinks per time at least once a week or more at some time in her life. The remaining respondent reported regular monthly consumption of 5+ drinks per time.

Frequency of drinking 5+ drinks/sitting

	Working Status		Total
	Non-Student	Student	
Never in the past year	0	1	1
Once or twice a week	2	1	3
About once a month	1	0	1
6 to 11 times per year	2	0	2
1 to 5 times a year	0	2	2

When asked to place these consumption patterns within the context of the past year, four of the nine women indicated that they typically drank 5+ alcoholic beverages on a regular basis each month; three indicated that this happened about once or twice a week (at present). Only one participant said she had not consumed at these levels over the past 12 months. The remaining four women were evenly split between such occurrences happening 1-5 times in the past year (n=2) or 6-11 times per year (n=2).

Unable to stop drinking until drunk – Past 12 months

	Working Status		Total
	Non-Student	Student	
Never	3	3	6
Less than Monthly	1	1	2
Monthly	1	0	1

Three of the nine women reported that they had found themselves unable to stop drinking until they were drunk within the past 12 months; the remaining six said they were always able to stop.

Failed to do what was normally expected because of drinking

	Working Status		Total
	Non-Student	Student	
Never	3	2	5
Less than Monthly	2	2	4

Just under half of the group indicated that within the past year their drinking had stopped them from doing what was normally expected of them; the rest of the participants reported that this was not an issue for them.

Needed alcoholic drink first thing in the morning

	Working Status		Total
	Non-Student	Student	
Never	5	4	9

All nine of the women participating in the study said they did not feel the need for an alcoholic drink first thing in the morning, within the past 12 months.

Had feelings of guilt and remorse – Past year

	Working Status		Total
	Non-Student	Student	
Never	4	2	6
Less than Monthly	1	2	3

Two-thirds of the women in the group (n=6) never felt guilt or remorse after drinking within the past year; the remaining 3 reporting occasional guilty feelings (two Students and one Non-Student).

Unable to remember what happened the night before

	Working Status		Total
	Non-Student	Student	
Never	3	4	7
Less than Monthly	2	0	2

Black-outs, or being unable to remember what happened the previous night while drinking, occurred for only two of the participants at some time during the past 12 months.

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

	Working Status		Total
	Non-Student	Student	
Yes, but not in the last year	3	2	5
Yes, in the last year	0	2	2
No	2	0	2

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

	Working Status		Total
	Non-Student	Student	
Yes, but not in the last year	1	0	1
No	4	4	8

Injuries as a result of drinking were fairly common among group participants, although most of the women reported physical injuries at some time in the past (n=5) rather than within the last year (n=2). Only one participant said that she had ever been approached by someone else regarding concern over her drinking habits and that this had occurred more than one year ago.

Tobacco Use

Cigarette Smoking

	Working Status		Total
	Non-Student	Student	
Ever smoked 100 or more cigarettes	3	0	3
Frequency of cigarette smoking			
Not in past year	1	---	1
Daily	2	---	2
Number of cigarettes smoked daily			
6	1	---	1
15	1	---	1

None of the four students taking part in the group had ever smoked. Three non-student participants had smoked 100 cigarettes or more during their lifetime; two currently smoked daily and one had smoked within the past 12 months.

Gambling Experience

	Working Status		Total
	Non-Student	Student	
Lottery Tickets			
Ever played	4	2	6
Ever played regularly (1+/month)	2	1	3
Currently regular player	1	1	2
Bingo			
Ever played	2	1	3
VLTs			
Ever played	1	2	3
Sports Lottery			
Ever played	1	0	1
Casino Games			
Ever played	2	3	5

Lottery ticket games were popular among the women who participated in the study; two-thirds (n=6) had tried ticket games and three had played once a month or more. Only two were still currently buying lottery tickets on a regular basis. In terms of other forms of gambling available in Nova Scotia just over half (five) had tried gambling at the casino at some time in the past, three had tried Bingo. Despite the fact that VLTs were located in liquor-licensed establishments frequented by the women taking part in the study, only three said they had ever tried the machines (compared to two-thirds of the young men taking part in the earlier sessions). Also in contrast to the young men, involvement in sports betting was low among the young women (half of all young men had reported betting on Pro-Line with more than one-quarter reporting regular monthly play at some time).

None of the young women taking part in the current study reported any regular monthly gambling patterns for any activity beyond lottery tickets. These findings suggest a higher prevalence of this type of risk-taking behaviour (gambling) among the young men than among the young women taking part in the research.

Summary – Comparative Drinking Profile

The drinking profile for the young women (high-risk drinking) was very similar to that obtained for the young men scoring for high-risk drinking, with a few notable exceptions. While the frequency of consumption was comparable, the young men reported consumption of higher amounts and a greater tendency of drinking to get drunk. As well, the experience of black-outs or alcohol-related memory loss was more common among the young men.

The young women were just as likely as the young men to feel guilt associated with their past year drinking or to report having been injured while under the influence of alcohol. However, these injuries were reported to have occurred more than one year ago rather than currently as was the case for the young men.

The young men in the High-Risk group were also more likely (than the young women) to have had others complain or be concerned about their drinking. They reported higher rates of past and present involvement in smoking and gambling than their female counterparts.

Limitations of the Study

The purpose of qualitative research is to gain knowledge and insight from exploring issues among particular individuals who have a desired 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 that 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 a valuable 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 young (19-29 year old) women at large.

Section 2: CONTEXT/BACKGROUND DISCUSSION

At the beginning of the session participants were welcomed; confidentiality requirements as well as the general purpose of the groups and expectations of the groups were discussed. The first 1.5 hours of the session were spent in group discussion to establish personal context, general perceptions and background behaviours of participants related to their alcohol consumption.

Personal Context

General Background

Brief introductions and “bios” were given around the table to initiate discussion. Participants gave their first names, age, background, some details on where they grew up, jobs, marital status, description of their home situation and some hobbies.

All the young women taking part in the group currently resided in the Halifax Regional Municipality (HRM) but came from a diverse range of backgrounds having grown-up in St. John’s, Newfoundland (1); Fredericton, New Brunswick (1); Kentville, Nova Scotia (1); Eastern Shore, Nova Scotia (1) and the HRM (5). Education levels varied from post-graduate study (BSW, MBA), university undergraduate degree (BSc), Community College, Nova Scotia College Art and Design (NSCAD), vocational training (Tourism and Travel Diploma, Cosmetology), and high school.

Four of the young women, including a single mother with a four-year-old daughter, were currently enrolled full-time at an educational institute (St. Mary’s University, Dalhousie University, Mount St. Vincent University and NSCAD). Two other women in the group were married; each had a one-year-old child. The other six women were single, never married, although three reported involvement in a long-term or “*serious*” relationship. Therefore, just over half (5) were involved in permanent relationships with three having one young child at home.

The majority were employed either on a full-time basis - customer service (2), social work/group home (1) or on a part-time basis (3) while they going to school - retail (2), university (1). The mothers in the group considered their primary occupation to be “*home-making*” although one was a full-time student during the school year and another was starting an entrepreneurial internet business from home.

It is noteworthy that the young men mentioned primary hobbies and pastimes centered on sports or related sporting activities. None of the nine women reported active involvement in any sport. For these young women physical activity consisted solely of “*working out at the gym*”, “*trying to stay*” or “*get into shape*”. In general, discussion around leisure-time activities elicited less variety in responses and enthusiasm among the young women as among the young men. The

young women reported less leisure time than the young men. Those hobbies mentioned were less physically active and more often artistically or spiritually-oriented; for example, painting, drawing, singing in a choir.

There was also a strong difference in terms of those issues identified as most critical for others of their age and gender. For the young men career, finances, living arrangements or accommodations and initiation of family were consistently identified as the major challenges. The dominant challenges seen to be facing young women today centered on:

- consequences of “*living in a male dominant society*” (gender inequalities)
- pressure of “*expectations of what a woman is supposed to look like*” (physical attractiveness and female stereotypes)
- “*sexual energy and how to use it your advantage but not get into trouble*” (sexual power and politics)

There was discussion about the existence of apparent different rules for men and woman and that men continued to have more advantages in terms of money and careers (“*male janitors make more than females teachers*”). It was also argued that women were still expected to shoulder more of the relationship, household and child-rearing responsibilities. Participants felt young women were expected to “*grow up*” while young men could be “*irresponsible*”.

- *Rare to find a responsible guy, women are more responsible.*
- *Women are magnetized [trained] towards pleasing a man.*

This inequity was seen to be more pronounced in terms of children and childcare responsibilities.

- *Men see a woman with a kid and he thinks she has baggage.*
- *Everything changes for her when she has a kid but not for him.*

There was a consensus that there was “*too much attention placed on how a woman looks*” and pressure from society (and men) to meet unreasonable standards in appearance. Some noted, with resentment, the common occurrence of being reduced to “*a set of breasts or ass*” either in advertising or in how they are treated by men.

- *They aren't even seeing my face.*
- *If someone is looking at my chest, I'll say 'Hey buddy, look up here'.*
- *We are all supposed to be beautiful and look like those models on TV and they [men] can look like whatever.*

Despite a perceived bias towards (positive advantage for) males in society, opinions were expressed that women had “*sexual power*” over men (however, it could be difficult to know how to use this power without getting into trouble). In some cases this meant that some women had changed to act more like men; “*[women] can be just as aggressive and [sexually] active as men now*”, although “*whether that is good or bad*” was not clear.

The young women extended these ambivalent feelings to women who had acquired other high-risk or “*bad habits*” that formerly were associated primarily with males (fighting, swearing, smoking) in a bid to have equality or at least:

- *the same so-called privileges*
- *Don’t mess with me kind of thing.*
- *I can take care of myself, without no man.*

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 completed the Drinking Screen independently, 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

Similar to the findings with young men, all but one of the participants had first consumed alcohol before the legal drinking age, predominantly when they were 13-15 years of age. One participant noted that she had not started drinking until her first year of high school (Grade 10) but only one young woman specified her first drink was delayed until her 19th birthday. She observed that this delay was associated with a double standard for her and her brother; “*My younger brother had been drinking since he was 16 and he just packed it away but my Mother would have beat me up if I did that*”.

Another participant attributed the delay to being “*too afraid of disappointing [her] parents*” (none of the young men mentioned this as a factor). Consequently, fear of reprisal and reinforcement of the idea that “*nice/good girls don’t do that*” appeared to act as an impediment to underage drinking among some young women. In further discussion, it was noted that while this was probably more broadly true in the distant past, increasing gender equality and independence for women meant that this attitude had diminished at a community level. As a result “*girls our age drank more than the boys*” or at least at the same rate.

The young women concluded that alcohol consumption among “*younger girls and boys*” no longer differed in any meaningful way. Despite some variations in personal experience, consistent with the opinions of young males assessed in earlier research there was agreement among all participants that their contemporaries typically started drinking in junior high school.

- *Kids these days can drink better than we could.*
- *When I was my sister’s age people were puking everywhere. Now they can hold their liquor better.*
- *Kids may be starting even earlier today.*

As was the case with the young men, alcohol was described as “*easy to get*”, despite being underage. For the most part sources cited were also highly similar:

- *older brother or sister*
- *I used to steal it from my parents and fill the bottle up with water.*
- *Buying it yourself was no problem, I was never even ID’d.*
- *Used my allowance.*

However, only the young women mentioned the role of the opposite sex in the finance and procurement of alcohol.

- *Boys bought it for you.*
- *The guys always took care of that and made sure we had booze.*

Underage drinking usually took place within a group situation, largely for the primary purpose of getting intoxicated:

- *You are there with everyone to get drunk.*
- *Getting drunk is what it is all about, feels good until you start getting sick.*
- *You want to scream if you’re sober around a bunch of drunk people so everybody drinks.*

Essentially “*getting drunk*” was a “*planned*” outcome that some participants agreed “*happened every weekend*” once they were in high school.

The most often cited locale for underage drinking was “*in the woods*” (as was the for the young men) although similarly, the young women also mentioned drinking at the house of a friend whose parents were amenable to underage consumption.

- *used to drink in the woods*
- *There was always someone with parents who let them drink in the basement but most of us drank in the woods.*

The woods were seen as an ideal environment because of the privacy provided and decreased likelihood of being detected (secrecy):

- *could tell when a cop was coming because you could see the flashlight*
- *You could scatter if you needed to.*

However, this same isolation was also noted to play a role in negative outcomes. A number of women noted exposure to accidents in the woods:

- *make some stupid choices when everyone is drunk and people get hurt*
- *You are all drunk so can’t help people.*
- *[I] know someone who was drunk in the woods playing with a machete and they cut off all their fingers.*
- *My friend fell in a ditch at Point Pleasant Park and destroyed her foot for life.*

When asked “who if anyone, was looking out for them or each other” the consensus was that among teenage and adolescent drinkers “*no one*” was. At least two of the young women said that they would call their parents to come and get them if drinking “*got out of control*” at a party. However, another mentioned that although her mom and dad had always been very supportive in this regard, she had not done so because she did not want them to see her intoxicated and/or because she was drunk and had not acted on this offer; “*I’m from Newfoundland and the choice was always, if you go out and need to call don’t hesitate to call home but I just never wanted to, so I never ended up calling even if I should have*”.

Adolescent drinking was perceived to vary significantly (from drinking when older) because it was considered a time of experimentation:

- *when kids learn how to handle liquor by trying it out*
- *People who hit University and didn’t drink before go crazy then. They have no tolerance for it.*
- *have to learn how much they can handle*

The two participants who delayed drinking validated this assumption:

- *At 18, I was learning what others had already found out when they were younger.*
- *When I turned 19, that was my time let me tell you.*

The type of alcohol consumed at younger ages also varied from later preferences. In contrast to beer or hard liquor reported by the young men, when they were adolescents the young women in this study were more likely to have consumed coolers and sweet wines; “*Everybody was getting wine-in-a-box because it was cheap*”, “*Golden Glow*”. This difference in alcohol preferences persisted beyond adolescence - the young women noted a much wider selection (than the young men) of currently preferred drinks such as:

- *White Russians and other milk drinks*
- *Tequila*
- *Parrot Bay*
- *Gin and Tonic*
- *Gin and Lime*
- *Red Wine*
- *Cheap Champagne*

The young women felt that adolescents (junior high) were a critical target group for information on safety and drinking. Abstinence was not suggested to be the only relevant message for this group as many (adolescents) might already be drinking and experimenting with alcohol.

- *Kids will drink whether it is legal or not.*
- *We all did, even though we weren’t allowed.*

Changes in Drinking Habits

All female participants were screened to include only those scoring at high-risk (3+ per sitting or 9+ drinks per week). However, with one or two exceptions, the majority were still drinking less than when they were in high school or at the very least “*getting drunk less often*”. This was especially true among the three mothers in the group who reported significant changes in their drinking patterns since becoming pregnant and having children.

- *Now that I have a baby, “going out” means going to the grocery store.*
- *I only drink once every three months since the baby, before that it was a lot more often.*

For the remaining women once a week was the norm but “*you are drinking to have a good time*” and “*that doesn’t mean getting drunk*” weekly.

The proportion of alcohol consumed at a licensed establishment also changed over time. Like the young men, participants reported (as they got older) reducing the amount of liquor they consumed at a bar and relying more on pre-drinking at a friend’s or at home before going out:

- *It’s cheaper.*
- *I’m a tight-wad now so better to drink at home.*

Despite similarities with their male counterparts it should be noted that, with the exception of those with children, the young women reported a less significant decline in their drinking over time. It may be that as adolescents or young teenagers these young women were not consuming alcohol at the same elevated or extreme levels as the young men or were consuming less frequently. As a result these young women were continuing to consume at the same rates as when they were underage. This should be explored further to clarify if this difference is consistent among the larger population of young adults.

Since cost also influenced frequency of going out, gimmicks or specials such as Power Hour and Ladies Nights were seen to be effective in targeting women. However, most felt that the real purpose of these was to use women to attract men to a venue:

- *Women don’t go to the bars as much as men but [establishments] want the men who do more of the drinking so you have to bring in the women and the men will follow.*
- *Men have more money and more time to drink.*
- *This is why female waitresses are all dressed sexy, butts hanging out.*
- *That’s why they have those contests [wet t-shirt, etc.].*

Use of women in “selling liquor” in this context was discussed briefly with a certain amount of cynicism and disgust/disdain about advertising campaigns that blatantly “*exploit women*” and the relationship between men, liquor, and sex:

- ... *like the Alehouse ads – ‘when they put her ass back in harassment’*
- *They seem to always use woman to sell beer to guys.*
- *Yeah the guys are always just regular or even kind of dorky with these beautiful girls hanging off them who say nothing but have great bodies. Like that’s real.*

Reasons for Drinking and Overdrinking

Alcohol was used primarily by the young women to reduce inhibitions and relax.

- *loosen you up*
- *It’s fun to let yourself go.*
- *relaxing and fun*

There was agreement that “*there are differences between guys and girls*” in terms of why they drank and that typically men:

- *drink to have a good time*
- *They don’t drink to loosen up.*
- *I think women like drinking more than men...cause it gives us an excuse to let go,*
- *Makes us more in sync with them [men].*
- *We show off, put on a show for them, dance.*
- *Guys pay more attention to you.*
- *Lose your inhibitions.*
- *There is a line but...easy to cross over sometime”.*

These women noted that most guys did not seem to mind girls overdrinking as long as “*you don’t get too sloppy*”. In fact it appears that use of alcohol let some of the young women relinquish control so they “*have an excuse to be irresponsible too*”. This suggests that the young women believed men had to be in more control and were seen (perhaps) as predatory:

- *on the hunt*
- *[Alcohol] lets you do things that you wouldn’t normally say or do. Guys know this.*
- *Guys are wanting to be social and trying to find a girl with her guard down.*

Conversely, to these young women, male drunks were considered to be “*totally uncool*”; “*bumping into you, slobbering*”, “*It’s disgusting*”. They indicated a perception that guys could get aggressive, mean or sloppy when they were drunk and a belief that most guys knew that this was a “*turn off*” for girls.

- *A lot of guys don’t get drunk when they are out with a girl or looking to pick one up.*
- *Just drink enough so they get their courage up.*
- *My brother drinks so he can dance.*
- *Tend to get wasted with their buddies.*
- *I hate when [my husband] goes out with the guys cause he usually gets drunk then.*

It was also noted that some men drank to escape problems and that this could be similar for women too; “*Maybe difference [between men and women’s reasons for drinking] isn’t as great as it was before*”. Like the young men, for the young women drinking alcohol was considered:

- *enjoyable and relaxing*
- *makes you feel good*
- *Nothing bothers you.*
- *Don’t worry about anything else.*

Situations/Occasions for Overdrinking

While the young women cited many similar circumstances as the young men for overdrinking (for example, birthdays and other celebrations, significant milestones such as graduations, anniversaries), they were more likely to mention overdrinking in response to emotional situations or to escape negative feelings:

- *A close friend died and that was the first time I got drunk since I had the baby.*
- *when I am feeling bad*
- *when something emotional good or bad happens*

Dancing was another situation that was mentioned exclusively by the young women as leading to overdrinking:

- *Don’t really realize you are drinking because you are dancing and already drunk.*
- *You are up there putting on a show, get hot and thirsty and easy to suck back another drink, makes you dance more and so on.*

The women also noted that overdrinking could be done in retaliation to even the score with a partner or spouse:

- *He was out for a bachelor party longer than expected, so I made sure I was good and drunk when he got home.*
- *He got drunk and stupid so next night I made sure he saw me drinking hard and having a real good time.*

This reinforces the notion that the young women sometimes drank to establish equality with a partner.

Most of the young men taking part in the original study indicated that getting drunk was largely a planned activity; something that they knew was likely to happen before they went out. For the young women, overdrinking was sometimes planned; however, getting drunk seemed to be an unexpected outcome more often than for the young men:

- *I never plan to get drunk, I didn’t plan it for my friend’s birthday last week.*
- *Just seems to happen.*
- *Depends on a lot of things like whether or not you are eating, if it’s that time of the month, if it just feels right and you end up drinking too much, more than expected,*
- *Different liquor has different effects.*

Since the overdrinking was often unplanned, this meant that the young women were often unprepared for consequences:

- *Didn't know I was going to get drunk so could have had some problems, gotten hurt.*
- *I know friends who have gotten into bad situations because they were in over their heads.*

One of the situations mentioned as an occasion for overdrinking was the death of a friend or family member and, ironically the anniversary of a friend's death from a drinking and driving.

Like the young men, despite the fact that many of the young women knew in advance that they might go out and overdrink, there was very little pre-planning or precautions taken to ensure safety and well-being in the event they became drunk. In fact, the only mention of protective planning was to “*go drinking with people or friends you trust*” and to make sure “*you don't plan on driving*”. Another participant mentioned taking herbal hang-over pills to avoid any “*morning after*” discomforts like headaches or nausea.

Participants were asked if peer pressure played a role in drinking and overdrinking. While some acknowledged the role of friends encouraging them to drink, there tended to be a negative response to the term “peer pressure”. Alcohol was seen as more gratuitous, ubiquitous or part of our culture. They indicated that once one reached the legal drinking age and beyond, offering guests a drink and refills was simply good manners:

- *It's not so much peer pressure, it's like 'You don't have a drink. Do you want a drink? Can I get you a drink?'*
- *It's like it is expected.*
- *Peer pressure is what happened when I was really young now drinking is part of whatever you do.*
- *Alcohol is just part of any social gathering.*
- *It's what we have grown up with.*

Consequences of Drinking/Overdrinking

Participants were initially vague about consequences associated with drinking, offering few examples beyond physical side-effects and inconveniences:

- *get sick.*
- *used to [get sick] all the time*
- *not as much now that we are older and know more about it*

Again most participants reported “*learn[ing] by trial and error*”.

Drinking and driving was spontaneously mentioned and more than half of the participants knew of someone who had died in a drunk driving related incident. Reference was made to advertising suggesting that this issue had been well publicized; most of the young women claimed that they

would never drive while under the influence. However, many admitted to getting in a vehicle with someone else (“usually a guy”) who was “probably over the limit”.

Some of the participants did not know what the limit was and so may have inadvertently violated it:

- *What is the limit? If I had a glass of wine, does that mean I was over the limit?*
- *Four ounces and you are over the limit, right?*

It was noted that women were more likely to get away with infractions than men; this was considered to be unfair and could be dangerous:

- *Police definitely look the other way sometimes [because you are a woman].*
- *That’s the sexual power thing I was talking about.*
- *Last weekend I had a buzz on, drove two houses down, got caught by the police, failed the breathalyzer and the cop ended up giving me his phone number, I could have driven away.*
- *That’s not right, someone else would lose their license but she gets off because he thought she was cute.*
- *She got off cause he thought he could get lucky with her, you know, sex maybe.*

Injuries were talked about in association with overdrinking. Everyone knew of others who had suffered serious alcohol-related injuries while most had personal experience limited to more minor scrapes, bangs and bruises:

- *You don’t feel it when you are drunk.*
- *clumsy and fall down*
- *Injuries are pretty common but usually nothing too serious.*

Issues of alcohol poisoning, vulnerability and violence were specifically explored among the women taking part in the group.

The first two issues were not particularly evocative for participants. There was little concern or knowledge expressed regarding either alcohol poisoning or vulnerability to sexual or physical abuse or misadventure while under the influence of alcohol. Few reported first-hand exposure to alcohol poisoning despite the fact they had mentioned experiencing symptoms consistent with such a condition; “Never seen it”, “What is it?”

All but one participant had been ill at some time from drinking - vomiting, passing out. Two indicated episodes that were similar to black-outs:

- *One time I couldn’t even remember what I had done but other people told me I had been dancing and kissing a guy.*
- *I’ve woken up and didn’t have a clue about how I got home.*

In terms of vulnerability, under probing, this was recognized as “*more of a problem for girls than guys*” but again little first-hand experience was noted; “*I have a friend who was very drunk and she feels she was raped*”. However, participants were reluctant to link drinking and unsafe sex together:

- *I don't think being drunk has anything to do with it.*
- *Either you practice safe sex or you don't.*
- *becomes automatic*

There was some discussion around whether or not alcohol was typically a precursor for sex; most protested that they were usually “*sober*” in this scenario. However, much of the discussion contradicted this assertion. The participants observed that everyone had friends “*who are all over each other when they are drunk*”. “*Used to be, let's drink, go out and see who gets the first guy*” but this did not necessarily mean that “*you were willing to have sex, but you could if you wanted to*”. One woman noted that “*one of my signs of being an adult is when you have your first sober kiss*” suggesting alcohol played a significant role for at least some young women in early relationships and intimacy between the sexes.

Apparently a more recent development on the local bar scene was for “*girls to be making out with other girls*” on the dance floor or publicly. “*Girls are doing it for the attention, for the guys*”.

When specifically asked about “*beer goggles*” (a term used frequently by the young men in the prior study), the majority of the young women were not sure what the term meant. When the term was explained, the young women noted that they considered this to be a largely male issue since when drunk:

- *Men go after anything for sex.*
- *people you wouldn't normally go for*
- *A guy drunk at a party asked me 'If I go after that one will the guys make fun of me in the morning?'*

There were feelings expressed that women were not as indiscriminant in pursuit of sex (as men) but that alcohol did make many women more promiscuous and sexually adventurous because it relaxed inhibitions:

- *I become more of an exhibitionist.*
- *Dance really wild and sexy.*
- *Dance, even make out with other girls, not because your gay or anything but for the guys, to turn them on.*

Violence and alcohol was a fairly common mix for participants. Half of the group had been involved in a physical fight while drunk:

- *Easier to fight when you're drunk – can say things easier, makes you more aggressive, say things you wouldn't normally say.*
- *I've been in a fight – my last one was three years ago, when I was younger. If you're in my face I'll give the three second rule and then it's on. But people are more aggressive, and when I'm drinking there ain't no three second rule.*
- *I feel good about [fighting] at the time but I feel kind of bad after.*

When asked if they thought that women were getting more aggressive, these focus group participants indicated feeling that society and people in general were becoming more violent:

- *I think everyone is [getting more aggressive], sober or drunk.*
- *My brother just got robbed a gun point the other night.*
- *People are getting crazy.*

There was agreement that

- *Alcohol added to the mix probably makes people even worse.*
- *[Alcohol] sometimes gives people excuse to let go.*
- *Alcohol can make people feel invincible but there are also a lot of mean and aggressive drunks out there.*

Avoidance was considered the best way to cope with an aggressive drunk:

- *cause you just can't reason with them*
- *best to get out of their way and let them sleep it off*
- *They might regret it later but there isn't anything you can do except make sure you aren't the one they are going to go after.*
- *Don't antagonize them, leave them alone and go your own way.*

Perceptions of Low-Risk Drinking

As was the case in the session with the young men, the young women taking part in the study were all asked for their perception of low-risk drinking.

The response of the young women was highly similar to that of the young men. Essentially low-risk drinking was not linked to a specific amount of alcohol but was a concept that took into account **individual capacity** (for example, personal tolerance, **the circumstances** (for example, environment) and **conditions under which the alcohol was being consumed** (for example, impacts and consequences).

Participants suggested that personal low-risk limits would vary depending upon the interplay between these factors. For example, participants felt that **individual tolerance for alcohol**

varied depending on weight, age, past and current experience with alcohol, what the person was drinking and speed of consumption:

- *Obviously the bigger you are the more you can usually drink but not always true.*
- *Have to also consider other things like whether or not you have eaten or are on other drugs.*
- *If you are tired or on your period might be more sensitive to alcohol.*
- *How much you usually drink.*
- *Amount that is OK today might not be tomorrow.*
- *Must gage your intake and your reaction.*
- *How fast you drink has big effect.*

The **drinking environment** was also considered an important determinant of risk:

- *If I'm in a place where I'm comfortable and I'm not driving, I can drink a whole bunch and there's no risk.*
- *If I have a ride home then I don't limit myself.*
- *Responsible is knowing your personal limits, having a ride home.*
- *Depends if you are drinking at home or in public, got to control the amount of alcohol you drink in public.*

Reasons for drinking were considered to also play a role; thus the context of the situation must be considered and taken into account:

- *In some situations you are just going to drink more and it is appropriate here but not in another type of situation.*
- *Are you celebrating or because you are depressed.*
- *Isn't drinking alone more dangerous than with friends socially.*
- *There's a difference between drinking because your friend died and drinking for three years because of it.*

The **presence of other responsibilities** was considered a component of low-risk drinking:

- *More likely to drink at school because it's a social environment and you don't have the same responsibilities.*
- *I used to drink and go to school three hours later, hung-over.*
- *Can't get up hung-over when you have a baby. It makes it hard to get up and take care of the baby, can't get the energy to get up.*
- *Have to plan, it's either him (husband) or me but someone has to be able to get up now.*
- *I drink more in the summer, less responsibility than during school year.*
- *It's not so much your age, it's whether or not you have time and lack of responsibilities. Maybe that is why younger kids get drunk so much.*
- *Day off, drunk the night before.*

When asked what they did to reduce the risks associated with alcohol consumption, responses ranged from eating specific food to making sure they went out with trusted friends:

- *Every time you drink you've got to go for McDonald's", "Need grease to soak up liquor slow down absorption"*
- *Avoid games like funneling. You see more funneling with guys. 'Olympics for men'.*
- *All the girls I know play drinking games, just have to make sure you have eaten and are in a safe place and don't drink it too fast.*
- *Speed of consumption, eat to regulate it.*
- *Time frame, how much time you have to drink.*
- *Don't be in a place you don't know with people you don't know.*
- *Stick with people you trust*
- *Don't leave your drink unattended, travel with a group of close friends.*
- *Don't dress like a slut.*
- *Have a drive arranged, a way to get home.*
- *When you are dancing it is easy to over-drink, have alcoholic and non-alcoholic drinks, maybe water, available so not downing stuff cause you are thirsty.*
- *Always check your reasons for drinking. When you are angry you are more likely to over-drink and drink quicker.*

SECTION 3: MATERIALS EVALUATION

Evaluation of CAMH's Low-Risk Drinking Guidelines Brochure

Copies of the CAMH Low-Risk Drinking Guidelines brochure were distributed. Participants were asked to review the information, mark specific appealing and unappealing features using the green and pink highlighters and then to complete the relevant page in the in-session questionnaire.

Recorded Likes and Dislikes

LIKES for CAMH's Low-Risk Drinking Guidelines Brochure

- Health sections.
- Facts about how much alcohol is harmful and how much is not harmful.
- Some of the points.
- Promoting not drinking while pregnant. Promoting 'being responsible' list. "Health benefit".
- Some facts I didn't know.
- Guidelines do not apply if you promote responsible hosts.

DISLIKES for CAMH's Low-Risk Drinking Guidelines Brochure

- Repetitive. Too much information. Doesn't speak to really young people.
- Tells you not to drink.
- Some of the statements.
- Obvious information is demeaning, or information almost anyone will ignore. For example, 'wait one hour between drinks'. Drinking standards for men and women.
- Men - 14 drinks. Women - 9 drinks.
- Drink amounts aren't realistic

Recorded Evaluation/Ratings

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

	Working Status		Total
	Non-Student	Student	
Design			
Very appealing	---	1	1
Somewhat appealing	2	1	3
Not at all appealing	2	2	4
Amount of information presented			
Too little	---	1	1
Just right	3	1	4
Too much	2	2	4
Information was believable			
Yes	2	2	4
Somewhat	3	2	5
No	0	0	0
Information provided was useful			
Yes	2	---	2
Somewhat	3	4	7
No	0	0	0
Ease of understanding			
Too easy	1	2	3
Just right	4	2	6
Too hard	0	0	0
You learned something new			
Yes	3	2	5
Somewhat	1	2	3
No	1	---	1
Likelihood of picking up this information			
Very likely	0	0	0
Somewhat likely	2	1	3
Not at all likely	3	3	6

The design of the brochure was not appealing; only one participant attributed a high rating; four indicated it to be “somewhat appealing”. Participants were also evenly split on whether the amount of information was “just right” (n=4) or “too much” (n=4). The majority rated the information provided as only “somewhat useful” (n=7). Credibility of the information was rated more favourably with all participants indicating the information was believable on some level, and considered not difficult to understand.

Despite the fact that all but one participant agreed they had learned something new from the brochure, six of the nine women indicated they were “not at all likely” to pick up this information on their own.

Group Discussion

Similar to the young men, the young women felt that they were not the target market for this brochure. There was some discussion surrounding the value of brochures in reaching young adults with a general response that “*brighter, catchy stuff*” is needed to reach people and

- *grab their attention*
- *Need something like the non-smoking ads on TV to get a young person’s attention.*
- *It’s more about visuals, commercials like the ecstasy and drinking ads.*

Overall response was divided between a feeling that the “*whole thing is a waste of paper*”, “*no one would pick this up*” and that “*maybe there was some valuable information*” that could be communicated.

The preferred elements of this brochure centered on the information provided and not the actual design or layout. Interestingly, such elements did not include the low-risk drinking guidelines themselves but rather the ancillary information provided as supportive tips. In particular, participants favourably noted the promotion of responsible hosts, practical tips (for example, encouraging eating) and the various other points of interest including “you’ve heard alcohol is good for your heart”, cancer, sports and especially the specific risks for women versus men (for example, pregnancy and 9+ drinks per week).

There was a perception that this material was aimed at parents or older adults as there was

- *no way a young person is going to pick this up*
- *Maybe could use it to talk to your kid or something.*
- *More for parents talking to their teens.*

In terms of the actual low-risk drinking guidelines, consistent with the findings from the sessions with young males, the two-drink standard was considered “*way too low*”. It was indicated generally that this type of guide was not particularly appropriate or realistic since “*it would be different for everyone*”, “*everyone have difference tolerance levels*”.

Summary

CAMH’s Low-Risk Drinking Guidelines Brochure was not particularly appealing or effective in targeting this group of young women and as such was unlikely to be picked up or used. It may

have potential as an information resource for parents or generally for older adults but was not considered relevant to, engaging, or motivating for younger adults.

Participants were especially critical and skeptical of the drink amounts comprising the low-risk drinking guidelines. Findings suggest there was interest in practical tips and information delivered in a different context especially in terms of host responsibility, reducing risks and general facts.

Evaluation of CAMH's Evaluate Your Drinking Brochure

Copies of CAMH's Evaluate Your Drinking brochure were distributed. Participants were asked to review the information, mark specific appealing and unappealing features using the green and pink highlighters, and then complete the relevant page in the in-session questionnaire.

Recorded Likes and Dislikes

LIKES for CAMH's Evaluate Your Drinking Brochure

- ♦ I like the questionnaire aspect of it.
- ♦ Understandable, not over-bearing, informative and interesting.
- ♦ Awareness of alcohol intake. Charts are good for visual intake of information. Not redundant.
- ♦ The pie charts and graphs.
- ♦ More personal. People like filling these kinds of questions out.
- ♦ It forces you to look at how much you drink.
- ♦ One standard drink.

DISLIKES for CAMH's Evaluate Your Drinking Brochure

- ♦ Comparison pie chart is too general. It should be classified by age and gender.
- ♦ Age changes everything - men?/women? Chance of negative consequences - somewhat hard to boil down to a bar graph don't you think?
- ♦ The age charts.

Recorded Evaluation/Ratings

#2 – CAMH’s Evaluate Your Drinking Brochure

	Working Status		Total
	Non-Student	Student	
Design			
Very appealing	0	0	0
Somewhat appealing	3	3	6
Not at all appealing	1	---	1
Amount of information presented			
Too little	1	1	2
Just right	3	2	5
Too much	1	1	2
Information was believable			
Yes	2	2	4
Somewhat	3	1	4
No	---	1	1
Information provided was useful			
Yes	1	---	1
Somewhat	3	2	5
No	1	2	3
Ease of understanding			
Too easy	1	1	2
Just right	3	3	6
Too hard	1	---	1
You learned something new			
Yes	3	---	3
Somewhat	1	1	2
No	1	2	3
Likelihood of picking up this information			
Very likely	0	0	0
Somewhat likely	1	1	2
Not at all likely	4	3	7

Two-thirds of the young women found the design “somewhat appealing”; five stated that the amount of information presented was “just right”. All but one participant felt that the information was at least “somewhat” believable and had no problems with the comprehension level of the information. Just over half of the women indicated that they “learned something

new” from the material (n=5); however, all but two stated they were “not at all likely to pick up” this piece.

Group Discussion

In general, CAMH’s Evaluate Your Drinking brochure elicited more positive responses than the Low-Risk Drinking Guidelines largely due to the appeal of the self-assessment format. However, the experience of using the brochure did not necessarily live up to expectations or its billing; “*I thought Oh, Evaluate Your Drinking, OK - but then it didn’t do anything for me. Disappointing*”. The idea of evaluating your drinking was appealing but “*the whole personal part of filling it in gets lost, and you become a statistic*”.

The use of pictures and graphs was a positive feature and “*made it better than the last one*” but the graphs were a bit confusing for participants at times:

- *Like someone didn’t really think this out.*
- *The graphs should have age and gender broken down. The pattern for someone who is 20 will be different than for someone older.*
- *It was hard for me to do because I don’t drink every week now.*
- *I can have a lot at one time, but go for months without any so it’s hard to fill out.*

There was a lot of disbelief about definitions of “*binge drinking*” and “*what Health Canada thinks is standard and what we think is standard*”. There was a definite consensus that “*3 drinks is not binge drinking*”. For the majority of participants the information again was not relevant or useful in any meaningful or engaging way:

- *Not relevant to me; 8 out of 10 of my friends are drinking the same as I do.*
- *This isn’t high-risk it is normal for our age.*
- *Just sounds preachy like the other one.*

One participant suggested that the endorsement by CAMH that might discourage people from picking it up; “*Brought to you by the Centre for Addiction and Mental Health – some people might be offended or put off by that*”.

Summary

The **concept** of CAMH’s Evaluate Your Drinking Brochure **was appealing** to the young women but the content fell short of expectations and was disappointing because it was not relevant to the young women and their own drinking experience.

It was agreed that there is value in inviting people to take a look at their own drinking habits. The use of graphs and other summary information was preferable to continuous text but the information was so generalized that it had little significance or worth for young adults. More

customized content that takes into account lifestyle and other factors, is recommended for young adults.

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

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

- ♦ Much better - states the facts.
- ♦ Good information - realistic.
- ♦ 'With whom' section - people often forget about unattended drinks. Website on back - more discreet.
- ♦ It has great ideas.
- ♦ Signs of alcohol poisoning.

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

- ♦ What is the purpose of the brochure? No new information, really.
- ♦ Front cover – hokey!!
- ♦ Some are unrealistic.
- ♦ Binge drinking.

Recorded Evaluation/Ratings

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

	Working Status		Total
	Non-Student	Student	
Design			
Very appealing	0	0	0
Somewhat appealing	2	2	4
Not at all appealing	2	1	3
Amount of information presented			
Too little	0	0	0
Just right	4	4	8
Too much	1	---	1
Information was believable			
Yes	3	1	4
Somewhat	1	3	4
No	1	---	1
Information provided was useful			
Yes	2	1	3
Somewhat	2	3	5
No	1	---	1
Ease of understanding			
Too easy	2	---	2
Just right	3	4	7
Too hard	0	0	0
You learned something new			
Yes	---	2	2
Somewhat	2	1	3
No	3	1	4
Likelihood of picking up this information			
Very likely	0	0	0
Somewhat likely	2	1	3
Not at all likely	3	3	6

Approximately half of the group rated the brochure design as “somewhat appealing” (n=4), while one-third said it was “not at all appealing” (n=3). However, the majority of participants felt that there was just the right amount information presented and that this information was both believable and useful to them (n=8). Although two-thirds of the group felt they were “not at all likely” to pick up this brochure (n=6), five of the nine women admitted that they “learned something new”.

Group Discussion

There was a slight division in response to this brochure. Some of the more sophisticated and informed participants felt it was too simplistic and patronizing but for the majority this piece elicited a positive reaction.

There was agreement among all participants that this is “*something that should be passed out to the young kids*” at early or the pre-drinking stage. It was seen as especially relevant for younger females but even among the current participants it was acknowledged that this brochure had “*a lot of practical information that is really good for everyone to know*”. Although junior high age adolescents were seen to be the key target for this material, participants indicated that there was also opportunity to adapt this material for older teens and young adults;

- *Girls my age still forget and leave their drinks unattended.*
- *I didn't know that the lethal dose is close to the social dose.*
- *Practical stuff, more useful, of interest.*
- *signs of alcohol poisoning*

The information itself generated debate among the participants, stimulating discussion and creating dialogue:

- *I thought it was way better delivery than the others but still question who it is supposed to be targeting.*
- *Well, I think it's targeting kids in Junior High.*
- *Me too.*
- *Yah but seems like it's an adult's idea of what a young person needs to know.*
- *Maybe but I didn't know some of this stuff.*
- *I didn't either and there is some good information here.*
- *[I have] problems with the part “if person can't be woken up”, a sober person can be difficult to wake up.*
- *I'd rather wake someone up though than say ‘oh they're sleeping and let them die’.*

The principle criticisms centered on the appearance of the material and language used.

- *It looks and sounds pretty hokey.*
- *No personality in how it looks.*
- *Need to make this look more grown-up if you want adults to pick it up or read it.*

Again there was strong disagreement with the definition of binge drinking as 3+ drinks per sitting:

- *Are they kidding? I am just getting started then and I am not a serious drinker.*
- *This seems ridiculous.*
- *Binge drinking is when you get wasted not a certain number of drinks.*

Summary

Addiction Services, Capital Health District's Your Drinking Plan Brochure was well received and seen to be particularly appropriate for distribution to adolescents. However, while the young women found value in the information they were put off by the perceived "*immaturity*" and "*lack of professionalism*" in how the material was presented. The language, layout and "look" would have to be modified to make it more meaningful to young adults but this may be a worthwhile investment in developing a likely resource to be picked up and used.

Evaluation of NIAAA's Top Ten Myths about Alcohol Sheet

NIAAA's Top 10 Myths about Alcohol sheet was the fourth piece 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 copies for individual written comments followed by group discussion.

Recorded Likes and Dislikes

LIKES for NIAAA's Top 10 Myths About Alcohol Sheet

- I liked the top ten Facts & Myths.
- Tells the myths we all hear and then the facts.
- Format is good.
- Drinking and driving facts.
- I like the layout.
- Myth #3 (drinking isn't all that dangerous) & Myth #5 (it's ok for me to drink to keep up with my boyfriend). Quick read/easy to present. Ideal on buses and walls, not as hand out. Too big.
- It's direct.
- Myth #3 (drinking isn't all that dangerous), #4 (I can sober up quickly if I have to), #5 (it's ok for me to drink to keep up with my boyfriend) & #10 (Beer doesn't have as much alcohol as hard liquor).

DISLIKES for NIAAA's Top 10 Myths About Alcohol Sheet

- Some are not as realistic as others.
- It's ridiculous really. Who doesn't know these things, "Myths"? The whole peer pressure thing (myth 9), come on! It's been done and said before. How much does anyone pay attention to the old "fitting in" stuff?
- Some of the myths and facts - #1 (alcohol improves my sexual performance), #2 (I can drink and still be in control), #5 (it's ok for me to drink to keep up with my boyfriend), #6 (There is no point in postponing drinking until I am 21), part of #7 (I can manage to drive well enough after a few drinks) and #9 (I have to drink to fit in).
- "I have to drink to fit in". We are all painfully aware of peer pressure. At the time we never consider it.
- It doesn't apply to everyone.
- #1 (alcohol improves my sexual performance), #2 (I can drink and still be in control), #7 (I can manage to drive well enough after a few drinks), #8 (I'd be better off if I learn to 'hold my liquor') and #9 (I have to drink to fit in).

Recorded Evaluation/Ratings

#4 – NIAAA’s Top Ten Myths About Alcohol Sheet

	Working Status		Total
	Non-Student	Student	
Design			
Very appealing	2	3	5
Somewhat appealing	2	---	2
Not at all appealing	0	0	0
Amount of information presented			
Too little	1	---	1
Just right	4	4	8
Too much	0	0	0
Information was believable			
Yes	2	2	4
Somewhat	3	1	4
No	---	1	1
Information provided was useful			
Yes	3	3	6
Somewhat	1	---	1
No	1	1	2
Ease of understanding			
Too easy	2	---	2
Just right	3	4	7
Too hard	0	0	0
You learned something new			
Yes	2	2	4
Somewhat	1	2	3
No	2	---	2
Likelihood of picking up this information			
Very likely	1	3	4
Somewhat likely	3	---	3
Not at all likely	1	1	2

This sheet generated the highest level of appeal for the look and layout. Almost all of the group participants felt that the design was at least “somewhat appealing” (n=7); five out of these seven rated the fact sheet as “very appealing”. All but one thought that just the right amount of information was presented (n=8) and that this information was useful (n=7) and at least “somewhat” believable (n=8). Seven of the nine women had no difficulty with comprehension; they also felt that they had gained some new information from it. Unlike the other materials

presented, the majority of participants said they were at least “somewhat likely” to pick up this information (n=7).

Group Discussion

There was a strong positive response to the, layout and design of the Top Ten Myths about Alcohol sheet:

- *I like this one.*
- *like the look, layout*
- *eye is drawn to the numbers*
- *can see it on a bathroom wall*

The Question and Answer format was considered a strength although some participants felt it would be better if the answers were kept more “*short and concise*” as some of the answers “*are a lot to read*”.

Despite uniform appeal of the design the women were less enthusiastic about the actual content and found many of the questions and answers annoying, irrelevant and even patronizing. Some generated fairly strong disbelief or opposition, which decreased the credibility of the entire sheet.

One of the key problems tended to be that in making the information more broad, the value of the specific information was lost. Instead the answers fell back on generalities that did not ring true for the participants and therefore were frustrating. Participants expressed a desire for personally relevant information that was not intended to make decisions for the reader:

- *The information provided is pretty obvious. Give us some real info so we can make our own choices.*
- *There is a difference for men and women sexually and in other ways.*
- *I don't think it is true.*
- *I feel like I'm pretty good in bed when I'm drunk. Maybe not drunk but I am definitely more relaxed and responsive when I drink.*
- *Not even an appropriate question cause people don't think.*
- *I'm going to be a great lay when they are drunk.*
- *I like #2 and #7, you have two drinks and you lose your peripheral vision.*
- *I don't like # 2 because everyone is different I can drink and be in control.*
- *Just don't agree that you can't have one drink and drive...everybody does so this means nothing.*
- *Forget the peer group stuff already. This is meaningless.*
- *It instantly makes you feel negative, makes me feel bad about myself.*
- *These are not things you want to hear. You're never going to get a pamphlet out there that people will pay attention to cause you are telling people 'don't have a good time'.*
- *More realistic to have a test to see if you are OK, like 'How Drunk Are You?'*

Summary

NIAAA's Top Ten Myths About Alcohol Sheet was a preferred design. The Question and Answer format was appealing to the young women. There was a consensus that the information needed to be "*more factual and less judgmental*".

The content was considered a bit too subjective and "*preachy*" in places. These young women wanted the facts presented in a quick, attractive and engaging format. They responded poorly to generalities and platitudes (for example, "*most of your peers don't drink, WRONG*"). When questions and answers are presented, they need to be kept realistic and relevant. ("*Don't tell us what to do, give us better information to make our own choices*".)

Evaluation of NS Addiction Services' Alcohol Fact Sheets

Two Alcohol Fact sheets were distributed (together) and evaluated in the focus groups. Alcohol (orange) 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, Physical Effects of Alcohol (blue) presented a series of factual bulleted paragraphs and contact information for Addiction Services offices throughout Nova Scotia.

Recorded Likes and Dislikes

LIKES for NS Addiction Services' Alcohol Fact Sheets

- ♦ The hard cold facts.
- ♦ Hard truth.
- ♦ Great information - good amount of information.
- ♦ Nothing.
- ♦ Anything that puts it into a circumstance/situation. How it (alcohol) works in the body.
- ♦ Very full of facts.
- ♦ Effects.

DISLIKES for NS Addiction Services' Alcohol Fact Sheets

- ♦ Too long. Not catchy enough.
- ♦ Too long.
- ♦ Boring to read, layouts are poor.
- ♦ Way too much information! Common sense!
- ♦ They read like it's meant for an alien. Too obvious.
- ♦ Way too long.
- ♦ Too long.

Recorded Evaluation/Ratings

#5 – NS Addiction Services’ Alcohol Fact Sheets

	Working Status		Total
	Non-Student	Student	
Design			
Very appealing	0	0	0
Somewhat appealing	1	1	2
Not at all appealing	3	2	5
Amount of information presented			
Too little	0	0	0
Just right	1	3	4
Too much	4	1	5
Information was believable			
Yes	3	3	6
Somewhat	1	1	2
No	0	0	0
Information provided was useful			
Yes	1	2	3
Somewhat	3	2	5
No	1	---	1
Ease of understanding			
Too easy	1	---	1
Just right	4	4	8
Too hard	0	0	0
You learned something new			
Yes	2	3	5
Somewhat	1	1	2
No	2	---	2
Likelihood of picking up this information			
Very likely	1	---	1
Somewhat likely	0	0	0
Not at all likely	4	4	8

Five of the nine young women found the design of these fact sheets to be “not at all appealing” and that there was too much information offered. All but one of the participants felt the information was at least “somewhat believable” and useful and described the ease of comprehension as “just right”. Once again, the majority stated that they learned something new from the fact sheets (n=7), but almost all of the young women did not feel they would pick these up on their own (n=8).

Group Discussion

The consensus was that these Fact Sheets were “*too long*” and densely packed with information; “*I would never sit down and read this*”.

When asked who they think the target was, the majority felt it was not for them and were uncertain about who would actually pick it up and read it.

- *This is for aliens.*
- *I just skimmed it. I don't like it at all, can't get through it.*
- *It's not targeted to anyone I know.*

However for at least one participant this type of information was preferred even if the current format was “. . . *completely unappealing. I like this the best. It's not some fluffy thing, it says what it is. I would pick it up if I saw it in a doctor's office*”.

While the information may be good, participants did agree that most young adults were never going to “*get around to finding out cause there is no way they are going to read it or pick it up*”. The biggest barrier to use was that the design and content were considered to be “*boring*” but might able to be used as a classroom resource such as: “*Career and Life Management Class*” or health classes for “*health conscious people*”.

- *It's for learning in school.*
- *Good thing for teachers to have as a resource.*
- *Maybe even take it home for parents or something.*

Summary

NS Addiction Services' Alcohol Fact Sheets had authority and credibility but the amount of information and unattractive design were considered boring and off-putting to participants.

Young adults were seen to be highly unlikely to “*go near this*” on their own. They were considered to be more likely to have value as a resource for adults teaching or working with others who may benefit from such detailed understanding. While they contained good factual information, they were not seen as inviting, engaging or relevant to the young women taking part in the current study. The content may be useful as a resource in generating Question and Answer materials designed for teens and young adults.

Comparative Evaluations/Ratings

The following chart summarizes the ratings for each of the five 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	---	---	5	---
Somewhat appealing	3	6	4	2	2
Not at all appealing	4	1	3	---	5
Amount of information presented					
Too little	1	2	---	1	---
Just right	4	5	8	8	4
Too much	4	2	1	---	5
Information was believable					
Yes	4	4	4	4	6
Somewhat	5	4	4	4	2
No		1	1	1	---
Information provided was useful					
Yes	2	1	3	6	3
Somewhat	7	5	5	1	5
No	---	3	1	2	1
Ease of understanding					
Too easy	3	2	2	2	1
Just right	6	6	7	7	8
Too hard	---	1	---	---	---
You learned something new					
Yes	5	3	2	4	5
Somewhat	3	2	3	3	2
No	1	3	4	2	2
Likelihood of picking up this information					
Very likely	---	---	---	4	1
Somewhat likely	3	2	3	3	---
Not at all likely	6	7	6	2	8

Key Observations

- CAMH’s Low-Risk Drinking Guidelines brochure was easy to understand and was comparable to the other materials in terms of credibility. It was ranked highest on conveying new information. However, like the young men, these young women were unlikely to pick up this material.
- CAMH’s Evaluate Your Drinking brochure scored second to the Top Ten Myths About Alcohol Fact Sheet in terms of appeal of the design. It scored among the highest for ease of understanding. However, the young women indicated that they learned little new information from this material. Also, the fewest number of people in the group assessed it as useful. (The young men, however, had ranked this brochure as the most informative.)
- Among the young women, Addiction Services Capital Health District’s Your Drinking Plan brochure ranked among the highest in terms of amount of information presented, ease of understanding and utility of the information (the young men were a bit less enthusiastic although all had agreed that this material should be targeted to a younger audience).
- NIAAA’s Top Ten Myths About Alcohol sheet had the highest number of participants who indicated at least some likelihood of picking it up (“somewhat likely” + “very likely”). It scored among the highest in terms of appeal of the design, amount of information presented, usefulness of the information and ease of understanding. The format was preferred by both the young men and young women. The questions and answers included should be tested to ensure relevance and clarity for a Nova Scotia audience.
- NS Addiction Services’ Alcohol fact sheets ranked highest in terms of the believability of the information and among the highest for ease of understanding. Participants indicated that they had learned something new but found the sheets to have the least appealing design. The materials were noted to be the least likely to be picked up and used (consistent with findings in the sessions with the young men).

Additional Materials from The Portman Group (England)

Following the formal review of the five sets of materials, the group was presented with some additional materials for general comment.

If You Do Do Drink Don't Do Drunk – Poster and Materials

The poster (presented for evaluation) shows a young woman's face (a bit glassy-eyed) in the foreground and in the shadow behind her the figure of a young man with blurred print stating, "If you do do drink, don't do drunk".

While the quality and design of the poster was appealing, the young women tended to be largely confused or negative towards the actual content and context. The poster caught their attention but then did not deliver any meaningful message. In fact there was a great deal of uncertainty as to what the message was:

- *I don't see the connection, she doesn't look like she has been drinking.*
- *She looks like she could be scared of him whether she is sober or drunk.*
- *It looks like a movie poster.*
- *I would look at it because it looks like it is advertising a movie.*
- *Gets your attention, then tricks you.*

There was also some resistance expressed toward the use of scare tactics in trying to make women be careful;

- *Trying to scare us into being good girls like if we don't watch out how much we drink the bogeyman is going to get us.*
- *putting it on women again*

Participants in general liked the facts in the Alcohol for Students brochure but the guidelines for women and the number of drinks to consume were too low and unrealistic:

- *Three drinks is not too much.*
- *Five might be what you drink before you even go out.*
- *Again it is not about how much you are drinking. I go on how I am feeling. Really it is more about how fast you are drinking. Five drinks in an hour versus five drinks over five hours. Big difference.*

The material was also considered to be too complex, "too much math required to do the calculations". Young adults are not going to be motivated enough to go to this bother. Participants saw little value in going through the information.

Additional Materials from Bacchus/Student Life Education Company

Learn the Bacchus Manoeuvre Poster

The poster entitled Learn the Bacchus Manoeuvre illustrates how to position someone who had 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.

Like the young men, the young women also liked this poster and thought it was helpful and practical. However, the young women were more critical of the presentation:

- *needs colour*
- *Really hard to read the print, use a different font or something.*
- *Only read first two lines and then couldn’t be bothered.*
- *That is important information people should know but just doesn’t stand out.*

Bowling Series Postcards

Seven individual postcards were distributed for brief review near the end of the group session. The cards showed colorful and humorous graphics. The text played on the word “bowling” with images of young people (in various situations) vomiting (into toilet bowls, outside, in bathroom stalls). Each card features the campaign logo of a toilet and two small cartoon heads, with the slogan “If you drink don’t bowl”.

In general the young men liked these materials and found them funny and entertaining. However, the theme had little appeal to the women in the group. Comments centered on the immaturity of the humour and there were questions as to the logic of a postcard strategy and the danger that it might actually glamorize the activity:

- *Why a postcard? Who are you going to send this to? Home to Mom and Dad?*
- *Seems pretty lame, useless.*
- *I can just see a bunch of jerks saying hey I’m on the lawn-bowling team at University.*
- *Coasters make more sense than postcards.*

Summary Comments and Recommendations

After reviewing, evaluating and discussing the educational materials, participants were asked for any final thoughts or comments regarding how they could best be reached with information on alcohol. The feedback and comments were very similar to those from the young men taking part in the earlier sessions.

The following characteristics are recommended for incorporation into harm reduction and communication materials and strategies for reduced and low-risk alcohol consumption targeted for young adults:

- **Realistic** - Information needs to be realistic. It has to coincide with the experience of young adults and what they know to be true, otherwise it will be dismissed and “*won’t be trusted*”, as a source of information.
- **Factual** – Materials need to contain factual information. Young adults want the facts so they can use them to come to their own conclusions and “*make [their] own choices*”. Judgmental, “*preachy*” or a paternalistic approaches will be rejected and potentially generate counter-arguments or behaviour and they will tune it out.
 - . *Don’t tell us what to do.*
 - . *Sounds like a parent telling you not to do something.*
 - . *big turn off*
- **Show consequences** - Link drinking behaviours to real consequences.
 - . *don’t need to scare you into it but give you the real figures of what can happen*
 - . *need to show the consequences so we can see the point of paying attention*
- **Keep it practical** - Participants responded positively to practical tips for reducing risk and staying safe especially when linked to real situations:
 - . *like what happens if you drink so much you pass out or what to do if someone has alcohol poisoning*
 - . *things that can influence the effects of alcohol*
 - . *reasons for drinking, if you are angry you are more likely to over drink and drink quicker*
 - . *If you are dancing, have a glass of water with your drink.*
- **Keep it short and to the point** - Content needs to be direct, concise and simple. The more complicated the information, the faster their (young women) interest waned. Participants

indicated that young adults are not highly motivated to go through this information so any excuse to abandon it will be acted upon.

- . *Have a reference to a website you can go to get more detail if you want.*
- . *[The] website should have a simple catchy name you can remember because we won't write it down".*

In some cases going to such a site may be spontaneous when doing something else on the Internet.

- **Make it engaging.** - According to the young women in this focus group, the more personally relevant the information is, the better. They liked checking on how they rated compared to others but quickly lost interest if the exercise was complicated or focused on issues that did not matter to them: *"I don't care how much senior citizens are drinking, how do I compare to girls my own age?"*
- **Make it fun.** - The young women were not as strong in endorsing humour as the young men but they did mention how appealing the Nova Scotia smoking ads were. This suggests that the right kind of humour has the potential to engage both genders.
 - . *doesn't have to be doom and gloom stuff*
 - . *We are going to drink, so how do we keep it fun?*
- **Make it look good.** - Materials need to be attractive, eye-catching or interesting if young adults are going to pay attention or pick it up. The information may be important and relevant but if the look does not attract the interest or attention of young adults, the likelihood of getting to the content is non-existent.
- **Make it look grown-up.** - The "look" must vary between materials for young adults versus those for teens and adolescents. These young women were sensitive to "hokey" or "immature" or childish packaging – this would definitely deter any interaction with the information - *"Looks like it's for kids or older adults I'm not going to pick it up"*.
- **Setting our own limits** - The low-risk drinking guidelines, outlined in the evaluated materials, did not speak to the young women. The idea of a fixed number of drinks was completely inconsistent with their experience with alcohol. Low-risk drinking was seen to be related to one's current physical state, what and how they were drinking, the circumstances and situation and personal responsibilities; *"It's not going to apply to everyone, it's a customized thing"*. When specifically questioned about promoting a personal Safety Zone, there was a positive response but some skepticism about how it would be defined; *"Good idea but it depends on how they tell you what those safety zones are"*.
- **Get us young** - The young women taking part in this research, (like the young men), felt the best way to reach them was in the school system especially "Junior High", *"Can't use the teachers, [kids] don't listen to teachers"*.

- **Spokespeople** - There is a role for spokespeople and materials.
 - . *need someone acting like themselves, not an authority, older students maybe*
 - . *someone who is cool*
 - . *a trusted person who has experience*

It was suggested that perhaps this role could be filled by university students talking to teenagers in high school and the high school students talking to junior high adolescents.