

## EXECUTIVE SUMMARY

As part of a renewed strategy for prevention and early intervention, Nova Scotia Health Promotion (NSHP) Addiction Services, is supporting the development of evidence-based best practices to address high-risk drinking in the province. Recent quantitative studies had confirmed that high-risk drinking is a problem among males in Nova Scotia, in particular, those 19-29 years of age; however, there was little empirical evidence describing the nature and context of alcohol consumption among this population. This knowledge gap presents a particular challenge when developing strategies that are relevant to this audience. Therefore, qualitative research was undertaken to explore the context of alcohol consumption among young males and to assess their reactions to a series of education materials and messages that highlight low-risk drinking guidelines, personal strategies to reduce consumption, and alcohol effects.

In cooperation with the project lead at NSHP, Addiction Services, Focal Research Consultants was commissioned to conduct four in-depth qualitative research sessions from March 21 to 22, 2005 in Halifax, Nova Scotia.<sup>1</sup> In total 32 young men aged 19-29 years participated in the study, students (n=17) and non-students (n=15) assessed for high-risk (n=17) and low-risk (n=15) drinking patterns.<sup>2</sup> The sessions were three hours in length and consisted of both independent, written evaluation (in-session survey) and group discussion. Verbal and non-verbal techniques were used for information gathering and material assessment. The first hour focused on establishing contextual information for drinking (personal characteristics and experience; behaviours, attitudes and perceptions related to alcohol). During the second two hours, participants reviewed print materials related to low-risk drinking and other alcohol information.

### Limitations of the Study

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

---

<sup>1</sup> This qualitative study was funded through Health Canada's Drug Strategy Community Initiatives Fund, Project No: 6558-03-2004/698007, *Public Education Materials on Low Risk Drinking Guidelines and Personal Strategies for Reducing Consumption of Alcohol*.

<sup>2</sup> For the purpose of the current study young males who consumed 5+ standard drinks per sitting on a regular weekly basis OR consumed 15+ standard drinks per week were recruited as high-risk drinkers. Those young men comprising the low-risk group reported alcohol consumption rates of <5 drinks per time AND 14 drinks or less per week.

## Key Findings Contextual Background (Males 19 - 29 years)

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

- **Problems with drinking** were first encountered long before leaving high school. Early drinking patterns and past incidents of overdrinking were similar between both Low- and High-Risk participants.
  - *junior high and high school*
  - *ages 12-17 years*
- **Early drinking was described as a state of experimentation.**
  - *It's part of growing up.*
  - *I think everyone has done it [drink until they passed out], in high school.*
- The **primary source of information** on alcohol and alcohol consumption tended to be **peers** (“other kids”, “siblings”), or **trial and error**.
  - *Usually nobody is telling us anything about this – just do it yourself.*
- Participants reported **easy underage access** to alcohol yet **hid consumption** due to illegal nature of the activity.
- Alcohol was **typically consumed away from home** and any responsible (for example, adult) supervision.
  - *with buddies*
  - *[with] other kids*
  - *in the woods*
- Initial **motivation for drinking was intoxication**, the standard outcome and usually sole purpose or goal for drinking.
- **Drinking strategies** typically consisted of activities and behaviours that promoted the consumption of alcohol quickly to achieve a state of intoxication.
- Drinking was initiated with **low awareness and/or information** about the effects of alcohol, with **little to no preparation or pre-cautionary consideration of potential consequences** of drinking and overdrinking and with limited access to any information resources or experience.
- **Negative outcomes related to early drinking were common** and almost entirely comprised of physical consequences such as vomiting, passing out, injury, and alcohol poisoning.

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

- ⇒ High level of alcohol consumption and exposure to alcohol consumption  
**Target primary prevention with youth and parents.**
  
- ⇒ Lack of safety and security of early drinking environment/situations  
**Target safety issues and the drinking environment.**
  
- ⇒ Hidden activity: lack of supervision, lack of accountability and thus, limited opportunities for supporting abstinence, moderation and/or intervention  
**Target dealing with secrecy - who to talk to, when to break the silence.**
  
- ⇒ Lack of understanding of effects/consequences of alcohol use  
**Target education and providing relevant information - what you should know before (if) deciding to drink.**
  
- ⇒ Dangerous drinking practices  
**Target dangerous behaviours (e.g. binge drinking, drinking to become intoxicated) and risk reduction.**
  
- ⇒ Lack of information regarding what to do in the case of alcohol-related emergency  
**Target practical safety information and health risks - signs of alcohol poisoning, recovery position, how to help a friend.**

### Developing Drinking Patterns (≈ age 19 - 29 years)

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

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

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

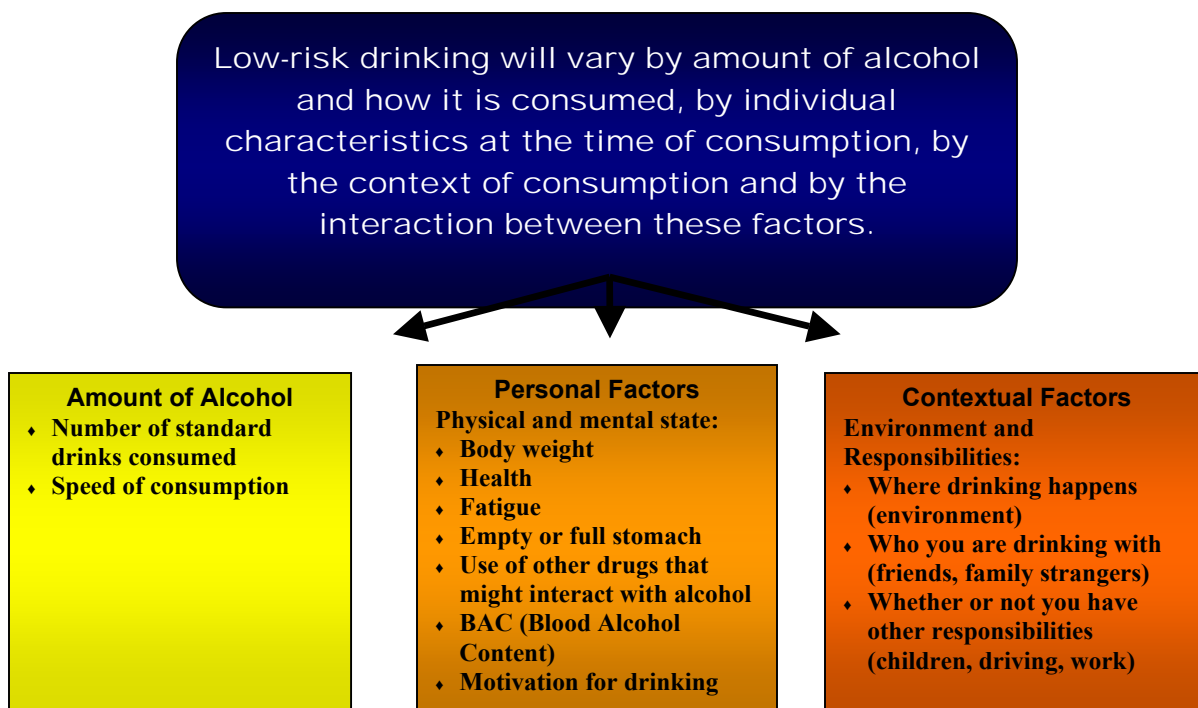
Opportunities exist to **leverage the association** between high-risk drinking behaviour and other related behaviour **to make potential for negative outcomes more meaningful and relevant to young males**.

- *Alcohol distorts judgment ('beer goggles'), so you end up doing something you wouldn't otherwise do.*
- Alcohol promotes "*bad decisions*", which in turn lead to other high-risk behaviours (for example, "*unsafe sex*", "*DUP*", "*picking fights*"), that can have long-term negative outcomes (for example, contracting Sexually Transmitted Infections; ending up in jail; sustaining brain damage; injuring or killing someone else).
- It appears that drinking started to shift from getting drunk "*in the woods*" to going out and getting "*shit-faced at the bar*" to "*pre-drinking*" at home/private residence "*before going out*" to pre-dominantly "*socializing at home*".
- **Work, relationship and financial considerations, obligations, and responsibilities acted as mediating factors** for alcohol consumption. Leaving school or graduating, developing a monogamous "*serious*" relationship, getting a job, having to "*pay your own rent yourself*", alone or in combination, generally were associated with reduced consumption patterns for alcohol.
- **Students**, (especially those without significant mediating factors noted above) reported that they were **more likely to engage in higher-risk drinking** behaviours/practices because of distinct life style differences centered on relative lack of responsibilities and fewer consequences associated with over-drinking.
- As distinctions between drinking and overdrinking emerged, a shift typically occurred from specifically "*going out to drink and get drunk*" to including drinking as only part of the reason for going out ("*drinking while you are out*").
- Low-Risk participants did not describe as many occasions of social drinking as High-Risk participants, who talked about "*having a few drinks*" virtually any time a group of friends got together. However, even those who typically fell within low-risk guidelines reported overdrinking on occasion.
- **Overdrinking was largely a planned outcome**; most indicated that they knew in advance before going out whether or not they would be getting drunk. However, there were also occasions noted when unintentional or unplanned intoxication occurred but this tended to diminish with age and experience.

- Participants noted that as they grew older overdrinking moved from being the standard outcome (“*It’s the weekend*”, “*It’s the first nice day of spring*”, “*It’s Thursday night*”) and started to occur in context of celebrations ranging from informal (“*friend in town*”, “*teams wins a game*”, “*exams over*”) to more official events or holidays (*birthdays, St Patrick’s Day*).
- Despite advance knowledge **few strategies were reported for coping** with the intentional outcome of getting drunk. Preparation for overdrinking was almost entirely centered on how money was to be handled:
  - *how to get home*
  - *Make sure I put some money in another pocket for a cab.*
  - *Leave credit cards and bank cards at home so I can only spend what I’ve got.*
- There was **no spontaneous mention of monitoring or managing consumption levels or taking any other health or safety precautions.**
- **Young men** acknowledged **few strategies for avoiding or preventing overdrinking** or getting drunk although most participants could cite at least one technique such as drinking more slowly (“*one drink per hour*”) or “*eating food while drinking*”.
- Participants **reported strategies for maximizing effects of alcohol** (“*shooting*” liquor, “*pound them back before you go out so can save money*”) **and minimizing the physical effects of hangovers and drinking too much** (“*never mix certain forms of liquor*”, “*drink water*”, “*take aspirin*”).
- There tended to be a **heavy reliance on friends** “*to take care of you*” if too much alcohol had been consumed. Some expressed resentment about being the one who had to “*look out*” for others with **varying degrees of vigilance reported**. Help largely consisted of making sure someone who “*passes out*” was put somewhere “*safe and out of the way*”.
- There was **high exposure to alcohol poisoning**, observed and first-hand, but **low understanding and knowledge levels of effects of too much alcohol**, consequences of acute and chronic overdrinking or of what to do in any emergency situation involving alcohol and alcohol poisoning.
- **A number of primary problems were identified** - cost (money); poor judgment (impaired judgment); over-confidence (and regrets); hangovers and physical ill-health; aggression and fights (getting into trouble); injuries.
- **Few concerns were expressed about the legal, health or safety issues associated with overdrinking. Drinking and driving was still considered the norm.**
  - *You shouldn’t do it, but most people still do.*

- *It is even worse in the rural areas with bars open until middle of the night but no way to get home unless you drive, so what are you going to do?*
- **Current low-risk drinking guidelines were generally perceived as not being relevant, credible, or engaging** for the young males taking part in this study, particularly in terms of recommended consumption levels, low-risk drinking tips and information.

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



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

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

- ⇒ Drinking and intoxication are normal behaviours associated with lifestyle.  
**Target related lifestyle issues to promote relevance of alternative safer drinking behaviours and practices.**
- ⇒ High-risk drinking appears to be an acute rather than chronic phase for young adults.  
**Target short-term survival strategies and ways to reduce risk and potential for long-term harm.**
- ⇒ Primary consequences reported are physical in nature.  
**Target relevant tactics (practical action) for improved outcomes (e.g. How to avoid a hangover).**
- ⇒ Access to and use of alcohol is high; knowledge and awareness of alcohol related risk levels is low.  
**Target development of relevant education materials and communication strategies for engaging young adults.**
- ⇒ There is low motivation to seek out or pay attention to information on alcohol.  
**Target identification of reasons for caring with engaging, low-demand communication and distribution formats.**

### ***MATERIALS EVALUATION: Addressing High-Risk Drinking Among Young Males (19-29 years)***

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

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

- **Just The Facts** - Focus on use of relevant, objective, believable, entertaining facts whenever possible, presented in point form and/or Q&A or Myth & Fact (for example, materials titled Straight Talk on ...Drinking).
- **Startling Stats** - Use statistics that speak to issues that are relevant to the target group and thus are likely to be shared or talked about (for example, statistics for alcohol-related injuries or deaths among their reference groups in Nova Scotia).
- **Drink not Drunk** - Support existing views that being drunk is embarrassing, messy, and harmful and that drinking does not have to lead to getting drunk.
- **Picture This** - Use pictures or charts wherever possible to illustrate concepts or information in easily understandable chart or graphic format, but ensure these are easy to understand and do not confuse the issue(s).
- **Interactive Engagement** - Use quick and easy quizzes, tests, simple worksheets to calculate personally relevant scores and, if applicable, include a feature that allows users to position their score among others in their demographic group.
- **How to Information** - Include practical information that has instructional value and relevance on a topic of interest; for example, **How To ...Drink Safely**, ...Recognize and Deal with Alcohol Poisoning, ...Be a Good Drinking Buddy, ...Reduce Your Odds of Being a Drinking Statistic, ...Avoid a Hangover.
- **Here Comes the Judge** - Include the long-term consequences of short-term alcohol-impaired judgment. Communicate legal implications, facts and figures, and consequences of drinking related crimes (for example, DWI charges: loss of license, impounding of vehicle, fines) and other legal offenses (public drunkenness, providing liquor to minors, drunk and disorderly, assault, manslaughter).
- **Mix it Up** - Use a variety of formats (posters, fact sheets, pamphlets, coasters, napkins) with contemporary designs and colours so the target group is obvious. Consider various venues and options for distribution (doctors' offices, schools, public restrooms, liquor stores, dormitories or residence cooperative marketing (for example, beer cases, University and Community College frosh packages, dances).
- **Keep it Real** - Consider using testimonials or real-life stories to make alcohol-related statistics 'come to life'; for example, use local (Nova Scotia) people recounting their experiences first-hand, to communicate the broad impact of preventable harms and/or consequences. Engage young people as the spokespeople, using peer-to-peer strategies for communication.
- **Mom and Dad** - Consider strategies and resources that encourage dialogue between youth and their parents about drinking (for example, facts, figures, myth busting).



- **Humour** - Consider strategies and communication materials that incorporate the use of humour to draw attention to the issues. Model use of humour around the recent Nova Scotia tobacco television ads, and the Bowling series print materials.

## Recommendations for Next Steps

1. Assess the applicability of these findings to females 19-29 years of age.
2. Develop and test new communication and education materials and messages for this audience that incorporate a harm reduction approach.
3. Develop and test resources to encourage young adult drinkers to self-assess if they have problems, offer strategies for preventing those drinking problems from escalating further, and direct them to help should they need it.
4. Assess the acceptability of low-risk drinking guidelines among other drinkers in Nova Scotia.
5. Assess the context of alcohol use among underage drinkers.
6. Address the social norm of drinking to the point intoxication among this age group.