

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)¹ 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, 2005.² 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 should be considered suggestive and not conclusive in nature because of the use of convenience, non-probability sampling.

¹ 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.

² This qualitative research project was funded through Health Canada's Drug Strategy Community Initiatives Fund, Project No: 6558-03-2004/698007, *Public Education Materials on Low Risk Drinking Guidelines and Personal Strategies for Reducing Consumption of Alcohol.*

Key Findings 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.³

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

³ 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.

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.