

**Process Evaluation of the
Central West/Southwest Binge
Drinking Media Campaign**

Implications for Practice and Lessons Learned



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Executive Summary

In Canada, 2/3 of young adults binge drink. Binge drinking is an important public health issue in this population because it can lead to alcohol poisoning, impaired judgement, injuries and death. To increase awareness about the definition, risks and alternatives to binge drinking, the Substance Abuse Prevention Network of Central West and Southwest Ontario collaborated to develop and implement a large scale media campaign targeted to 19 to 24 year olds. The campaign consisted of the wide distribution of posters and postcards, the placement of paid radio advertisements, media releases and health unit participation at related community events. The Network's Evaluation Subcommittee and staff from two Public Health Research Education and Development Programs collaborated to conduct a process evaluation of the media campaign.

Evaluation Objectives

1. To track by Health Unit the distribution and types of media used.
2. To estimate the proportion of individuals ages 19-24 years who were exposed to the anti-binge drinking communication campaign across Central West and Southwest Ontario.
3. To assess the target populations' awareness of the definition and risks of binge drinking.
4. To explore the attitudes of the target population towards binge drinking.
5. To examine in-depth the target populations' knowledge, attitudes and beliefs towards binge drinking and the campaign messages.
6. To identify the development of new community partnerships or initiatives that occurred as a result of the campaign implementation

Study Design

Data for this process evaluation were collected in four phases.

1. Phase One: Tracking Information

- ◆ All Network health units completed a tracking form to measure process indicators of the campaign implementation across the various regions.

2. Phase Two: Web-Based Survey

- ◆ A web-based survey was administered to a sample of 19-24 year-olds attending a post-secondary institution in Central West or Southwest Ontario. The purpose of the web-survey was to estimate the proportion of the target population exposed to the anti-binge

drinking campaign and to measure their knowledge and attitudes towards binge drinking.

3. Phase Three: Focus Groups

- ◆ A series of focus groups were conducted to obtain in-depth data regarding the participants' knowledge, attitudes and beliefs towards binge drinking and their reactions to the binge drinking media campaign.

4. Phase Four: Network Survey

- ◆ A survey was administered to all Network members to identify unanticipated outcomes that occurred as a result of implementing the Binge Drinking Media Campaign, such as the establishment of a new community partnership or the organization of additional local events.

Results

Phase One: Tracking Information

The binge drinking media campaign was implemented one week prior to and one week following the 2000 Victoria Day and Labour Day weekends. All 16 health units participated in the spring campaign and 14 health units participated in the fall campaign. A total of 946 posters and 61,895 postcards were distributed. A total of 599 radio ads were played. Local health units also distributed media kits, which resulted in a substantial amount of unpaid advertising such as print articles, radio interviews and TV segments.

Phase Two: Web-Based Survey

Four post-secondary institutions agreed to distribute an e-mail invitation to students describing the study. The overall response rate for the web survey was estimated at 12% (N=3767).

Results indicated there was a general awareness of binge drinking media messages of 29.7%. Aided awareness of the radio ads, posters, and postcards was 29.2%, 16.6%, and 11.8% respectively. Given that males are more likely to binge drink it is important to note that male respondents to the web survey were more aware of the binge drinking media campaign than the females. This implies that the campaign messages were reaching an important sub-group of the target population.

Respondents defined binge drinking in a variety of ways. Responses were spread out over five response options, with the greatest percentage of participants

(30.4%) correctly defining binge drinking as the consumption of more than five drinks on a single occasion. Significant differences were observed in the way that males and females answered this question. Females were more likely than males to define binge drinking as >3 drinks and >5 drinks. Males were more likely than females to define binge drinking as >10 drinks, throwing up and passing out.

The three most common risks of binge drinking identified by both male and female respondents were: alcohol poisoning (66%), long-term physical health effects (34%), and impaired decision making/embarrassment (21%). Female respondents (15%) were more likely than male respondents (3%) to identify increased personal vulnerability as a risk of binge drinking.

Attitudes towards binge drinking were also measured and the majority (93.1%) of the web-survey respondents agreed with the statement *“Most people think it is alright to get drunk once in a while.”*

Phase Three: Focus Groups

Nine focus groups were conducted with a total of 66 participants. The average age of the female participants was 20 years old and for the male participants it was 21 years old. The focus groups were held at three of the four participating institutions.

The following themes were developed based on participants' responses to the questions exploring their knowledge, attitudes and beliefs towards binge drinking: defining binge drinking, binge drinking as a perceived social norm, perceived benefits of binge drinking, and factors which influence the decision to binge drink.

The term 'binge drinking' is not used by the participants. They used terms associated with less risk such as *“chugging”* and *“funneling”* to describe excessive drinking. The term 'binge drinking' had a negative connotation for the participants. Participants were surprised that binge drinking is defined as the consumption of more than five drinks on a single occasion. They did not like the concept of defining binge drinking through the use of a pre-determined number of drinks because individual tolerance levels vary. Given this, some individuals may have disregarded the campaign messages being promoted. The participants differentiated binge drinking from other types of drinking by the purposeful intent to drink excessively and the speed at which drinks are consumed. Binge drinking was generally perceived as a purposeful action, where the primary purpose and focus of a social gathering was to get drunk.

The students viewed binge drinking as a social norm and explained that experiencing the consequences of excessive alcohol consumption were part of a 'rite of

passage.' Participants revealed that they binge drink because it is fun and because it is perceived to enhance social interactions. The benefits of having fun are perceived to outweigh any potential risks or negative consequences related to binge drinking.

Many factors that influence an individual's decision to binge drink were identified. Interpersonal factors include peer pressure, perceived self-concept and parental influences. Situational factors include being a part of the 'university experience' and a perceived lack of non-alcohol related activities to participate in. The expense of binge drinking was not a major factor in the decision to not binge drink. There was considerable discussion about the irony that individuals do not seem to mind spending a large amount of money on drinking but that they resent having to pay a relatively small amount of money to participate in non-drinking activities.

Phase Four: Network Survey

Representatives from all 16 health units completed Network Surveys. As a result of launching a collaborative media campaign, 13 of the health units indicated that new partnerships had been developed or that existing partnerships had been enhanced. The majority of these partnerships were with academic institutions and restaurant/bar owners. The health units also enhanced or developed partnerships with the Ontario Provincial Police, Campground/Recreation personnel and community-wide committees.

Reaction to Campaign Materials

The majority of web-survey respondents reacted positively towards the campaign materials. Positive feedback was received by 76% of respondents for the radio ad, 56% of respondents for the poster and 54% of respondents for the postcard. Similar feedback on the materials was obtained from both web-survey respondents and focus group participants. A common critique of the radio ad was that the tone was too 'upbeat' for relaying a serious message. Participants liked the poster's realistic image but recommended that the impact would have been greater had a 'before/after' picture been depicted. Participants liked the vivid colours of the postcard but it is unknown how many students, after being attracted to pick up the postcard, were likely to turn it over and read the binge drinking campaign messages on the back.

Recommendations

1. An effectiveness evaluation of binge drinking media campaigns needs to be conducted. An evaluation component needs to be included in the planning stage of any campaign.
2. It does appear to be beneficial for health units to

work together in implementing large-scale media campaigns. Our results suggest that radio ads created more awareness than the print media. Given that the 16 public health units collaborated on the campaign implementation, their purchasing power for radio ads was increased. Furthermore, they were able to benefit from radio stations that reach across health unit borders.

3. In developing future education campaigns on binge drinking targeting youth, the Network should avoid using the current term binge drinking and the definition of binge drinking. The Network should customize their message to the target population using terms that appeal to them. Based on the focus group findings, the Network should consider using terms such as “chugging” and “funnelling” and define the activity by individual tolerance levels, intent to get drunk, and speed of drinking.
4. The Network could consider developing localized social norms campaign(s) and investigate the possibility of doing this in partnership with other organizations such as BACCHUS (Boosting Alcohol Consciousness Concerning the Health of University Students) and Student Governments. A social norms campaign would require careful tailoring to this specific population and pre-testing with the intended audience.
5. Look at planning events with enough preparation time so appropriate partners can be approached. This means considering the planning times and restrictions of various provincial organizations and educational institutions.
6. When organizations are allocating resources for media campaigns they should consider the importance of allocating staff time to generate unpaid advertising (i.e. the media coverage) through contact with local media and participating in local community events.
7. Consider extending the target group to include high school students in order to reach individuals before or as they begin experimenting with binge drinking.
8. Many of the post-secondary institutions have developed policies regarding the sending of mass e-mails to students from external sources. If other evaluation teams are considering using this technology to survey students, start accessing individuals from the President’s Office. Other helpful departments included Information Technology Services and Student Health Services.

Recommendations for Future Social Marketing Campaign Messages Targeting 19-24 year olds

1. When discussing serious messages like binge

drinking, use a serious tone.

2. Develop messages that are different from all the other advertisements – either by vivid graphic images or being simple and quiet.
3. Make sure the messages have direct personal relevance to the target population, use real stories and local statistics.
4. Messages about risks should not focus on long-term physical health effects. If the campaign message is about health effects, the focus should be on the immediate and short-term risks to the target population.

Possible messages to use in future binge drinking media campaigns include:

1. Be a good friend.
2. Drink responsibly.
3. Chugging alcohol can have an impact on your family and friends.
4. Chugging alcohol can affect your immediate health and personal safety.

Introduction

In Canada, 2/3 of young adults binge drink. Binge drinking is an important public health issue in this population because it can lead to alcohol poisoning, impaired judgement, injuries and death. To increase awareness about the definition, risks and alternatives to binge drinking, a Network of 16 Public Health Units in Southwest and Central West Ontario collaborated to develop and implement a large scale media campaign targeted to 19 to 24 year olds. The campaign consisted of the wide distribution of posters and postcards, the placement of paid radio advertisements, media releases and health unit participation at related community events. Many challenges, including minimal financial resources and the distribution of materials over a large geographic area, were overcome to implement the campaign. A process evaluation was conducted and consisted of tracking media use, a web-based survey and focus groups with the target population and a survey of Network members.

Binge Drinking as a Public Health Issue

Binge drinking, defined as having more than 5 drinks on a single occasion, is a public health issue affecting young adults. Sixty-seven percent of Canadian drinkers aged 20-24 years have consumed more than 5 drinks on a single occasion (CCSA & CAMH, 1999). Binge drinking activity peaks among 20-24 years olds and then declines with age (Statistics Canada, 1998). Students living in a university residence are more likely to report binge drinking (70% vs. 44% of students in non-university housing) (Gliksman, Demers, Adlaf, Newton-Taylor & Schmidt, 2000).

In Central West and Southwest Ontario, 30% of young adults between the ages of 19-24 years old who are either high school graduates or current school attendees binge drink once a month or more (Ontario Health Survey, 1996/97). Furthermore, binge drinking is higher among males (38%) than females (24%).

Binge drinking can lead to alcohol poisoning, impaired judgement, injuries and death (Wechsler, Davenport, Dowdall, Moeykens & Castillo, 1994). In 1995, over 1000 deaths in Ontario were classified as directly attributable to alcohol. Of these deaths, 5.1% were directly related to alcohol poisoning (cited in Addiction Research Foundation, 1998). This report also revealed that in one year, 2,167 car crashes involved intoxicated drivers who were between the ages of 20-24 years. The Canadian Campus Survey of 7800 students in 16 Canadian Universities revealed that problems resulting from heavy drinking include: physical and sexual assault,

academic difficulties, drinking and driving, and trouble with school administration. (Gliksman et al., 2000). The most frequently cited alcohol problems experienced by students in this study included: a hangover (69%), regretting their actions (44%) and memory loss (36%). This report also revealed that among the hazardous consequences of binge drinking almost 1/3 (29.6%) of students reported having unplanned sex and that 21.8% of students drove a car after drinking too much. Individuals who binge drink also create problems for other individuals around them. The second hand effects of others' binge drinking includes being pushed, hit or assaulted or experiencing an unwanted sexual advance (Wechsler et al.).

Use of Media Campaigns to Raise Awareness

The mass media (television, radio, newspapers, billboards, leaflets etc.) is a leading source of health information for the general population (Grilli, Freemantle, Minozzi, Domenighetti & Finer, 2001). Although media campaigns have been shown to increase awareness of public health messages (McKillip, Lockhart, Eckert & Phillips, 1985; Murray, Prokhorov & Harty, 1994; Strunge, 1998), many of these campaigns require the investment of significant resources.

Development and Implementation of the Central West/ Southwest Media Campaign

In 1997, the Ontario Ministry of Health and Long-Term Care distributed the Mandatory Programs and Services Guidelines, which recommend that the province's 37 Public Health Units use media campaigns to disseminate health information. The Injury Prevention / Substance Abuse Prevention Guidelines (OMHLTC, 1997) require that the Boards of Health provide at least one community-wide education campaign annually, using at least three of the following outlets: television, radio, newspapers, posters/pamphlets and the Internet. The Substance Abuse Prevention Network of Southwest and Central West Ontario, representing 16 public health units (Appendix A) has been meeting two times/year since 1994 for professional development and resource sharing. The total population served by these 16 public health units is 3,225,397 and approximately 8% of this total population resides within the 19 to 24 year age target group (Statistics Canada, 1997). The Health Units in the campaign region deliver services to a mix of urban and rural populations. This was a significant challenge to overcome when planning the campaign.

To best utilize health unit staff time and financial resources, representatives of this Network agreed to plan and implement a coordinated media campaign to raise awareness about binge drinking among 19-

24 year olds. A review of the literature and campaigns already in existence indicated that there was a need to educate the public about alcohol poisoning. No local media campaigns existed at the time to address this public health concern. This was the first collaborative public health campaign in this region to target young adults with binge drinking messages across such a large and diverse geographic region. Researchers from two Public Health Research, Education and Development Programs (PHRED) were invited to participate in the campaign evaluation.

Campaign Goals

Two goals were developed for the media campaign; based on the objectives in the Mandatory Programs and Services Guidelines (OHMLTC, 1997).

1. To reduce the percentage of alcohol related injuries and deaths among 19 to 24 year olds living in Central West and Southwest Ontario.
2. To reduce the prevalence of binge drinking among adults 19 to 24 years of age living in Central West and Southwest Ontario.

Campaign Objectives

The media campaign was designed to increase knowledge of:

1. The risks associated with binge drinking.
2. The number of drinks that constitutes binge drinking.
3. Strategies that can be used to avoid binge drinking.

Campaign Materials

Posters, postcards and radio advertisements were used to deliver the campaign messages to the target population. The campaign materials and messages were pre-tested using focus groups, facilitated by

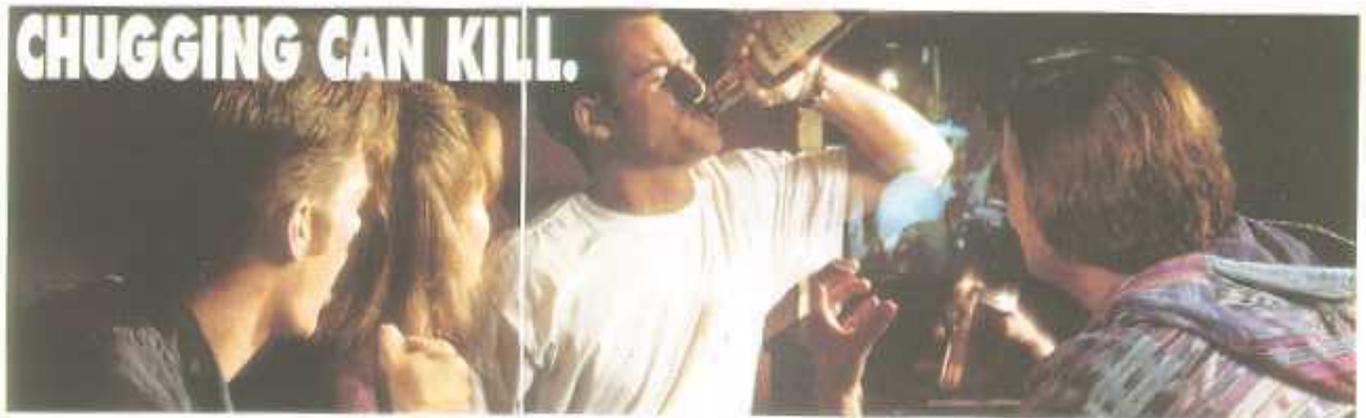
health unit staff on the Network, with the target population in three communities that included a rural and urban mix. The campaign messages were:

- Binge drinking is defined as more than 5 drinks on one occasion
- Throwing up and passing out are the first signs of alcohol poisoning
- People have choices-they can drink less, slow down or take the night off

“Chugging Can Kill” Poster

It was decided to use a poster developed by FACE (<http://FACEproject.org>) an American, non-profit organization that develops media products on key alcohol issues. The “Chugging Can Kill” poster (Figure 1) was selected because the main message was delivered in a clear and serious manner. The purpose of this poster is to use the arousal of fear as a motivator for decreasing binge drinking behaviour. The use of fear appeals has been demonstrated to be effective in motivating attitude and behaviour changes in the target population (Donovan & Henley, 1997). Strong fear appeals and high-efficacy messages (perceived ability to perform recommended response) are the most effective in motivating change (Witte & Allen, 2000). Information obtained from the pilot testing of the poster indicated that the perceived susceptibility to the threat of death from drinking was low and the poster did not provide alternative actions for avoiding the threat. To increase the realistic nature of the threat, modifications were made to the original poster by including additional slogans at the bottom. The norm referencing line, “Throwing up or passing out after drinking is an early sign of alcohol poisoning” was included to make the threat more concrete, personal and relevant to the target population. Furthermore, an efficacy message, “It’s your choice, drink less, slow down or take the night off”, that provided clear and simple alternatives to binge drinking was added to increase the viewer’s perception that they can alter their behaviour.

Figure 1. Campaign Poster



Anyone who drinks too much alcohol too fast can die from alcohol poisoning. Even you.

Throwing up or passing out after drinking is an early sign of alcohol poisoning.

It's your choice, drink less, slow down or take the night off.

Brought to you by your local Health Unit.



FACE

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“Smashed” Postcard

A brightly colored postcard (Figure 2) with a customized campaign message was designed by the Network. The postcard was used to take advantage of a bar trend where cards are used to announce new bands, CD launches or special events. The postcards were designed to be collector's items with the purpose that the target audience would have them in their possession longer and would be more likely to read the campaign messages.

Figure 2. Campaign Postcard

Front Cover

Backside

Radio Advertisements

The key campaign messages were also incorporated into a radio advertisement. A copy of the advertisement was recorded by five of the participating radio stations so that the station sound and D.J. personality voice that sounded familiar to the target population could be utilized.

The content of the radio advertisement was as follows:

Big night out...going to get drunk! The thing is, binge drinking-having more than 5 drinks in a night makes you 3 times more likely to have fights, unwanted sex, get hurt or have alcohol poisoning. You're closer than you think... Throwing up or passing out after drinking is an early sign of alcohol poisoning. Anyone who drinks too much alcohol, too fast can die from alcohol poisoning. Even you. It's your choice, drink less, slow down or take the night off. Brought to you by your local Health Unit.

Campaign Implementation

The media campaign took place one week prior to and one week following the 2000 Victoria Day and Labour Day weekends. Traditionally these holidays are associated with an increased consumption of alcohol by the target population. The radio advertisements were played during both purchased and some non-purchased airtime on five radio stations across Southwest and Central West Ontario. The purchased radio advertisements were played during evening, night time and weekend time slots when the target audience was most likely listening. Radio stations that had the highest reach to the target population, the largest geographic reach and whose audience consisted of a higher proportion of male listeners were selected to air the ads. Network members and other health unit staff distributed the posters and postcards to appropriate community locations including bars, Beer Stores, and public campgrounds, university and college campuses, student residences, community centres and movie theatres. Campaign materials were also distributed at several community events such as University Orientation Days and summer festivals. To increase awareness of the campaign, each Health Unit was provided with a media kit to distribute to local newspaper, radio and television stations.

Evaluation Purpose and Design

Evaluation Purpose

The study was a process evaluation to gather information to assist public health units in making planning decisions for: (1) future phases of this media campaign; and (2) other media campaigns targeting young adults between the ages of 19-24 years. The purpose was not to evaluate the effectiveness of the campaign in reducing binge-drinking behaviours. The study proposal was submitted and approved by the Research Ethics Boards of McMaster University and the University of Western Ontario.

Evaluation Design and Objectives

Data to address the specific evaluation objectives were collected in four phases:

Phase One: Tracking Information

1. To track by Health Unit the distribution and types of media used.

Phase Two: Web-Based Survey

1. To estimate the proportion of individuals ages 19-24 years who were exposed to the anti-binge drinking communication campaign across Central West and Southwest Ontario.
2. To assess the target populations' awareness of the definition of binge drinking and risks of binge drinking.
3. To explore the attitudes of the target population towards binge drinking.

Phase Three: Focus Groups

1. To examine in-depth the target populations' knowledge, attitudes and beliefs towards binge drinking and the campaign messages.

Phase Four: Network Survey

1. To identify the development of new community partnerships or initiatives that occurred as a result of the campaign implementation.

Phase One: Tracking Information

Methods

A tracking form was developed by Network members to measure process indicators of the campaign implementation across the various regions (Appendix B). The number of postcards and posters distributed locally and the number of radio ads that received airplay were recorded. Print articles, radio and television interviews and community events were also tracked. Staff from each participating health unit completed the form during both the spring and fall campaigns. One Network member collected and collated the data from the tracking forms. The data were re-tabulated and confirmed by the Project Coordinator.

Results

All 16 Health Units participated in the spring campaign and 14 participated in the fall campaign. Table 1 provides a summary of all campaign activities.

Table 1: Total distribution of campaign materials and number of campaign activities.

Medium	Number Distributed
Posters	946
Postcards	61895
Radio Ads	599
Print Articles	50
Radio Interviews	491
Paid Advertisements	18
TV Segments	26
Websites	6
Community Events	21 (Attendance – 7105)

Some radio interviews were played multiple times. This number is calculated based on the total number of times each radio interview was aired.

Of the 599 radio ads that were aired over the course of the 4-week campaign, 324 were purchased and 275 were played free of charge by the radio stations. The Network purchased ads to be played in the evening hours whereas in some cases the free ads could have been played at any time (i.e. 1:00 a.m. – 5:00 a.m.). There was more unpaid advertising such as print articles, radio interviews, and TV segments

as a result of issued press releases in the spring portion of the campaign compared to the fall.

Network members identified that bars/restaurants and Beer Stores were receptive to the campaign in most areas. In some areas, the L.C.B.O was not receptive to posting the campaign poster in their stores because: (1) the poster did not meet their size restrictions; and (2) there was some concern from the L.C.B.O. provincial offices that whiskey distillers may be concerned with the depiction of whiskey being consumed in an unacceptable manner. One health unit identified that it was difficult for the 'May 24' weekend crowds at the local campground to hear the binge drinking messages because it seemed that their intent was to get drunk. Other health units found that the campground authorities were very receptive to the campaign. Some Network members were also involved in Campus Orientation Week activities and they indicated that these provided an excellent opportunity to distribute materials to students.

Phase Two: Web-Based Survey

A web-based survey was developed to estimate the proportion of the target population exposed to the anti-binge drinking campaign and to measure their knowledge and attitudes towards binge drinking. The Network defined the target population as individuals 19-24 years of age because statistics indicate this is the age group with the highest prevalence of binge drinking. The objectives of the survey were to:

1. Assess 19-24 year olds' knowledge of the definition and risks of binge drinking.
2. Explore attitudes of 19-24 year olds towards binge drinking.
3. Estimate awareness of 19-24 year olds to the public health binge drinking media campaign.

Survey Design

The survey questions (Appendix C) were developed by the Network and refined by the PHRED Research Team. Questions measuring respondents' attitudes towards binge drinking were taken from the Ontario Health Survey (1996/97). The Network developed questions assessing the target population's awareness about the definition and risks of binge drinking. The survey included general awareness questions to assess awareness of any binge drinking campaigns as well as aided awareness questions to assess awareness of the specific campaign being evaluated. These questions were modelled after evaluation questions designed to assess campaign exposure (Weinreich, 1999). To respond to the aided awareness questions, the respondent was provided with the opportunity to view the campaign postcard and poster on-line. The survey included a control question about media messages related to a non-existent drug (CPSP) to assess social desirability bias. Demographic data and feedback on campaign materials were also solicited.

The questionnaire was distributed as a web-based survey because it was more economical and efficient (Houston & Fiore, 1998; Mehta & Sivadas, 1995; Zhang, 1999). Other alternatives such as telephone or face-to-face survey questionnaires proved too costly. A web-based survey was also a more efficient method of collecting a large amount of data across a large geographical area over a short period of time. Furthermore, it was felt that a web-based survey was justified with this target population because they are familiar with computer and Internet technology. Advantages of using web-based technology for survey research are that data entry errors are reduced and respondents tend to give less socially desirable

responses (Kiesler & Sproull, 1986). The web-survey was developed following the principles for designing web questionnaires outlined by Dillman (2000).

The web-survey was designed and launched on the Internet with technical support from the Southwest Region Health Information Partnership (SRHIP). The web-based survey was pilot-tested with five young adults who reviewed the print version and 14 who reviewed the on-line version of the survey. No reliability testing of the survey was done; several content experts reviewed the survey for face validity.

Site Recruitment

The PHRED Research Team attempted to recruit all 15 post-secondary institutions located in the Southwest and Central West Ontario public health planning regions to participate in the evaluation. Only four institutions, three universities and one college, agreed to participate and distribute an e-mail invitation to students describing the study. The main reason other institutions did not participate was because they did not allow mass mailing of external e-mails. One institution could not participate because students did not have e-mail access. Finally, several institutions did not return calls to the PHRED Research Team.

Participant Recruitment

Two weeks following the fall media campaign, participating institutions sent out one e-mail invitation to all university undergraduate students and full-time college students (Appendix D). The e-mail invitation outlined the purpose of the study, contained the web site address (URL) and password to access the web-based survey. Participants were offered an incentive to complete the survey, a chance to win one of ten \$50.00 gift certificates to their local campus bookstore. An e-mail address and telephone number were provided for participants to contact if they had questions or difficulties accessing the web survey. Participants were also given the option of printing the survey and returning it to the evaluation team by fax or mail. Potential participants were given two weeks to respond to the survey.

Data Analysis

The survey data were imported into SPSS Statistical software for analysis. Descriptive statistics were used to analyze the web-survey. The relationship between variables, for example, between binge drinking attitudes and awareness by gender, age and location was assessed using chi-square analysis.

Results

The overall response rate for the web survey was estimated at 12%. There were 3767 respondents from the target population of 19-24 year olds. The response rate was calculated based on the number of respondents between 19 and 24 years of age and the estimated number of recipients that would have been between the ages of 19-24 years. A majority of the respondents were female (63%) and 72% of respondents were 19, 20 or 21 years of age. Eighty-one percent of the respondents spent most of their time in the campaign region during the campaign. A majority of the respondents attended a participating institution in Southwest Ontario (Table 2). Most responses to the survey came back in the first week after the e-mail was sent out with the majority returned within the first three days. Almost 90% of participants entered their names into the draw for the \$50.00 gift certificate.

Table 2: Demographic Characteristics of Web-Survey Participants: n=3767 (100%)

	n (%)
<i>Gender</i>	
Female	2373 (63%)
Male	1394 (37%)
<i>Age (years)</i>	
19	979 (26%)
20	904 (24%)
21	829 (22%)
22	603 (16%)
23	301 (8%)
24	151 (4%)
<i>Region of Residence During Campaign</i>	
Southwest	2034 (54%)
Central West	1017 (27%)
Other	716 (19%)
<i>Location of Institution</i>	
Southwest	2663 (70.7%)
Central West	1104 (29.2%)

Awareness of Campaign

When survey respondents were asked a general question about their awareness of any binge drinking media messages or advertising, 29.7% of respondents indicated they had seen or heard messages about the dangers of binge drinking. This question includes respondents' awareness of any binge drinking media messages, not just from the Central West/ Southwest (CW/SW) binge drinking media campaign. There were other media campaigns targeting binge drinking taking place over the same time period.

Survey respondents were also asked aided awareness questions about the three components of the CW/SW binge drinking media campaign. A greater percentage of respondents were aware of the radio ads (29.2%), compared to the posters (16.6%) and postcards (11.8%) (Table 3). Given that only 2.3% of total respondents answered, "YES" to the control question "In the last six months have you seen or heard media messages about the dangers of the drug call CPSP?" we can conclude that respondents were truthful in their responses to their awareness of the advertising.

Table 3: Respondents' Aided Awareness of Binge Drinking Campaign Components

Campaign Component	Yes	No	Not Sure
Radio	29.2%	62.4%	8.3%
Poster	16.6%	79.7%	3.6%
Postcard	11.8%	84.3%	3.9%

Significantly more males than females heard the radio ads (34% vs. 28%; $X^2 = 7.040$, $df = 2$, $p = .030$) and responded affirmatively to the general awareness question ($X^2 = 9.283$, $df = 2$, $p = .010$). Furthermore, analyses also indicated that students 21 years or younger were more likely than students 22 years or older (30.5% vs. 27.4%) to have heard messages about the dangers of binge drinking ($X^2 = 19.928$, $df = 10$, $p = .030$). Although most respondents were exposed to the media campaign at their post-secondary institution, those respondents who spent the majority of the time in the campaign catchment area were more likely than those spending the majority of the time outside the campaign catchment area to have heard the radio ads (31% vs. 21%; $X^2 = 28.388$, $df = 2$, $p < .001$). This same group was also more likely to respond affirmatively to the general awareness question (31% vs. 24%; $X^2 = 11.597$, $df = 2$, $p = .003$). Furthermore, those respondents with general awareness of binge drinking messages and awareness of radio ads were more likely to respond correctly to the survey question asking them to define binge drinking (General awareness: $X^2 = 40.423$, $df = 4$, $p < .001$; Radio ad awareness: $X^2 = 13.994$, $df = 4$, $p < .007$).

Approximately 1/3 (33.8%) of the respondents were aware of binge drinking messages through various other media. These respondents identified television and radio interviews as the mediums where they were most likely to hear other messages about binge drinking (Table 4). This question was included because members of the Network augmented the radio ads, posters, and postcards by holding community events, putting information on their

website, purchasing print ads and issuing press releases. While this question was attempting to capture some information about these other aspects of the campaign, we do not know if respondents were referring to other advertising on the issue of binge drinking or just the CW/SW campaign.

Table 4: Awareness of Binge Drinking Messages Through Other Mediums

Medium	Percentage
Television	64%
Radio	39%
Newspaper	26%
Magazine/newsletter	22%
Community Event	8%
Website	5%
Other	13%

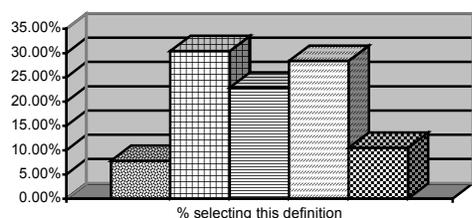
Exposure to Campaign

Results indicated that there were statistically significant differences between institutions in the proportion of respondents who heard messages about binge drinking based on our general awareness question ($X^2 = 62.153$, $df = 4$, $p < .001$). Furthermore, there were also statistically significant differences between institutions in the proportion of respondents that heard the radio ads ($X^2 = 10.762$, $df = 4$, $p < .029$).

Knowledge about Binge Drinking Definition

From the web survey, it became clear that respondents define binge drinking in a variety of ways. Participant responses were spread out over the five response options, with the greatest percentage of participants (30.4%) correctly defining binge drinking as the consumption of more than five drinks on a single occasion (Figure 3).

Figure 3 Web Survey Participants' Definition of Binge Drinking



- Drinking > 3 drinks on a single occasion (7.8%)
- Drinking > 5 drinks on a single occasion (30.4%)
- Drinking >10 drinks on a single occasion (22.9%)
- Drinking to the point that you throw up (28.4%)
- Drinking to the point that you pass out (10.5%)

Significant differences were observed in the way that males and females answered this question ($X^2 = 29.387$, $df = 4$, $p < .001$). Females were more likely than males to define binge drinking as >3 drinks and >5 drinks. Males were more likely than females to define binge drinking as >10 drinks, throwing up and passing out. Significant differences were also observed based on age of respondents ($X^2 = 35.449$, $df = 20$, $p = .018$). It appears that as students get older they are less likely to define binge drinking as a physical state, and more likely to define binge drinking as a number of drinks.

Risks of Binge Drinking

The ten most common risks associated with binge drinking identified by the web-survey respondents are listed in Table 5. The risk category 'alcohol poisoning' refers to any responses that included the actual term and/or included any of the following signs/symptoms of alcohol poisoning: vomiting/nausea, passing out, hangover, dehydration, hospitalization "to have your stomach pumped", coma, disorientation, impaired sleep pattern, impotence (male only), impaired motor coordination, or respiratory arrest.

Table 5: Risks Associated with Binge Drinking

Risk	% of Respondents Identifying Risk
1. Alcohol poisoning	66%
2. Long-term physical health effects	34%
3. Impaired decision making/embarrassment	21%
4. High-risk behaviour	20%
5. Death	17%
6. Memory loss/Brain damage	13%
7. Addiction to alcohol	13%
8. Increased vulnerability	11%
9. Physical injury	9%
10. Harm to other individuals	7%

Male and female respondents consistently identified these risks, with one exception. Female respondents (15%) were more likely than male respondents (3%) to identify increased personal vulnerability as a risk of binge drinking. The risk of being sexually assaulted was the most common example of vulnerability identified by females. A small number of females identified the risk of having date rape drugs placed in their drinks. One female respondent describes this risk:

That you are completely at the mercy of everybody else, and there are a lot of people out there who

would take advantage of you. You are completely vulnerable and you won't be able to protect yourself.

Attitude Towards Binge Drinking

The majority (93.1%) of the web-survey respondents agreed with the statement “*Most people think it is alright to get drunk once in a while.*” Females were more likely than males to agree with this statement ($X^2 = 4.794$, $df = 1$, $p = .029$). Furthermore, significant differences were also observed based on the age of respondents ($X^2 = 17.199$, $df = 5$, $p = .004$); younger students were more likely than older students to agree with the statement.

Phase Three: Focus Groups

A series of focus groups were conducted to obtain in-depth data regarding the participants' knowledge, attitudes and beliefs towards binge drinking and their reactions to the Network's binge drinking media campaign. The specific objectives of the focus groups were:

1. To assess participants' reactions to the campaign messages.
2. To explore participants' knowledge, attitudes and beliefs towards binge drinking.
3. To elicit participants' suggestions for ways to reach 19-24 year olds with messages about alcohol use.

Recruitment

All Web Survey respondents were asked to indicate if they were interested in participating in a focus group. The 1002 (27 %) survey respondents who expressed an interest were then sent an e-mail inviting them to participate in one of the local focus groups. Responses were received back from 195 (19.5%) respondents and from this sample 15 participants for each focus group were recruited on a first-come-first-serve basis. Due to an overwhelming interest to participate, respondents were turned away at three institutions.

Data Collection

Focus group data were collected between November 20 and 29, 2000. The Project Coordinator, with the assistance of a staff member from the local Public Health Unit, facilitated each focus group. A total of 66 students participated in the focus groups, representing 59% of the participants recruited for participation. Nine focus groups (five female and four male groups) were conducted. The average age of the female participants was 20 years old and for the male participants it was 21 years old. The focus groups were held at three of the four participating institutions. Due to insufficient interest at the fourth institution, the scheduled focus group was cancelled.

Semi-structured interview guides were used to structure all group interviews. A sample interview guide is located in Appendix E. Each group met for approximately 1-1.5 hours. A \$10.00 gift certificate to the campus bookstore was given to each participant in appreciation of his or her attendance. All focus groups were tape recorded and transcribed. The focus groups yielded 371 typed pages of raw data.

Following each focus group each facilitator completed a written summary and reflection of the process.

Data Analysis

The Project Coordinator and Research Assistant were involved in each phase of the analysis. Using the semi-structured interview guides and facilitator notes a preliminary codebook was developed. Each transcript was then coded and the codebook was revised as new themes emerged. Coding and data analysis was facilitated through the use of the software NVivo.

Results

All coded segments from the transcripts were categorized into major themes. The following themes were developed based on participants' responses to the questions exploring their knowledge, attitudes and beliefs towards binge drinking: defining binge drinking, binge drinking as a perceived social norm, perceived benefits of binge drinking, and factors which influence the decision to binge drink.

Defining Binge Drinking

From the focus group findings, it became clear that the term 'binge drinking' was not a term used by the participants. They used terms associated with less risk such as "*chugging*" and "*funnelling*" to describe excessive drinking. The term 'binge drinking' has a negative connotation:

When we go out we don't say we're going out binge drinking. We say we're going to go party, we're going out, going to the bar, going clubbing. We never say binge drinking because it has a negative connotation (female).

The participants used the term 'binge drinking' to describe extreme drinking behaviours or "*someone who has a problem, who is out of control*" (female). One group discussed their associations of the term 'binge' with the eating disorder bulimia:

I think that comparing bingeing [food] with alcohol use makes it seem like the behaviour is a lot more serious because there's such a stigma against eating disorders and if you apply that to alcohol use then people do think, 'Oh my god, it's almost the same thing' (female).

It became apparent that the type of excessive drinking that occurs on campus is perceived as normal behaviour. So when the term binge is used to

describe an atypical behaviour such as bulimia, it then becomes difficult for many to describe what they perceive as normal drinking behaviours as 'binge drinking'. As a result of this, it is difficult for participants to apply the term 'binge drinking' to this normal behaviour because of the extreme meaning conveyed by the word 'binge.'

During each focus group the facilitator defined binge drinking as the consumption of more than five alcoholic drinks on one occasion. In all of the groups, the participants were surprised at this definition and most did not perceive more than five drinks as being indicative of binge drinking. Participants did not like the concept of defining binge drinking through the use of a pre-determined number of drinks because individual tolerance levels vary and because of this some individuals may have disregarded the message being given. According to one male participant, "a lot of us agree that doesn't seem like binge drinking and we kind of disregarded the message that was being sent." The participants stressed that it is more important to define binge drinking by identifying the physical and cognitive effects of binge drinking rather than focusing on the specific amount of alcohol consumed. One female participant summarized this general sentiment:

I know some people who could have a couple drinks and they would be passed out. I know other people who could have five drinks and still be fine. I don't feel that it can be defined like that. I understand the point that you're trying to make but I think I would define it more as just drinking in excess or drinking more than you can handle, rather than necessarily putting a number to it.

For the participants, binge drinking is differentiated from other types of drinking by the purposeful intent to drink excessively and the speed at which drinks are consumed. Binge drinking was generally perceived as a purposeful action, where the primary purpose and focus of a social gathering was to get drunk:

I think one way to classify binge drinking would be when the priority or the focus of your evening's activities is drinking...Some people will go out for dinner, go out to dance, and they might have a few drinks, but that is secondary to whatever else they are doing. But a lot of people would just say, "Oh, I'm going to get drunk tonight".... I mean that's their priority.... [They say] "Well, I'm getting drunk tonight." Not "I'm going to go out and have a good time, have a few drinks." (male)

However, while the concept of intent was strong and identified across all groups there were also participants who identified that binge drinking can occur unintentionally given the right conditions:

I do get how intent fits in but sometimes people drink things and they don't realize that it is going to have such an effect on them.... They may not intend to get drunk...but if it's a stronger drink than they are used to ...I would still consider that binge drinking" (female)

Binge drinking is also associated with the speed by which an individual consumes his or her alcohol. As one female explained binge drinking is "a result of tons and tons of shots in a really short period of time." Many participants discussed drinking games when identifying speed as an issue.

Binge Drinking as a Perceived Social Norm

One of the purposes of the focus groups was to gain a better understanding of the participants' attitudes towards excessive drinking. When asked to describe their images of the term 'binge drinking', "parties, funnels, drinking games, stupidity..." were just a few of the vivid and detailed terms shared by the participants. Binge drinking is perceived as a social activity that is fun and exciting. There was an emphasis that it is group activity, "Noise, excitement, music, just a lot of people around someone...just taking back shots. It's very intense, a bunch of people all around, not someone sitting by themselves" (female).

Across all groups it was evident that binge drinking was viewed as a social norm and perceived as expected behaviour of students. As one male explained, "It's just a way of life and you can't blame us, that's society...university kids, they're wild.... That's the norm, that's how everyone looks at us." One female summed it up by saying, "I think you've just got to look at the way society is. People get drunk, it happens." In university, binge drinking is an accepted part of the culture and a behaviour that is expected of students. To be a non-drinker is perceived as being outside of the norm:

I find a lot of people are surprised when I tell them I don't drink. Even at bars, waitresses and bartenders laugh and they are surprised that I'm only asking for a Coke. It's surprising that people just assume that everybody drinks. (male)

Participants who perceive binge drinking as a social norm often describe it as a phase that most people will safely pass through. It is a "rite of passage. Everyone has to go through it and learn." This

reinforces the idea that binge drinking is not perceived as a social problem that requires professional intervention. Instead, binge drinking is viewed as an activity that is a normal part of growing up:

I don't see it as a problem. I tell my parents My mom, I'll write her and say I'm getting bombed, and I tell her all the funny stuff that I do. If I do something stupid when I'm drunk I tell her and she just looks at it as it's a phase. I mean she did it, my dad it, everybody does it. So I don't see it as a problem. I don't hide it. (male)

A pattern of drinking behaviours emerged from the data. Experimentation with alcohol begins during the teenage years, which can result in regular occurrences of binge drinking. For many participants, their experimentation with alcohol and the practice of binge drinking began in high school. Two types of individuals were perceived as more likely to binge drink in the first year of university: (1) individuals who were identified as being "bookworms" or non-drinkers in high school and (2) individuals living in residence. There was the perception that as the level of maturity and number of responsibilities increase, then the frequency of binge drinking decreases. As it was explained, "people just slow down because they just don't want to do it anymore. They're just tired of doing it" and once "university is done, it's expected that you're going to tone down a little."

Perceived Benefits of Binge Drinking

While some participants discussed the influence of peer pressure on their decision to drink, it became overwhelmingly obvious that many participants make a personal and conscious decision to binge drink. The rationale for making this decision is that they want to "have fun" and consuming alcohol helps them to achieve this goal. As one male stated, "The focus of our activities is drinking, this is what we are going to do to have a good time." The benefits of having fun are perceived to outweigh any potential risks or negative consequences related to binge drinking. The enjoyment and fun that occurs while drinking is evident in the numerous stories that the participants shared about their drinking adventures. It also became apparent that the acts of telling stories and bragging about outrageous drinking adventures are an additional source of fun and entertainment.

It may be that drinking is fun as alcohol makes these individuals less inhibited and more likely to participate in activities that they may not choose to participate in if they were sober. Many of the participants admit that they drink to lose their inhibitions. Examples were given that drinking helps

people to loosen up especially when they are shy, insecure or new at school:

It's a loss of inhibition. I used to be a really shy person and [drinking] was definitely a way of completely letting go and changing. It was good to not be nervous or shy all the time. (female)

Drinking also helps individuals to meet new people, especially those of the opposite sex:

It's so much easier if you really like a guy, when you are drunk, to tell him that you like him than it is when you're sober. I think that's a major motivation when you are drinking and you are first meeting new people. You are getting drunk so that you can tell a guy you like him. (female)

Drinking can also make individuals feel less self-conscious and therefore more likely to participate in uncomfortable behaviours for them such as dancing and singing. The terms 'liquid courage' and 'social lubrication' were frequently used to describe this effect.

In comparison to identifying drinking as a way to have fun or to be less self-conscious, only a few participants identified binge drinking as a method of coping with stress. A few participants identified that drinking at the end of the school week or to celebrate the end of exams is a good stress reliever:

If you are really stressed, a lot of the times you're like oh, I think I'll go have a drink, it will relax me, it will make me feel better, it will get my mind off school. (female)

One participant acknowledged that while drinking may start off as a stress reliever, very often the effects of drinking end up causing more stress because assignments are late and classes are missed due to hangovers.

Interpersonal Influences

Parental Influence

A dominant theme that emerged from the data was the important role that parents play in influencing a child's attitude towards alcohol consumption. The discussion focussed on general alcohol consumption and not specifically on binge drinking behaviours. Many participants identified that it was their parents' behaviours and expectations that influenced their decisions to drink. However, the direction of this influence varies. For example, when parents were identified as drinkers some participants then viewed

this as a social norm whereas others were influenced by their parent's behaviour to drink less. It was identified that there is a role for parents. Participants perceived that respect for alcohol is learned in families where children are allowed to sample alcohol with their parents present. It was thought that these individuals might be less likely to binge drink as they got older. The participants also appreciated those parents who encouraged their teenaged children to call home if they needed help or a ride when they were drinking:

My parents knew I was drinking at 17, 18, but they just said ... if anything is wrong or you need a drive home, just phone us. It's a big issue because I know a lot of kids got really, really drunk really young because their parents limited them of it. And when that happens you just want to drink more because they are not letting you at it. (male)

Peer Pressure

Since binge drinking is perceived as the primary source of entertainment for many social gatherings, it was not surprising that the participants talked extensively about the social factors that pressure them to drink excessively. Participants acknowledged that there is peer pressure to drink. It was also acknowledged that some individuals drink to "look cool" or because everyone else is drinking and they don't want to be seen as different from their peers. As one female confessed:

It sounds really bad but... when I go out with my friends here, everybody is drinking, so I do. ... You are so noticed if you aren't drinking. People come up to you and ask why aren't you drinking, ... come on, do you want a drink? (female)

Competition between drinkers was identified as another source of peer pressure. Male participants talked about the need to compare themselves to and compete with other males to see who could hold the "bragging rights" of being able to drink the most. One male explained that "people feel that peer pressure.... You might go out to the bar for a few drinks but if one guy gets ahead, you all try to catch up." Competition was also a frequent theme in the stories that the participants told about their drinking adventures, particularly their active involvement in a variety of drinking games. It is evident that this need to compete with each other leads to the excessive, fast consumption of alcohol, as one male explained, "With the guys... when we get together it's like drink hard, drink fast. You know what I mean, like I drank more than you and I can stand up and you can't. It's the whole competition thing."

Perceived Self Concept

It was identified that an individual's sense of self, their levels of self-confidence and self-esteem play an important role in the decision to binge drink. Individuals with lower levels of self-esteem may be more susceptible to peer pressure. It may be the need to "punch out an identity" for oneself and the desire to be popular that can lead to excessive drinking. However, other participants supported the statement that, "sometimes it's not peer pressure, it's your own view of yourself." In some circumstances a more influential variable in the decision to binge drink may be an individual's level of self-confidence rather than peer pressure. As one female stated, "I can sometimes be self-conscious about myself but if I'm drunk then I don't care what anyone thinks about me." For some participants, as their confidence increased then their need to drink excessively decreased.

In the groups, some non-drinkers explained that they had made a conscious decision to not drink. While this concept was not explored in-depth, there is some evidence that these were self-confident individuals whose decisions were influenced by personal values and beliefs. This subgroup of respondents felt strongly that individuals have control over their actions and that it is a very conscious decision that is made to drink or not drink.

Situational Influences

The University Experience

"When I think of binge drinking, I think of university" is a statement that reinforces the perceived social norm that drinking is an integral part of the university experience. In the focus groups, several factors of a campus environment were identified that may facilitate binge drinking behaviour. First, many students are living in residence. This is their first experience living independently and they have the opportunity to test their limits and experience a "new found freedom." As one female explains:

A lot of people are drinking because they're away from mom and dad and they can do whatever they want now and not get caught. I don't know how strict some people's houses were, but knowing now that no one is going to nail you when you come home at three o'clock in the morning and you are falling up the stairs

Also, drinking was identified as a core activity of many campus social clubs and at University events

such as Orientation Week. It was also identified that the presence of bars on each campus ensures that alcohol is convenient to access.

Lack of Alternative Activities

The participants identified that there is a lack of activities to participate in other than going to the bars. The participants explained that because bars are convenient, going out and drinking becomes routine. Going to the bar becomes an easy answer to the question, "What should we do tonight?"

That's the only activity at night pretty much, you go out and drink. Even if there are fun things going on, you just want to bring alcohol to it to make it more fun.(male)

Other participants disagreed and provided numerous examples of alternative activities that they enjoy participating in that do not involve the consumption of alcohol (i.e. Laser Quest, rock climbing, and bowling). They explained that often non-drinking activities are perceived as "boring." One Residence Life Leader agreed and talked about the difficulties in trying to plan non-drinking activities for Orientation Week that people would attend and perceive as fun.

Economic Factors

In the discussion about strategies and media campaigns to discourage binge drinking, several participants identified that students should be educated about the overall cost of binge drinking. However, in discussions around the factors that influence the decision to binge drink, no participants stated that they decreased their alcohol consumption because of the expense. The high cost of drinks in a bar may actually indirectly increase the level of overall binge drinking. Participants explained that they would quickly consume their own alcohol at home prior to going to a bar:

Drinks are so expensive so we drink beforehand because you actually want to be drunk when you get there...When I get to a club, I only usually buy one drink because I'm already gone by that point.(female)

There was considerable discussion about the irony that individuals do not seem to mind spending a large amount of money on drinking but that they resent having to pay a relatively small amount of money to participate in non-drinking activities:

It's so sad that people don't want to spend money, if they're not going to be drinking. I don't want to spend \$15 to go out and play

pool for four hours, but I'll spend eighty bucks at the bar in four hours. People don't see the same connection that I'm going to get drunk and I'm going to spend as much as I need to. I'll pay for my girlfriend's drinks, I'll pay for my buddy's drinks and I'll buy the first round and second round. But if I want to go play pool, everyone is, "Where am I going to get five bucks?" Nobody wants to pay for that. (male)

Phase Four: Network Survey

Methods

The PHRED Research Team developed and distributed a survey to all members of the Network (Appendix F). The purpose of this survey was to determine if there were any unanticipated outcomes as a result of implementing the Binge Drinking Media Campaign, such as the establishment of a new community partnership or the organization of additional local events. Once completed, the surveys were collected and collated by the Research Team.

Results

Representatives from all 16 health units completed Network Surveys. As a result of launching a collaborative media campaign, 13 of the Health Units indicated that new partnerships had been developed or that existing partnerships had been enhanced. The majority of these partnerships were with academic institutions and restaurant/bar owners. The health units also enhanced or developed partnerships with the Ontario Provincial Police, Campground/Recreation personnel and community-wide committees. Three health units indicated that these partnerships would lead into the planning of additional campaigns, while two health units indicated that these partnerships would evolve into collaborative work on policy initiatives. Two additional health units also indicated that they were going to use this opportunity to get involved in policy initiatives in their local communities.

As a result of increased community interest in the issue of binge drinking, seven of the 16 health units indicated that they were planning on organizing additional local events. These planned local events were all some form of educational/awareness campaigns. Examples included (1) presentations to high school students; (2) development of normative campaigns; and (3) advertising in college and university washrooms. In the Network Survey, members were also asked if there were any additional “spin-offs” from the binge drinking campaign. Six health units indicated there were “spin-offs”. For example, in one community a committee of parents was established to address binge drinking. Furthermore, five high school students developed class presentations on binge drinking after hearing the radio ads. One Network member indicated that there was enthusiasm to launch a provincial campaign because of the momentum developed during this campaign. Other “spin-offs” included sharing of information with high school teachers and students and working with other provincial organizations to reinforce the binge-drinking message.

Additional comments by Network members indicated there was a positive feeling towards the collaborative effort they had mounted:

This campaign really touched a nerve in this community and has led to the development of several connections and initiatives. The health department is seen as being able to be a helpful partner who can develop useful resources. It has been worth every penny.

Campaign was very well received in [this] area. A lot of chatter and comments were made by different people (18-40) re: PSA on radio. People could repeat the phrase - It's your choice, drink less, slow down or take the night off.

Other Results

Reaction to Campaign Materials

Respondents to the web-survey and participants in the focus groups were both asked to provide their opinions about the campaign materials. Overall, the web survey respondents' reactions to the campaign materials were positive (Table 6). The majority of the positive responses were an acknowledgement that at least one of the campaign materials evoked the respondent to reflect on his/her personal binge drinking behaviours. Other respondents stated that they agreed with the messages being delivered or that the materials increased their knowledge of the risks of binge drinking. Some identified that the campaign would motivate them to change their drinking behaviours. The majority of negative responses were critiques of the campaign materials or a statement indicating that exaggerated claims of danger were being made. The 'other' responses included those comments by respondents who stated that the ads had no impact because they do not drink, or who stated that they already knew the information or comments from respondents who were expressing disdain or moral judgements about individuals who binge drink.

The focus groups provided participants with the opportunity to provide in-depth descriptions of their reactions to the campaign materials. It is interesting to note that in the focus groups, the participants spent more time presenting negative criticisms of the campaign than identifying the positive aspects of the materials. The focus group participants also provided more detailed feedback on the format and presentation of the campaign materials.

Table 6: Web-Survey Respondents' Reactions to Campaign Materials

	Positive	Negative	Other
Radio Ad	76%	9%	16%
Poster	56%	25%	19%
Postcard	54%	34%	12%

Reaction to the 'Smashed' Postcard

The web-survey respondents and focus group participants both found the picture on the front of the card to be very colourful and eye-catching. However, few focus group participants or web-survey respondents were able to identify what the image was depicting. The majority identified that it caught their attention and they were motivated to pick it up because they thought it was an advertisement for a new C.D., band or upcoming rave. It was not clear

however, how many of these participants were also motivated to turn it over and read the binge drinking messages on the back. One focus group participant suggested that the front of the postcard should pose a question that would motivate readers to turn the card over to find the answer. Some participants felt that the use of a more shocking statement on the front of the postcard such as 'I was raped' would have had a greater impact and would have intrigued more people to read the back. One participant identified that the term 'smashed' is positively associated with getting drunk for many people.

[Don't use] something like smashed because that is something you would want to do. When you go out to drink you want to get smashed.

Feedback from both the web survey and the focus groups indicates that the participants felt that the message on the back of the postcard was difficult to read because of the dark background and the different fonts. Focus group participants identified that they did not think that the consumption of more than five drinks on one occasion was an accurate definition for binge drinking. Participants from some of the focus groups felt that the postcards were a "waste of paper" and that they would be thrown away. Other participants commented that they had noticed the postcards being used to decorate residence room walls.

Reaction to the 'Chugging Can Kill' Poster

The web-survey respondents were given an opportunity to respond to the open-ended question, "After you saw the poster, what were your thoughts?" Just over one third (34%) of the respondents to this question identified that the poster image and message was realistic and powerful. One male stated that it was:

A good campaign in terms of raising awareness. I felt that it made chugging less cool and made me realize that chugging alcohol is not something to brag about.

The focus group participants liked the fact that a real picture was used in the poster. Many of them could relate to the scene being depicted and described similar situations where they had been present. These participants also explained that the slogan 'chugging can kill' was effective and had an impact because it was clear and direct. The participants liked that the focus was on the immediate (i.e. death) and not the long-term consequences (i.e. future liver damage) of binge drinking:

It's not saying, "In seventeen years this guy's liver is going to be screwed." They are saying

he could experience something while slamming this bottle of whiskey down, that he could die and he won't be alive tomorrow morning. So it's that permanence, it's now, and it's relevant. (male)

Both the web-survey respondents and focus group participants provided similar critiques of the poster. Some participants felt that the reality of the poster was diminished because the male was chugging whiskey and the participants tended to associate the term 'chugging' with beer. The most common criticism of the poster was that the scene being portrayed looked like all of the people were having fun. Focus group participants identified that the poster would have a greater impact if it included two scenes: the scene depicted and then the scene after the binge drinking. They suggested that this second picture could be of the same male vomiting, passed out, or dead with a toe tag: "Have him chugging in one picture...then have another picture of him on the ground, passed out with a bunch of bottles around." Some focus group participants also suggested it would be valuable to provide statistics on the poster about the number of people who die from alcohol poisoning. As with the postcards, participants explained that it was common to see that students were using these posters as wall decorations.

Reaction to the Radio Announcement

Web-survey respondents were asked to answer the question, "After you heard the message, 'throwing up or passing out is an early sign of alcohol poisoning', what were your thoughts?" Thirty nine percent of the respondents to this question were surprised by the content of the message and took the time to describe situations when they were unknowingly experiencing alcohol poisoning. One female stated, "This was new knowledge to me and I was shocked. I thought alcohol poisoning was rare." Another male respondent acknowledged that, "Wow, I've had the early signs of alcohol poisoning a few times!! I thought about past incidents when I threw up. Perhaps I did not regard those instances as seriously as I should have."

Both the web-survey respondents and focus group participants provided similar critiques about the radio ad presentation. The focus group participants identified that while there was some useful and new information contained in the ad, its overall impact was diminished because the rapid delivery and the upbeat music distracted the listener away from attending to the content. Some participants commented that it sounded like the announcer was promoting alcohol use. This reaction to the radio announcement was consistent across all groups. Participants strongly felt that such a serious and important message should be treated respectfully and

be delivered using a slow, serious tone so that it would stand out from the rest of the radio station content.

Participants also identified that the radio ads were 'too wordy.' The ad was trying to convey too many messages in a short period of time. A suggestion was made to create a series of ads, with each ad focusing on a different aspect of binge drinking. The participants commented that the radio ad content contained important information, some of which was new to some listeners:

I did like the point he did say about passing out and throwing up are signs of alcohol poisoning. A lot of people don't realize what alcohol poisoning is. They just think that throwing up is a part of drinking. (male)

Again, participants were unable to relate to the official definition of binge drinking that was used in the ad:

You can't tell people to not drink five, they'll start laughing. If you buy a six-pack that's a slow night.... We are all buying 24's or 12's. If you see a guy getting a six-pack you say, "What's wrong with you, you can't drink?"

Male participants also explained that the ad would not be taken seriously because many males would joke about the concept of 'unwanted sex':

There was a joke by all the guys that said, "When have you ever had sex that was unwanted?" That just made people laugh and then it almost turns the entire commercial into a joke. They can't take it seriously because there is one thing that they disagree with. (male)

Suggestions for Future Campaigns

Each focus group started with the participants identifying and discussing the effectiveness of media messages that are selling ideas and not products. Examples of common campaigns identified by the participants included Partners for Drug Free America, numerous drinking and driving campaigns, and commercials about the effects of second hand smoke. One particular campaign that caught the attention of many participants was the commercial with a little girl dressed up in her mother's clothes talking about 'her night out' and 'how drunk she got.' The final statement at the end of the commercial is "So why does it sound so cool when you tell the story?" They found that this advertisement was effective because it was shocking, the content was unexpected and the

image and message depicted made the viewers stop and reflect on their own behaviours.

The participants identified several marketing techniques that were effective in catching their attention. First, the participants identified that they are subjected to a lot of advertising and marketing. For a health promotion campaign to be noticed, it should be 'extreme', either an advertisement with very vivid and graphic images or a very simple one. Some participants identified that images should be 'out of the ordinary' to catch their attention. Other participants reinforced that whatever images are used, they should be realistic and the target audience should be able to relate to the scene being depicted. One important point that was reinforced is that advertisements should not create a scene where it appears that individuals are having fun participating in the targeted risk behaviour (i.e. binge drinking with a group of friends). It was explained that if the behaviour visually looks like fun, then viewers may disregard the key message.

Campaigns 'With a Twist'

Some participants felt strongly that campaigns should try to shock viewers through graphic depictions of the consequences of drinking:

Use shock value, say 'Would you like to spend your night over the toilet puking? ..then okay try binge drinking.' People would go, 'Why the hell would I want to do that?' Something shocking like that will be a different approach that people will remember. (female)

Other participants disagreed and explained that they are increasingly desensitized to violent, graphic images, so the use of a shocking picture may not have the desired impact. Some participants wanted more facts and education about the effects of drinking rather than a campaign that tries to 'scare' them away from the behaviour. Some suggested that advertisements that end with an 'unexpected twist' are important because it makes the viewer stop and reflect on meaning of the advertisement and the relevance to their personal behaviours.

Direct Personal Relevance

The participants stressed that it is very important that campaigns accurately depict their realities. It is very important that viewers are able to see themselves in the situation being depicted: *"If there is something [in the campaign message] that you can assess affects you directly, then you will pay attention."* The participants suggested that media campaigns integrate current, local statistics about

the consequences of binge drinking so that it can be illustrated that *"it happens here."*

It was also suggested that campaigns could focus on real, personal stories. It is important to note that prior to the focus groups there had been extensive media coverage about the death of a 21-year old university student in Michigan who died as a result of binge drinking. Participants' discussions of this story reveal that media coverage of this event increased their awareness of the risks associated with binge drinking and increased their feelings of personal vulnerability because they could relate to the situation under which the student died.

Key Messages to Use in Binge Drinking Social Marketing Campaigns

Focus group participants were asked to provide key messages that they felt would be effective in educating the target population about the risks of binge drinking.

Be a Good Friend

Many of the participants were more interested in learning about how to help a friend who was binge drinking rather than learning information about how to alter their personal drinking behaviours. The participants felt it would be important to teach individuals how to care for a friend who was binge drinking. Their suggestions included:

- Teaching individuals how to place a passed out friend into the recovery position
- Encourage individuals to watch out for each other i.e. make sure their friend gets home safely, discourage them from leaving the bar with a stranger etc.
- Educate people about the early signs of alcohol poisoning so that they know when to stop their friends from drinking more
- Encourage individuals to not force' a visibly drunk person to drink more

Drink Responsibly

The participants stressed that campaigns should not condemn drinking, but instead people who chose to drink should be given information about how to decrease the effects of alcohol. The participants recommended encouraging individuals to eat before drinking and to alternate alcoholic beverages with non-alcoholic beverages such as pop or water. It was recommended that campaigns focus on teaching individuals to '*know their limit*' and to learn how to drink moderately.

Impact of Binge Drinking on Friends and Families

Campaigns that showed the devastating effects of second hand smoke on a smoker's family member or campaigns that illustrated the fatal consequences related to drinking and driving were identified as emotionally impacting the focus group participants:

Most people don't care as much about themselves as they do for others. If you say, "You're going to die" you say, "Okay, fine." If you say, "You're going to die and it's going to affect someone else", then you feel bad. (male)

Drawing from these examples, the participants recommended that binge drinking campaigns should emphasize that a drinker's personal actions may have an impact on the people they care about.

Impact on Health and Well-Being

Participants identified that it is important to educate drinkers about the physical risks of binge drinking. However, they recommended that it is not effective to focus on the long-term impact that binge drinking may have on physical health. As one female explained, "*We don't think, "Oh, we'll get damage to our liver." We're too young to damage our liver or get an ulcer.*" Instead they suggested that the focus be placed on educating individuals about the threats to health and personal safety that occur immediately following a binge drinking episode, such as an increased risk of falls, sprains, head injuries, bruises or weight gain.

Economic Impact

A few participants identified that they had seen posters describing the cost of binge drinking and the impact it could have on a student's limited budget. Excessive drinking was identified as an expensive activity and a few of the participants recommended that a health promotion campaign should focus on the expense of drinking as a way to deter individuals from participating. Several participants recommended that it is important to educate individuals about the greater cost of binge drinking, not just to their current financial status, but to their future economic well-being.

Getting the Message Out

It was recommended that health promotion campaigns designed to reduce binge-drinking behaviours should be targeted towards high school and university students. A few participants recommended that information also be targeted towards parents. The participants encouraged campaign planners to use a variety of media to get the message out to the target population. When written materials are developed and used, the participants recommended that they be placed or distributed in the following locations: bars, bathroom walls, L.C.B.O./Beer Stores, bus stops, on buses/trains, residence elevators and in university orientation packages. It was suggested that television advertisements that are developed should

be played on Much Music. An alternate medium that was suggested was the use of the Internet where the campaign message could be a banner on sites frequently accessed by students.

The participants identified that it is important to utilize an appropriate spokesperson to convey the message to the target audience. It was recommended that celebrities could be used for radio or television advertisements. If the campaign involved the use of a guest speaker talking to students in high school or living in residence, the participants recommended that this educator either be a peer or an individual who has a personal story to tell about the consequences of binge drinking.

Discussion

The results of the specific sections of the campaign have been presented above. However, the integration of the results convey important information for interpretation of what this study found, and for implications for future media campaigns.

Awareness of the Campaign (Exposure)

It is difficult to say whether general awareness of 29.7% and awareness of the radio ads of 29.2% is an acceptable level of awareness for this four week campaign that utilized radio ads and print media and at a cost \$17,800. It is important to note that many other costs of the campaign were absorbed by the individual health units who made in-kind contributions of staff time. Levels of awareness and how they are reported are diverse (Murray, Prokhorov & Harty, 1994; Peetz-Schou, 1997; Popham et al., 1994; Ratcliffe & Whittman, 1983). Furthermore, it is not clear in the literature what is a sufficient level of awareness (Popham et al.). For example, Popham et al. achieved a net awareness of nearly 90% in their state-wide tobacco education media campaign. Because campaign awareness increased over four data collection waves, the authors concluded that this level of media campaign awareness was acceptable. In another study, one pilot project achieved a 55% level of awareness in a 19 week TV campaign about parenting skills (Ratcliffe & Whittman).

Based on the findings from the web survey, respondents were more aware of the radio ads than the posters and postcards. This implies that radio may be more effective in exposing this age group to a health message. This hypothesis would have to be tested. The greater awareness of males than females towards the radio ads and binge drinking messages is consistent with the fact that radio stations were chosen whose demographic reach coincide with the target population, specifically males. According to the Ontario Health Survey (1996/97) significantly more males (37.8% ± 7.2%) than females (23.9% ± 7.2%) in the campaign catchment area binge drink once a month or more (5 or more drinks at one time). Given that males are more likely to binge drink, it is important to note that male respondents to the web survey were more aware of the binge drinking media campaign than the females. This implies that the campaign messages were reaching an important subgroup of the target population.

There were also significant differences between institutions in the proportion of respondents who heard the campaign messages. To explain these results, tracking data were examined to see if there

were any differences in the level of campaign implementation in the locations of the post-secondary institutions included in this analysis. Tracking data showed that the number of radio ads played in the three areas was comparable (sufficient data from the fourth institution were not available to include in this comparison). Furthermore, the estimated reach of the radio stations based on their listenership statistics to the target population of 19-24 year olds was also consistent (estimated reach 25,000-27,000). However, the distribution of posters, postcards and unpaid advertising did differ across the institutions. One post-secondary institution distributed approximately 4 times the number of posters and 5 times the number of postcards as the other two institutions throughout the four-week campaign. A second institution had more unpaid advertising than the other institutions. This institution had approximately 2 times the number of print articles, radio interviews and TV segments than the other two institutions, with TV segments accounting for the largest difference. Furthermore, this institution also had greater attendance at community events. Based on this comparison, the institution with more unpaid advertising and distribution of fewer postcards and posters had the greater level of general awareness and radio ad awareness.

There was more unpaid advertising generated from press releases in the spring campaign compared to the fall campaign. This occurred because in the spring the health units purposefully held a big launch for the campaign and most contacts with the media were made during this initial phase of the campaign. During the Fall, the second phase of the campaign, health unit staff were more focussed on delivering campaign messages to universities and colleges, and less focussed on utilizing the broader media.

Based on the results of the comparison of the level of awareness at three of the post-secondary institutions, the institution with the largest amount of unpaid advertising through radio and television interviews, print articles, and community events had significantly greater general awareness and awareness of the radio ads. The increased media coverage may have alerted this population to the topic and campaign. As a result, the population may have been more attentive when they saw messages around binge drinking and heard the radio ads. Furthermore, results of this comparison also suggest that increasing the amount of unpaid advertising has more impact on awareness than increasing the number of print materials distributed. These findings have implications for organizations' resource allocation when developing and implementing media campaigns. It is recommended that an important effort in mass media approaches to health promotion

is the use of this “free” media (Wellings & Macdowall, 2000). This is especially true of small budget health promotion media campaigns that cannot compete with those financed by the private sector.

Knowledge of the Definition and Risks of Binge Drinking

Analyses indicated that survey respondents with general awareness of binge drinking messages and awareness of the radio ads were more likely to respond correctly to the survey question asking them to define binge drinking. Although this could indicate that the campaign was able to impact knowledge of the target population, we need to be careful in interpreting these results. Regardless of respondents’ awareness of the media campaign, their definitions of binge drinking were spread out across the five possible response options.

Based on the findings from both the web survey and focus groups, the definition and use of the term binge drinking were not concepts to which the target population of 19-24 year-olds could relate. Focus group participants used the terms chugging and funnelling to describe their excessive drinking behaviours. Few respondents could identify with the definition that more than five alcoholic beverages is considered binge drinking. They recommended that binge drinking be defined more in relation to the intent to drink excessively or the speed by which alcohol is consumed. For future binge drinking media campaigns, a specific number of drinks consumed should not be used to define the term ‘binge drinking’ and alternate terms familiar to the target population should be utilized.

It was encouraging that survey respondents most frequently identified alcohol poisoning and symptoms of alcohol poisoning as risks of binge drinking. This was one of the main messages from the CW/SW media campaign. Furthermore, it is a short-term risk of binge drinking, as opposed to a long-term risk. According to our focus group participants, the target population is more likely to attend to a short-term risk such as this, than the long-term risks to physical health. It is interesting to note that male and female survey respondents consistently identified the same top risks of binge drinking with one notable exception. Female respondents were more likely than male respondents to identify increased vulnerability as a risk of binge drinking. This difference appears to be reflected in female respondents’ concern about sexual assault.

Attitude Toward Binge Drinking

The results from the web survey suggest that respondents perceive binge drinking as a normative behaviour because 93.1% of students agreed with the statement, “*Most people think it is alright to get drunk once in a while.*” This finding was significantly higher than the results from the Ontario Health Survey (1996/97) data for the same population (78.1% ± 4.2%). Furthermore, our focus group findings support the perception that binge drinking was a norm and is not perceived as a social problem. These findings also highlighted some of the benefits of binge drinking such as the desire to have fun or to feel more comfortable socializing may explain why some students drink excessively. However, results from the Canadian Campus Survey (Gliksman et al., 2000) call into question the idea that drinking is the norm. In this study of university undergraduate students, the majority of students disagreed with the statement that people would not be socially accepted if they did not drink. Furthermore, almost half of the respondents disagreed that drinking was an important part of their university experience.

Given that our findings suggest that participants see binge drinking as a normative behaviour, future campaigns may want to send the message that the majority of 19-24 year olds do not binge drink. This approach, called norm referencing, stipulates that changing the perceptions of the behaviour can decrease the behaviour in the target population. When members of the target population view a behaviour, such as binge drinking, as a social norm they are more likely to participate in that behaviour (Haines & Spear, 1996; Perkins, 1995). An evaluation of a media campaign designed to change American college students’ perceptions of the amount of binge drinking on campus showed an 18.5% decrease in the number of students who perceived binge drinking as a norm (Haines & Spear). It also resulted in an 8.8% reduction in binge drinking (Haines & Spear).

Factors Which Influence the Decision to Binge Drink

The focus group participants identified and described in rich detail many of the factors that influenced their personal decisions to participate in binge drinking behaviours. Interpersonal influences included the role that parents play as role models in influencing a child’s decision to drink, the social influence of peer pressure or the desire to ‘compete’ to establish who can consume the most alcohol and that individuals with lower self-esteem may be more susceptible to peer pressure. The identification of these influences indicates that education about alcohol use and

strategies to resist peer pressure should be targeted towards parents and adolescents.

The campus environment was clearly identified as a situational factor that is perceived to facilitate binge drinking behaviour. Many of the participants perceived that binge drinking is a normal part of university life and in particular, residence life. The Canadian Campus Survey confirms that students living in residence are significantly more likely to drink more often, consume more alcohol and binge drink more frequently than students who live off-campus or with their families (Gliksman et al., 2000). This reinforcement that the campus environment may be a factor that supports binge drinking indicates that it is important for public health professionals to support the ongoing development and implementation of policies for safe alcohol use on campus. In addition, future binge drinking media campaigns could be specifically targeted towards this subgroup of the target population.

Reaction to Campaign Materials

The overall reactions to the campaign materials were positive, with the majority of the web-survey respondents preferring the radio ads to the poster and postcards. If similar radio ads are to be utilized in the future, then it is vital that a serious tone and sound be used to deliver the message that binge drinking can have serious physical and social implications. The print materials were effective in catching the attention of the target population. The use of a realistic picture accompanied by a simple, clear message was a positive aspect of the poster. Campaign messages should also have direct personal relevance to the target population and should include 'real life' stories or local statistics. Focus group participants also stressed that the poster should include two pictures: the picture of the individual 'chugging' and then an 'after picture' illustrating the consequences of binge drinking. The participants explained that this visual depiction might have a greater impact in changing behaviour. The vivid colours of the postcard caught the attention of the target population but we were unable to identify if this image encouraged individuals to turn the card over to read the health promotion messages.

While some positive feedback about the campaign materials were provided during the focus groups, most participants provided recommendations for improving the format and presentation of the materials. One reason for this may be because the dynamics of a focus group can invite criticisms and participants may believe that the purpose of a focus group is to critique and make recommendations for future changes. In the focus groups the criticisms identified for the posters and postcards were very

similar to those received on the survey. The criticisms of the radio ads were somewhat different between the focus groups and the web-survey responses. This may, in part, be explained because the focus group participants were able to listen to the radio ad whereas the web-survey respondents were only provided with the key messages.

Media Campaign "Spin-Offs"

It has been suggested that two important functions of mass media interventions are that they keep health issues on the social and political agenda, and that they provide a trigger for other initiatives (Wellings & Macdowall, 2000). Results from the Network Survey suggest that the development and implementation of the binge drinking campaign had an impact on these functions, which lie beyond the campaign's intended goal of increasing awareness. The development of a Parent Committee, enthusiasm for a provincial campaign, and presentations by high school students indicate that the campaign put the issue on other people's agendas. Furthermore, planning of future events including additional awareness campaigns and action on policy initiatives suggest that the campaign was a launching pad to other initiatives. Finally, it is important to recognize that a large majority of health units enhanced or developed partnerships with others in their community as a result of this campaign. All these activities, including partnership building and policy development, are part of the broader aspects of health promotion and have an important role in reinforcing and expanding on mass media efforts.

Some of the additional events and activities identified by Network members involved extending the target population of the binge drinking message to high school students. Focus group participants also reinforced delivering the binge drinking message to high school students. Many focus group participants suggested it was important to get the message out in high school, because for some students this is when binge drinking begins. For those who are already consuming large quantities of alcohol, focus group participants suggested that it would be beneficial to develop campaigns that focus on educating young adults to increase their personal safety while drinking. Harm reduction models, which are built on the premise that many young adults will experiment with drugs and/or alcohol, have demonstrated some success in reducing risky behaviours and the harmful consequences related to alcohol consumption (CAMH, 1999).

Limitations and Strengths

A process evaluation was conducted for a variety of reasons. This was the first time that public health

staff in these regions had launched a binge drinking media campaign. Therefore, it would be premature to conduct an evaluation measuring effectiveness indicators such as behaviour change (Wallack, 1981). Furthermore, time and financial resources were not available to collect comparative data prior to and over the course of campaign implementation. Design of the evaluation was also made more challenging because there was a level of variation in campaign implementation across the large geographical area.

This process evaluation was strengthened by the triangulation of multiple data sources and types. Data tracking the campaign implementation were collected as events occurred ensuring that data were accurate. Each individual health unit collected tracking data so that local patterns could be identified and described. The involvement of researchers and practitioners working collaboratively on the evaluation ensured that research questions were relevant to practice and created a commitment to the dissemination of the results.

Web Survey

A convenience sample of 19-24 year old post-secondary students was used, limiting the generalizability of the findings. Additionally, only 4 of 15 post-secondary institutions across the Southwest and Central West Ontario public health planning regions consented to participating in the study. Three of the four participating institutions were universities. Therefore our findings regarding the college population are limited. At the participating institutions, students were not randomly selected and asked to respond to the web-survey, instead a general invitation was sent to all undergraduate students (university) and all full-time students (college). Some students in the target population may have not been issued an invitation because e-mail distribution lists were not always accurate or updated.

The low response rate to the survey further minimizes the generalizability of the findings. However, a recent summary of studies comparing e-mail surveys with other survey methods, found that response rates for e-mail surveys varied between 6% and 73% and were considerably lower than mail surveys (Dommeyer & Moriarty, 2000). Considering that in our survey, students were sent a single impersonal e-mail with no reminder notices, we were pleased with the response. We would not have been able to achieve a sample size of over 3700 within our limited budget in any other way

We experienced some technical problems where some respondents could not complete the survey on-line. Although we attempted to address the problem, a

diagnosis could not always be made. This could mean that a maximum of 222 respondents were potentially lost. However, it is more likely that the actual number of lost respondents was much lower. Furthermore, due to the process by which the survey was administered, there was an opportunity for students to complete the survey more than once. It is unknown if duplicate responses were received but there were no obvious signs that this was a problem and proactive steps were taken to minimize this potential problem. A procedure was also implemented to discourage multiple responses from a single respondent through the assignment of a password and a computer timeout (the server would not accept a survey response from the same computer within 15 minutes of a previous response).

The use of a web-survey provided the research team with access to a population that is generally difficult to access. Another important strength of the web-survey data was the low social desirability bias based on the responses to the control question. Furthermore, we were pleased to see that the percentage of respondents who were not sure if they had seen the media campaign decreased when asked the aided awareness questions.

Focus Groups

The recruitment of the focus group participants was from individuals who responded to the survey and expressed an interest in participating. As a result, we were not able to select participants based on attitudinal or behavioural characteristics. Although there were a broad range of participants in the focus groups, from those who actively engaged in weekly binge drinking to those who abstained from alcohol use, there was a sense that the focus groups may have had an over-representation of individuals who drank no or only small amounts of alcohol.

However, a number of methods were used to increase the trustworthiness of the findings including the use of multiple researchers, identification of negative and disconfirming cases, member checking during the focus groups, establishing an audit trail, reflexive analysis, and the researchers attention to their personal bias. Furthermore, conducting the focus groups at multiple sites and with both males and females increased the data sources for the study.

Recommendations

This study was a process evaluation to identify factors that enhanced or hindered the implementation and uptake of the campaign messages mounted by the CW/SW Substance Abuse Prevention Network. This was not an evaluation of the effectiveness of the campaign. Therefore, no recommendations on the overall effectiveness can be made and caution must be taken when interpreting the results. Despite the restrictions of the study design and the limitations to the data collected, there are a number of recommendations.

1. An effectiveness evaluation of binge drinking media campaigns needs to be conducted. The Ontario Ministry of Health and Long-Term Care [Mandatory Health Programs and Services Guidelines \(1997\)](#), used by the provinces' 37 health units, have identified media campaigns as a primary means for public health units to disseminate health information. It is a significant undertaking for public health units to implement a media campaign because of the cost and effort required. Furthermore, research has shown that in order for media campaigns to be effective, a significant investment of resources is required (McKillop, Lockhart, Eckert & Phillips, 1985; Murray, Prokhorov, Harty, 1994; Strunge, 1998). Despite the fact that the use of media campaigns is so prominent in the Mandatory Guidelines, it is unknown whether the types of media campaigns that can be mounted by public health units are effective. A process for evaluation must be included in the planning stage of any campaign.
2. Based on the findings from this study, it does appear to be beneficial for health units to work together in implementing large-scale media campaigns. Our results suggest that radio ads created more awareness than the print media. Because the 16 public health units across the Southwest and Central West public health planning regions joined together to implement this media campaign, their purchasing power for radio ads was increased. Furthermore, they were able to benefit from the radio stations' reach that cross public health unit borders.
3. In developing future education campaigns on binge drinking targeting youth, the Network should avoid using the current term binge drinking and the definition of binge drinking. The target population in this evaluation does not relate to the term binge drinking nor would they define binge drinking using a specific drink limit. The risk of using the term and definition is that the target population will not attend to the message. The Network should customize their message to the target population using terms that appeal to them. Based on the focus group findings, the Network should consider using terms such as "chugging" and "funneling" and define the activity by individual tolerance levels, intent to get drunk, and speed of drinking.
4. It is understood that the Network did consider a norm reference message for this campaign but that it was rejected by the initial focus groups. Based on the focus group findings, the Network could reconsider developing social norms campaign(s) and investigate the possibility of doing this in partnership with other organizations such as BACCHUS and Student Governments. Other organizations are already conducting normative campaigns on campuses across the province. One challenge of this approach is collecting data on drinking for each campus. It has been suggested that presenting data from other schools or larger areas may result in the rates being unbelievable to the students and allow them to dismiss this message (Perkins, 1995). A social norms campaign would require careful tailoring to the specific audience and pre-testing with the target population.
5. Look at planning events with enough preparation time so appropriate partners can be approached. This means considering the planning times and restrictions of various provincial organizations and educational institutions. Some provincial level partners such as the L.C.B.O. need to be contacted at least one year in advance of a campaign.
6. When organizations are allocating resources for media campaigns they should consider the importance of allocating staff time to generate unpaid advertising (i.e. media coverage) through contact with local media and participating in local community events.
7. Consider extending the target group to include high school students in order to reach individuals before or as they begin experimenting with binge drinking.
8. Many of the post-secondary institutions have developed policies regarding the sending of mass e-mails to students from external sources. If other evaluation teams are considering using this technology to survey students, it was helpful to start accessing individuals from the President's Office. Other helpful departments included Information Technology Services and Student Health Services.

Recommendations for Future Social Marketing Campaigns Messages Targeting 19-24 year olds

1. When discussing serious messages like binge drinking, use a serious tone.
2. Develop messages that are different from all the other advertisements – either by vivid graphic images or being simple and quiet.
3. Make sure the messages have direct personal relevance to the target population, use real stories and local statistics.
4. Messages about risks should not focus on long-term physical health effects. If the campaign message is about health effects, the focus should be on the immediate and short-term risks to the target population.

Possible messages to use in future binge drinking media campaigns include:

1. Be a good friend.
2. Drink responsibly.
3. Chugging alcohol can have an impact on your family and friends.
4. Chugging alcohol can affect your immediate health and personal safety.

Conclusion

The use of media campaigns is a health promotion strategy advocated by the Ontario Ministry of Health and Long-Term Care to disseminate health information to the general population. The development and implementation of a media campaign for a single health unit, particularly a small health unit, can be challenging because of the financial and personnel resources required. To overcome these challenges, a network of 16 health units in Southwest and Central West Ontario collaborated to develop and implement a consistent binge drinking media campaign across their large geographical area. Joining financial and personnel resources ensured that multiple media could be utilized and high quality campaign materials could be purchased or developed. Working together increased the purchasing power for expensive forms of media such as radio airtime. It is significant to note though that 'free' advertising of the campaign played an important role in disseminating the dangers of binge drinking to the target population. The survey of Network Members also confirmed that they viewed working collaboratively as a positive strength of the campaign:

I strongly believe that the effectiveness of this campaign was built on the coordinated effort of several health units. The campaign would have been too small and ineffective otherwise.

The process evaluation of the campaign was strengthened by the collaboration of many community partners including the Network, the PHRED programs and SRHIP. Data for the process evaluation were collected from multiple sources including tracking data, a web-survey and focus groups with the target population and a survey of participating Network health units. Results indicated there was a general awareness of binge drinking media messages of 29.7%. Aided awareness of the radio ads, posters, and postcards was 29.2%, 16.6%, and 11.8% respectively. Both respondents to the web-survey and focus group participants identified that they did not relate to the term binge drinking. For future campaigns, terms more familiar to the target population should be utilized and the definition should not focus on the number of drinks consumed, but instead focus on relating binge drinking to the intent to consume a large amount of alcohol in a short period of time. Focus group participants also provided insight into both interpersonal and situational factors that influence the decision to binge drink.

References

- Addiction Research Foundation. (1998). Ontario Profile Of Alcohol And Other Drugs. Toronto: Addiction Research Foundation.
- Canadian Centre on Substance Abuse (CCSA) and Centre for Addiction and Mental Health (CAMH). (1999). Canadian Profile: Alcohol, Tobacco And Other Drugs. Toronto: Author.
- Centre for Addiction and Mental Health (CAMH). (1999). Alcohol And Drug Prevention Programs For Youth: What Works? Toronto: Author.
- Dillman, D. (2000). Internet and interactive voice response surveys. In Mail And Internet Surveys: The Tailored Design Method (pp. 352-412). New York: John Wiley & Sons.
- Dommeyer, C.J., & Moriarty, E. (2000). Comparing two forms of an e-mail survey: Embedded vs. attached. International Journal of Market Research, 42(1), 39-50.
- Donovan, R.J., & Henley, N. (1997). Negative outcomes, threats and threat appeals: Widening the conceptual framework for the study of fear and other emotions in social marketing communications. Social Marketing Quarterly, Fall, 56-67.
- Gliksman, L., Demers, A, Adlaf, E., Newton-Taylor, B., & Schmidt, K. (2000). Canadian Campus Survey. Toronto, ON: Centre for Addiction and Mental Health.
- Grilli, R., Freemantle, N., Minozzi, S., Domenighetti, G., & Finer, D. (2001). Mass media interventions: Effects on health services utilisation (Cochrane Review). The Cochrane Library, Issue 1. Oxford: Update Software.
- Haines, M., & Spear, S.F. (1996). Changing the perception of the norm: A strategy to decrease binge drinking among college students. Journal of American College Health, 45, 134-140
- Houston, J.D., & Fiore, D.C. (1998). Online medical surveys: Using the internet as a research tool. M.D. Computing, 15(2), 116-120.
- Kiesler, S., & Sproull, L.S. (1986). Response effects in the electronic survey. Public Opinion Quarterly, 50, 402-413.
- Mehta, R., & Sivadas, E. (1995). Comparing response rates and response content in mail versus electronic mail surveys. Journal of the Market Research Society, 37(4), 429-439.
- McKillip, J., Lockhart, C., Eckert, P.S., & Phillips, J. (1985). Evaluation of a responsible alcohol use media campaign on a college campus. Journal of Alcohol & Drug Education, 30, 88-97.
- Murray, D.M., Prokhorov, A.V., & Harty, K.C. (1994). Effects of a statewide antismoking campaign on mass media messages and smoking beliefs. Preventive Medicine, 23(1), 54-60.
- Ontario Health Survey (1996/97). Toronto, ON: Ministry of Health and Long-Term Care, Health Planning Branch.
- Ontario Ministry of Health and Long-Term Care (OMHLTC). (1997). Mandatory Health Programs And Services Guidelines. Toronto: Queen's Printer for Ontario.
- Petz-Schou, M. (1997). How to measure consumer awareness of mass-media campaigns for public health purposes. Patient Education and Counseling, 30, 53-59.
- Perkins, H. W. (1995). Prevention Through Correcting Misperceptions Of Alcohol And Other Drug Norms: Notes On The State Of The Field. (www.edc.org/hec/pubs/catalst3.htm)
- Popham, W.J., Potter, L.D., Hetrick, M.A., Muthen, L.K., Durr, J.M., & Johnson, M.D. (1994). Effectiveness of the California 1990-1991 tobacco education media campaign. American Journal of Preventive Medicine, 10, 319-326.
- Ratcliffe, W.D., & Wittman, W.P. (1983). Parenting education: Test-market evaluation of a media campaign. In R.E. Hess & I.J. Hermalin (Eds.), Innovations In Prevention. Toronto: Haworth.
- Statistics Canada (1997). Statistics Canada—96 Census: Beyond 20/20. [CD-ROM]. Ottawa, ON: Ivation Datasystems [Producer and Distributor].

Statistics Canada (1998). National Population Health Survey Overview (Catalogue No. 82-567). Ottawa, ON: Statistics Canada.

Strunge, H. (1998). Danish experiences of national campaigns on alcohol 1990-1996. Drugs: Education, Prevention and Policy, 5(1), 73-79.

Wallack, L.M. (1981). Mass media campaigns: the odds against finding behaviour change. Health Education Quarterly, 8(3), 209-260.

Wechsler, H., Davenport, A., Dowdall, G., Moeykens, B., & Castillo, S. (1994). Health and behavioural consequences of binge drinking in college: A national survey of students at 140 campuses. JAMA, 272(21), 1672-1677.

Wellings, K., & Macdowall, W. (2000). Evaluating mass media approaches to health promotion: A review of methods. Health Education, 100(1), 1-13.

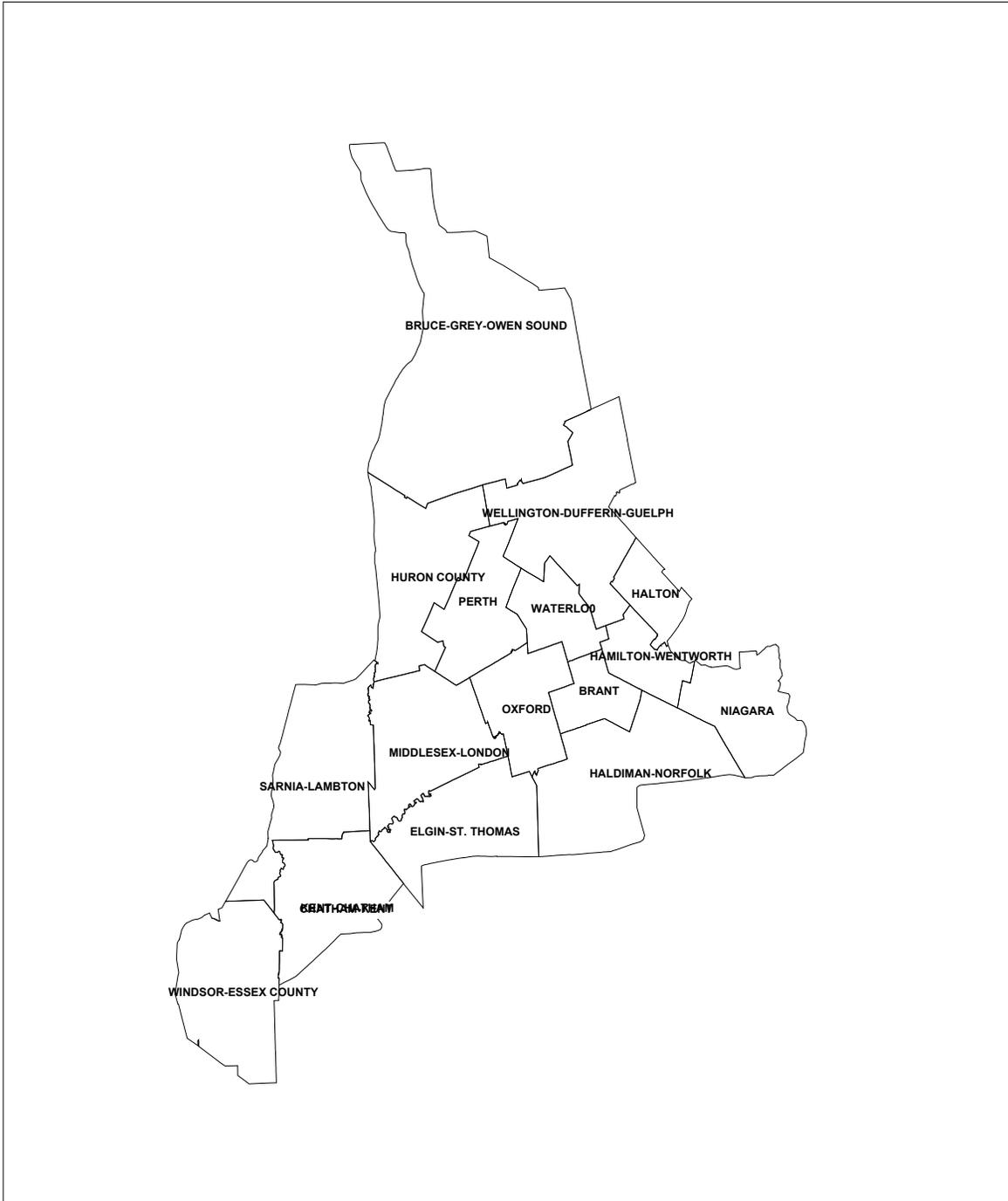
Weinreich, N.K. (1999). Hands-On Social Marketing: A Step-By-Step Guide. Thousand Oaks, CA: Sage.

Witte, K., & Allen, M. (2000). A meta-analysis of fear appeals: Implications for effective public health campaigns. Health Education and Behaviour, 27(5), 591-615.

Zhang, Y. (1999). Using the internet for survey research: A case study. Journal of the American Society for Information Science, 51(1), 57-68.

Appendix A

Central West and Southwest Binge Drinking Media Campaign: Geographic Reach



Appendix B

Tracking Form to Monitor Campaign Implementation

Type of Resource/ Activity	Location(s)	Number of printed materials distributed, attendance, etc	Reach (hits or impressions)	
Posters	eg.10 bars	10 posters (i.e. 1per bar)	Not available (NA)	
Postcards	eg .Baseball tournament	75 postcards	75 people	#postcards redeemed (if applicable)
Phone Calls Processed			NA	
Community Events	eg.Baseball Tournament	100 visitors to display	100 people	
Press Coverage	Newspaper	eg.1 article	26,000 impressions (based on newspaper circulation statistics)	
	Radio	eg.1 radio interview	5,000 impressions (based on station listenership statistics)	
	Television			
Internet	Health Unit Website			
Other				

Please describe any local activities that worked well. Why?

What activities did not work so well? Why?

Appendix C

Web Survey

THINKING ON DRINKING AND DRUGS

Thank you for helping us with this survey on media advertising of alcohol and substance abuse issues in your area. Your answers will help us determine if our media campaign was effective in reaching people like you. Your responses are confidential, and will only be used for the purposes of this study. All material will be kept in secured computer files and locked filing cabinets.

If you have any questions, please e-mail us: <survey@mlhu.on.ca> or call 519-663-5317 ext. 3109. Leave a message and we will call you back.

You have three ways of returning your completed survey to us:

Mail: Evaluation Survey
Research, Education, Evaluation and Development Services
Middlesex-London Health Unit
50 King St.
London, Ontario
N6A 5L7

Fax: 1-519-432-9430

E-mail: survey@mlhu.on.ca

Thank you for your participation.

WEB SURVEY (continued)

1. Please indicate if you agree or disagree with the following:

"Most people think it's alright to get drunk once in a while"

Agree

Disagree

"It's alright to get drunk once a week as long as you don't drink at all during the rest of the week"

Agree

Disagree

2. **How would you define Binge Drinking?**

In the following question when we use the word 'drink' we mean:
360ml (12oz) regular-strength beer (~1 bottle or can)
150ml (5oz.) wine (1 glass)
45ml(1.5oz.) liquor e.g. gin, rum, vodka, whiskey (1 shot)

drinking more than three (3) drinks on a single occasion

drinking more than five (5) drinks on a single occasion

drinking more than ten (10) drinks on a single occasion

drinking to the point that you throw up

drinking to the point that you pass out

3. In your opinion, what are the risks of Binge Drinking?

4. In the last 6 months have you seen or heard media messages and advertising about the dangers of Binge Drinking?

Yes

No

Not sure

If yes, could you briefly describe the message you saw or heard?

5. In the last 6 months have you seen or heard media messages about the dangers of the drug called CPSP?

Yes

No

Not sure

If yes, could you briefly describe the message you saw or heard?

6. In the last 6 months, did you hear Radio Ads with the message *"Throwing up or passing out after drinking is an early sign of alcohol poisoning"*?

Yes

No

Not sure

If yes,

(a) On which Radio Station did you hear the message? Check all that apply.

Energy 108

97.7 Htz FM

FM 102

FM 96

FM 89X

other Please specify: _____

(b) After you heard the message, what were your thoughts?

7. In the last 6 months, did you read Posters with the message "*Chugging can kill. Anyone who drinks too much alcohol too fast can die from alcohol poisoning*"?

- Yes
- No
- Not sure

If yes,

(a) Where did you see the Posters? Check all that apply.

- school
- work
- recreation or community centre/arena
- bar/restaurant
- beer store
- other Please specify: _____

(b) After you saw the Poster, what were your thoughts?

8. In the last 6 months, did you see Postcards with the message "*SMASHED. Regrets, fights, unwanted sex, alcohol poisoning and injuries*"?

- Yes
- No
- Not sure

If yes,

(a) Where did you see the Postcards? Check all that apply.

school

work

recreation or community centre/arena

bar/restaurant

beer store

other Please specify: _____

(b) After you saw the Postcards, what were your thoughts?

9. In the last 6 months, did you see or hear messages about binge drinking through other media?

Yes

No

Not sure

If yes,

(a) Please specify the media where you saw or heard any other messages about binge drinking. Check all that apply.

radio

television

community event

website

newspaper

magazine/newsletter

other Please specify: _____

Finally, we want to ask you a few questions about you.

10. How old are you?

_____ years old

11. What is your gender?

Male

Female

12. What type of post-secondary school are you attending?

Community College

University

13. Please enter the first 3 digits of the postal code where you spent most of your time between August 28 and September 10 of this year.

The first 3 digits of your postal code will help us determine if you were in an area where the media campaigns took place.

— — —

In addition to this survey, we will also be conducting small discussion groups, called focus groups, about alcohol use and media campaigns. The focus groups take place on campus and will be 1 to 1 1/2 hours in length. Food will be provided and each participant will be given a gift certificate to a local bookstore as a token of our appreciation.

May we call you to see if you would be interested in participating in a focus group?

Yes

No

If yes,

Name: _____

Phone: (_____) _____ - _____ ext. _____

E-mail: _____

This information will only be used by the researchers and only for the purposes of organizing the focus groups.

Thank you for completing the survey.

You have a chance of winning 1 of 10 \$50 gift certificates to a local bookstore. If you would like to be enter the draw, please enter your name and contact information below.

Name: _____

Phone: (_____) _____ - _____ ext. _____

E-mail: _____

This information will only be used by the researchers and only for the purposes of contacting you if you win a gift certificate.

Appendix D

Sample Copy of E-mail Invitation Mailed to Students Attending Participating Institutions

STUDENTS! Age 19-24

Did you see & hear our ads?

We want to know if our advertising was effective in reaching people like you!

Complete this 5-minute survey and you could WIN one of ten \$50.00 gift certificates to your campus bookstore!

Go to <http://www.srhip.on.ca/phred/index.htm> and use this password: xxx267

Participation is voluntary.

If you have any difficulties accessing the survey, e-mail us: survey@mlhu.on.ca or call 519-663-5317 ext. 3109 (leave a message and we will call you back). Do not reply to this e-mail message.

A little bit about this survey . . .

Sixteen health units have conducted media advertising campaigns with public health messages about alcohol and substance abuse. Now we are conducting a short survey of college and university students across the region to see if the advertising was effective.

We are interested in hearing from you if you are between the ages of 19 and 24 - regardless of whether or not you heard/saw the media advertising campaign. Your responses will help us develop better ways of getting public health messages out to young adults.

Your participation in this survey is voluntary. You may refuse to participate, refuse to answer any questions, or stop the survey at any time. Your responses are confidential, and will only be used by the researchers for the purposes of this study. Your answers will not be shared with your educational institution. All material will be kept in secured computer files and locked filing cabinets. However, the information will be insecure for the few seconds it is in transit over the Internet. This means someone else could observe your answers while the information is being sent to our computer server. The likelihood of this happening is very small. If you prefer, you may print the survey and mail or fax the paper copy to us.

Thank you very much for your help.

Appendix E

Semi-Structured Focus Group Interview Guide

- 1) Today we are all surrounded with media messages – and more and more these messages are not trying to sell us a product, they are trying to sell us ideas. I want you to think of an example of an advertisement selling an idea or message, not a product, that has made you really stop and think.

What was it in that ad that got your attention? (pause)

Please share your thoughts with the group.

- 2) Now, I am going to switch the topic of our conversation to the other aspect of this focus group, and that is binge drinking.

When you hear the words “binge drinking” what are the images that come to mind?

- 3) In your opinion, what are some of the reasons that people binge drink?
- 4) To what extent do you think binge drinking is a problem with 19-24 years olds?

Probe: *If participants identify binge drinking as a problem:*

What do you think needs to be done to reduce the amount of binge drinking?

- 5) On the survey that each of you completed about the binge drinking advertising campaign at the beginning of October, you were asked if you saw or heard messages about the dangers of binge drinking. We then asked for people’s reactions to these messages.

Listen to radio ad. (dependent on time)

What do you like most about this ad?

What do you like least about this ad?

How would you change the ad?

In some of the survey responses, there were comments such as “throwing up and passing out are normal parts of the drinking process.”

How common do you think this belief is?

What needs to be done to change this belief?

6) Show Poster

What is your reaction to this poster?

What do you like most about this ad?

What do you like least about this ad?

How would you change the ad?

With the posters, again there were a variety of different comments. Some examples include:

Chugging isn't taken seriously

Chugging is normal

Saying "Chugging Can Kill" is an overstatement.

Powerful message with valuable information.

In your opinion, is "Chugging" a common behaviour?

- 7) Finally with the postcards, again there were a variety of different comments. In general there was a debate between those that thought the design was catchy and therefore attracted people to at least notice the postcard. And then there were others, who couldn't tell what the message was because it wasn't apparent on the front of the postcard.

What are your thoughts on this debate?

- 8) In a quick review of the comments received on the survey, people had varying comments about the posters, postcards and radio ads – some liked them, some didn't like them. However, there were also a number of comments like this: "Good idea – but people at risk are not paying attention." or "Didn't get the message across – almost none of the advertising does in my opinion."

What needs to be done to get people at risk to pay attention?

How would you like to get information about alcohol?

What is the best way to reach 19-24 year-olds with messages about alcohol?

- 9) Summarize the discussion –

Does anyone have any final comments that they would like to share?

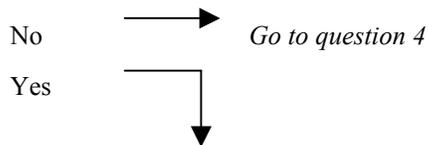
Appendix F

Southwest/Central West Substance Abuse Prevention Network Binge Drinking Media Campaign Survey

SURVEY

The purpose of this survey is to determine if there were any “spin-offs” as a result of the Binge Drinking Media Campaign, such as a partnership established or additional events organized locally.

1. Were any new partnerships developed or existing partnerships enhanced as a result of implementing the campaign?



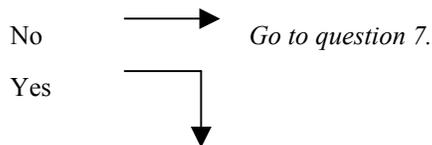
2. List the partnerships and indicate whether they are new partnerships or enhanced partnerships.

Name of Organization

_____	New Partnership	Enhanced Partnership
_____	New Partnership	Enhanced Partnership
_____	New Partnership	Enhanced Partnership
_____	New Partnership	Enhanced Partnership

3. Please describe how each partnership was developed or enhanced as a result of the campaign.

4. Are you organizing or planning to organize additional local events about Binge Drinking?

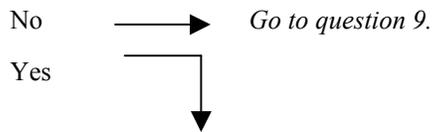


5. List the local event(s) that you are organizing or planning to organize and when it will take place.

Event	Approximate Time

6. Please describe each event you are planning.

7. Were there any additional “spin-offs” from this campaign?



8. If yes, please describe.

9. Please share any additional comments you have.

Thank you for taking time to complete this survey.

Name of your Health Unit: _____