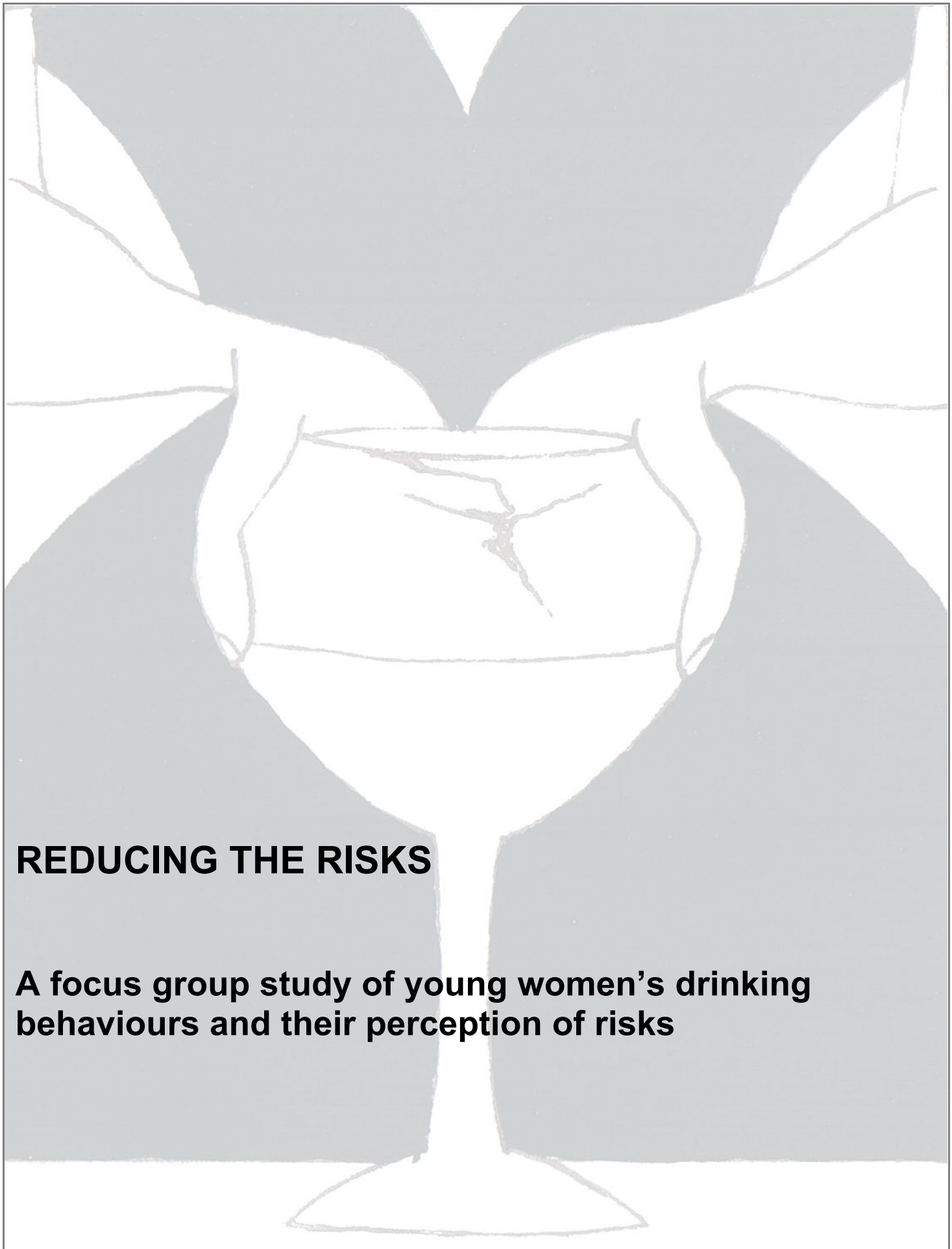

REDUCING THE RISKS

A focus group study of young women's drinking behaviours and their perception of risks

NORTHERN SYDNEY
CENTRAL COAST
NSW HEALTH

REDUCING THE RISKS:

A focus group study of young women's drinking behaviours and their perception of risks

A project for alcohol harm minimization amongst 18-24 year old women living on the lower north shore in the former Northern Sydney Area Health Service

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"When I have four drinks I feel like a supermodel"

"The girls used to come in all dressed up nicely, nice clothes etc, then after a couple of drinks it would all start to change"

"If you're in a blackout you can't negotiate safe sex"

Comments from focus group participants

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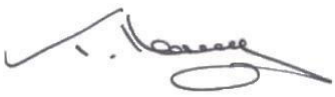
Forward

The Chatswood Community Drug and Alcohol Service (CCDAS) is part of the network of Drug & Alcohol Services across Northern Sydney Central Coast Health (NSCCH). Clients are self-referred to the Chatswood Service or are referred by family members, local general practitioners, Mental Health Services, Probation and Parole, and other Northern Sydney Area Drug and Alcohol Services.

Research has shown that over the last two decades young people are starting to drink at an earlier age and are increasingly engaging in high-risk drinking behaviours. The more we learn about why young women binge drink, and the social complexities of drinking the better equipped we are to devise effective strategies to reduce and perhaps stop alcohol related harm amongst all groups within our community.

Alcohol use is commonplace in our society today and, as such, the work completed as part of the "Reducing the Risks" study gives invaluable insight into the complexity of issues faced by women in the 18-24 year old age group. The findings of the focus group study is a valuable resource that will assist Drug and Alcohol services in NSCCH to devise effective health promotion strategies to reduce and minimise risk drinking among young women.

I would like to congratulate all members of the working group involved in this study and thank Women's Health Services for their funding support to complete this valuable work. In addition, I would also like to thank the many women who participated in this study for their openness and honesty in sharing their life experience.



Tonina Harvey
Area Director,
Northern Sydney Central Coast Area Drug & Alcohol Services

Executive summary

The "Reducing the Risks" project was initially conceived by the Chatswood Community Drug and Alcohol Service (CCDAS) in response to concerns from current statistics showing increased consumption trends among young women in the former Northern Sydney Area of Northern Sydney Central Coast Health Area Health Service.[1] This is a joint project between Chatswood Community Drug & Alcohol Service (CCDAS) and Northern Sydney Central Coast Health Promotion. Stage one was funded by monies from NSW Health through the NSW Women's Health Strategy, and the former Northern Sydney Women's Health.

Eight focus groups were held (7 groups of women and 1 group of males aged 18-24). The focus group questions were formalised around the four primary themes: patterns of alcohol consumption, knowledge of risks associated with alcohol consumption, reasons for high levels of alcohol consumption and what can we do to reduce the risks of high levels of alcohol consumption amongst young women aged 18-24 years.

The results indicate the young women clearly demonstrated an awareness of the risks associated with episodes of high alcohol consumption. Despite this knowledge and awareness a high percentage continue to drink at risk and high-risk levels. Risk levels of alcohol consumption amongst young women in the focus groups appears to be linked to poor self-esteem and body image, and lack of social confidence, particularly in regard to sexuality and coupling behaviours.

This data suggests, to be effective, health promotion strategies must be highly relevant to and involve young women, be designed to increase self-efficacy in young women, and take into account the drinking environment. Most important, strategies must address those factors, which go to the very heart of entrenched social and gender conditioning practices within our society.

[1] On 1st January 2006, the former Northern Sydney Area Health Service merged with Central Coast Area Health Service and is now know as Northern Sydney Central Coast Area Health Service.

Acknowledgments

Thank you to all the focus group participants and to all contributors to the project:

Nola Engel	Macquarie University, Dept of Health and Chiropractic
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Adam Craig	Health Promotion, NSCCAHS

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Brett Smout	Manager, Counselling Services, The University of Technology (Lindfield Campus)
Bernie McGee University	Co-ordinator, The Women's Room, Macquarie
Robyn Hately	Women's Health Coordinator, NSCCAHS

Funding for the project was provided by NSW Health Dept. through the NSW Women's Health Strategy and Northern Sydney Women's Health Service

Thanks also to NSCCAHS Health Promotion for their ongoing partnership, encouragement and health promotion wisdom. And finally, thanks to NSCCDAS Herbert Street Clinic for administrative support.

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Abbreviations

CCDAS	Chatswood Community Drug and Alcohol Service
NSCCDAS	Northern Sydney Central Coast Health Drug and Alcohol Service
NSCCAHS	Northern Sydney Central Coast Area Health Service
CSDHS	Central Sydney Drug Health Services
NDSHS	National Drug Strategy Household Survey
NHMRC	National Health and Medical Council
NDS	National Drug Strategy
CBD	Central Business District

Future strategies and recommendations

The qualitative data derived from the focus groups study has given us a wealth of information in regards to the usage patterns of alcohol amongst young women aged 18-24 and the range of other issues which precipitate and impact on their risk drinking behaviours.

The findings of our focus group study indicate that future health promotion strategies must be multi-strategic**.** Participants in the focus groups reported that the focus group environment allowed them to talk about risk drinking in a particular way with their peers and were thus able to learn from each other. All the groups stated that they found the discussions beneficial and suggested their was a need for more groups.

Furthermore, the issues surrounding young women's alcohol use is primarily relational. Relationship to themselves, and to others, family, friends, boyfriends and males in general underlie much of the content of discussion. Therefore, future health promotion strategies aiming to engage young women should implement strategies that are relational in nature. Previous health promotion studies have shown that trying to engage young women through the print media with posters, coasters and post-cards if of limited value.

Broadening Recruitment

Convenient sampling was used to recruit the focus group participants. To better relate the study findings to the wider NSCCAHS population the report recommends that future recruitment strategies be focused on recruiting young women working and/or socialising in local business districts. Such as North Sydney, Chatswood or Hornsby Central Business District (CBD) and from the pubs and clubs and other drinking venues located within the CBD.
This will give us a broader sample. For example, all the participants in our study had completed or were in the process of completing the Higher School Certificate. We can not assume that young women with lower levels of eduction will provide the same information.

Future evaluation

As with all health promotion strategies it is often difficult to evaluate the long-term effectiveness of a specific strategy or to evaluate the impact of focus testing on the individual participants. Many participants in our groups remarked within discussions or during follow-up telephone contact that they found the focus group discussion beneficial. Many were of the opinion that more discussion groups should be offered. It is interesting to consider the impact the focus groups had on the participants in terms of possibly altering perceptions and attitudes and risk drinking behaviours.

In terms of our focus groups we are of the opinion that similar such groups, have the potential to engage some young women and perhaps to sustain longer-term behavioural change in relation to alcohol usage and risk taking behaviour.

The report recommends that future focus/discussion groups be considered as a health promotion strategy in itself, and an action learning model be used to further a more detailed exploration of the issues highlighted in this study. Such a strategy can be evaluated in terms of the groups' therapeutic effect on the participants.

Social anxiety

Findings of the focus group study provoke numerous questions in relation to young women and their alcohol usage. In particular, the role of alcohol in coupling and sexual exploration behaviours. The issue of young women's social anxiety and how alcohol is used to manage "normal" anxieties about sexual exploration, coupling, intimacy and attachment is important to this discussion.

Also important is the role of beliefs women have about themselves and the 'positive outcome' expectancies of alcohol use. For example, the belief that one needs alcohol to improve social functioning, pleasure, excitement and energy or that one feels more, powerful, attractive, entertaining, acceptable or desirable to themselves and to others if under the influence of alcohol.

The report recommends that themes of social anxiety be explored further and considered in the development of future heath promotion strategies..

The role of males

A greater exploration of male perspective's on young women's use of alcohol and risk drinking behaviours could generate new information into the discussion. The women identify males as either protectors or predators in drinking environments. An interesting question is the position that males play in either assuming a protective role against alcohol related harm for young women, or alternatively, contributing to women's alcohol risk drinking behaviours as a way of managing their own anxiety about sexuality, coupling and intimacy.

The report recommends that male focus groups be conducted to better explore these emergent themes.

External locus of control

The young women in our focus group study tended to demonstrate an external locus of control. Many of the women were of the opinion that the role of police, publicans, bouncers and friends was to make the drinking environment safer and to protect them from "predatory" males or vulnerable situations. The young women did not consider themselves as having control over their own risk drinking behaviours or the quantity of alcohol intake.

The report recommends that future strategies explore themes of locus of control and seek to empower young women.

Finally but equally important is the role of the drinking environment and how it contributes to young women's risk drinking and vulnerability to harm. Social and sexual exploration is a normal and healthy aspect of adolescent and adult development. We no longer have the social institutions, which in the past may have assumed the task of overseeing the practices of social communication and sexual attraction between its members. Although such institutions may have to some degree been repressive, they provided safety and minding of it's younger members. Now pubs and clubs have become the place where such

social practices take place. Although we would hope that the role of such social meeting places is to provide safety and minding, the reality is that pubs, and clubs are commercial businesses, and like alcohol advertising, exploits the “mating game” for the sake of monetary profit.

The report recommends the role of licensed premises and alcohol advertising be thoroughly evaluated and considered in the development of health promotion strategies.

It is hoped that the outcome of these discussions with the women will generate much thought and discussion in the readers of this report and in doing so the process of promoting health has begun.

Literature review

Excessive alcohol use costs the Australian State and Federal governments billions of dollars per year in direct health care costs and the indirect costs associated with managing alcohol use. The impact of alcohol dependency on the individual and the community is well-recognised (Population Health Division, 2004. Commonwealth Department of Health and Aged Care, 2004). However, the effects of non-dependent or excessive drinking are often hidden and underestimated by both the health care and the legal system.

Statistics from the National Drug Strategy Household Survey (NDSHS) for the period 1997-2004 indicates that the proportion of young women drinking at hazardous and harmful levels and who regularly binge drink has remained high for the last 10 years (CER, 2003) See Figures 1 and 2

Figure 1.

Any alcohol risk drink taking by age, persons aged 16 years and over, NSW, 2003

Source: Centre for Epidemiology and Research (2004)

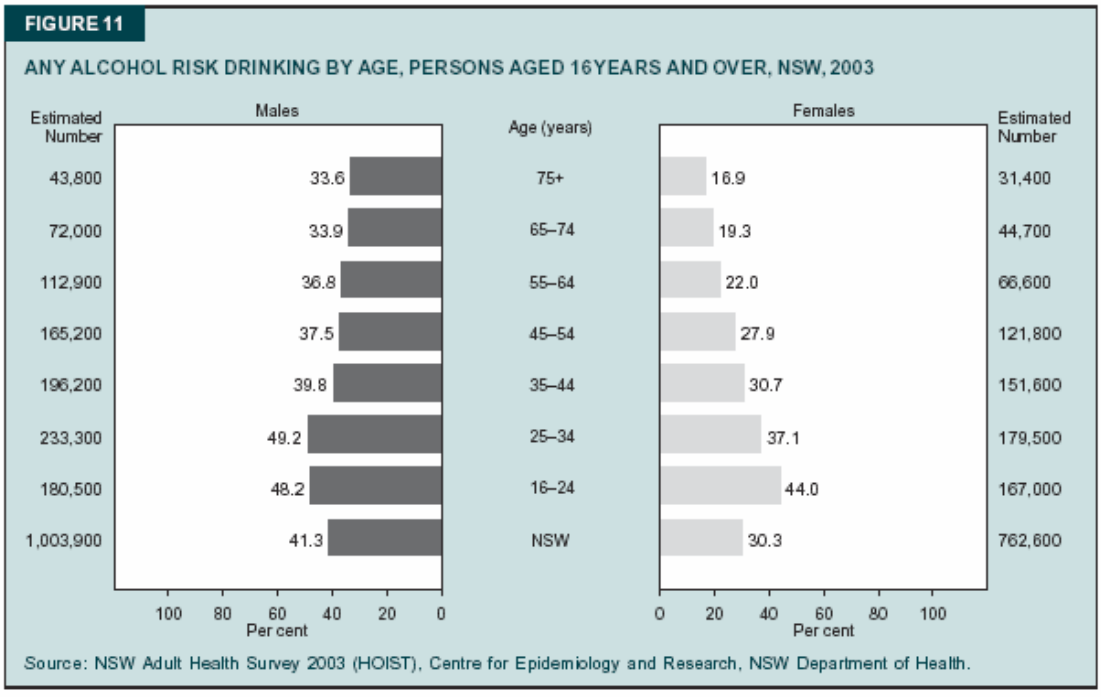
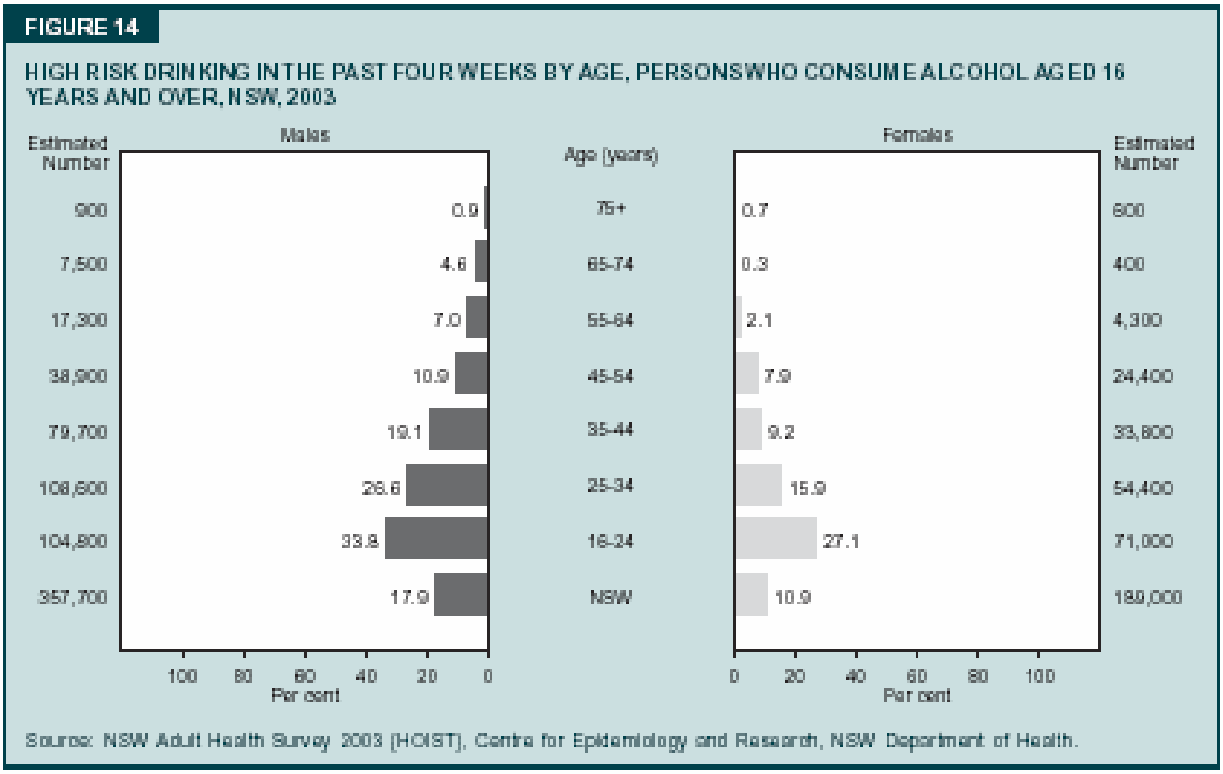


Figure 2.

High risk drinking in the past 4 weeks by age, persons who consume alcohol aged 16 years and over, NSW, 2003



Source: Centre for Epidemiology and Research (2004) p 26

The statistic derived from the NDSHS (2003) indicate that 48.4% of females' aged 16-24 living In the former Northern Sydney Health Area engage in risk drinking. This figure includes 27.1% high risk drinking (CER, 2003). This figure compares to the overall state average for years 2003 and 2004 of 44.0% and 45.4% respectively. Significantly, these data shows that there has been no decline in the NSW rate of risk and high risk drinking since 1997. These findings suggest that not enough is being done to tackle the problem of young women risk drinking.

Levels and risks of drinking

Low risk levels of drinking can have health benefits for middle-aged or older people, such as reducing the risk of heart disease. On the other hand, people who drink in excess of low risk levels place themselves at increased risk of injury and illness, than those who do not drink. The National Health and Medical Council (NHMRC, 2001) has set out guidelines to enable Australians to minimise the harmful effects of alcohol if they choose to drink.

The NHMRC defines *low risk level* of drinking where there is only a minimal risk of harm to the drinker. *Risky levels* of drinking is where the risk of harm to the drinker is significantly increased and beyond any possible health benefits. High-risk levels of drinking are those at which there is substantial risk of serious harm, and the degree of risk increases rapidly as these levels are surpassed (NHMRC, 2001).

Australian Alcohol Guidelines for the whole population

NHMRC considers risks in terms of both long term and short term consequences and harm. ***Long-term risk*** is harm and injury associated with regular drinking patterns over a long period of time with consequences for the physical, mental and social health of the individual. ***Short-term*** risk refers to harm associated with more immediate consequences of alcohol use such as injury and death.

To minimise the risks in the short and long term, the NHMRC guidelines for alcohol use include:

Men

- No more than 4 standard drinks per day and no more than 28 standard drinks per week
- No more than 6 standard drinks in any one day
- 1 to 2 alcohol free days per week

Women

- No more than 2 standard[1] drinks per day and no more than 14 standard drinks per week
- No more than 4 standard drinks in any one day
- 1 to 2 alcohol free days per week

Note: The guidelines are based on an Australian Standard Drink of 10 grams (equivalent to 12.5 millilitres of alcohol. The guidelines are set on an average body mass above 60 kg for men and 50 kg for women (NHMRC, 2001)

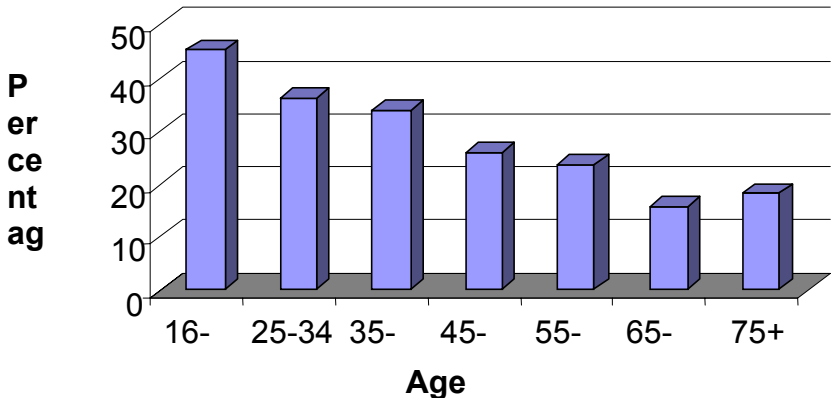
Risk drinking and binge drinking

Risk drinking behaviour for females as defined by NHMRC as consuming more than two standard drinks per day or more than 4 drinks on any one occasion (NHMRC, 2001).

The NDSHS survey in 2004 delineated risk drinking and high risk drinking statistics for males and females. Risk drinking as defined by the NHMRC guidelines for females is 5-6 standard drinks on any day or occasion of use, and high-risk drinking as 7 or more standard drinks on any one day/occasion. In which case, the statistics show that 27.8% of young women aged 16-24 are consuming high-risk levels of alcohol.

Of particular concern, aside from this high proportion of young women consuming high-risk levels of alcohol, is that the proportion of women aged 16-24 engaging in risk and high risk drinking is significantly greater when compared to all other age groups of females. On average 30.4% of women of all ages engage in risk drinking and 10.9% high-risk drinking.

Fig 3. Percentage of women risk-drinking by age group



Source: National Drug Strategy Household Survey, 2004

The average age at which females first consumed a full glass of alcohol is 18.0 years. Statistical figures from the NDSHS (2004) survey show alcohol risk drinking highest amongst aged 16-24 years, and declines steadily with age (See Figure 1).

Preventable injury

Of all the substances with potential for abuse and misuse, alcohol is associated with the greatest number of preventable health problems. Definitions of risks pertaining to alcohol use cover a wide range of physical and psychological factors both long term and short term. Long-term risks include preventable physical health consequences due to toxicity and widespread tissue damage such as liver disease and failure, pancreatitis, cardiomyopathy, gastrointestinal problems, cardiovascular problems, central nervous system and alcohol related brain damage.

Short term factors include physical trauma sustained while intoxicated through accidents or violence, sexual assault, death, unplanned pregnancy, sexually transmitted disease and a range of impacts on individual self-esteem, identity, and human potential (Hulse G*. et al,* 2002).

Acute and chronic mental health problems include mood and anxiety disorders, increased suicide risk, and a wide range of social problems both caused and exacerbated by the use of alcohol, such as unemployment, legal

problems, violence or domestic violence, child neglect and abuse (NHMRC, 2001).

Foetal alcohol syndrome (FAS) is now recognized as the most common cause of intellectual disability in children (Hulse, 2002). Foetal alcohol syndrome (FAS) is a developmental problem that is caused in the foetus before birth, when the foetus is exposed to alcohol. Alcohol has a teratogenic effect at all stages of the developing embryo or foetus. Epidemiological research supports an association between excessive consumption of alcohol by women who are pregnant and the risk of foetal alcohol syndrome (O'Leary, 2002). Children affected by FAS usually go on to have significant life long physical, behavioural and developmental problems.

Alcohol Awareness Programs

A brief review of the literature on young women and alcohol use concludes that young women who are "at risk" drinkers have little exposure to current alcohol awareness programs particularly if they are no longer in secondary school or are aged 19 and older. The focus of local, state and national campaigns are programs either delivered within the school setting, or are community based programs that target the 13-18 yr age group. Such programs and campaigns provide strategies to increase road safety and driver education, or increase awareness around on safe celebrating and partying directed towards students and/or parents (Hunter, Alcock, Elkington, 2004).

It would appear from the lack of literature, that once young adults leave the school system they become more isolated in terms of receiving protective messages regarding alcohol consumption. Although alcohol abuse is distinguished as a significantly larger problem in national health measures there appears to be a greater emphasis on health promotion strategies targeting the use of illicit substances and IV drug use rather than alcohol use for this particular age group.

The statistics from the NSW Health Surveys since 1997 raise a number of interesting questions regarding the causes of young women's risk drinking and the anomaly of a health signifier which does not comply with the general socioeconomic patterning of NSW health statistics. The general profile of a risk drinker according to the 2002 NSW Health report was male, single, has

not finished high school, lives in rural area and is Australian born. Young women statewide and in Northern Sydney present such a dramatic contrast to this profile that it necessitates further investigation.

A search of current research and literature reveals that very little has been produced which focuses on young women either in terms of reasons for their risk drinking behaviours or on strategies to counter the risks. The literature which is available has a broad interpretation of 'Young People' and is not necessarily gender specific, however there are a number of publications which express concern at the rise of alcohol consumption among young people generally both in Australia and overseas. The National Alcohol Strategy (2003) says that young adults 18-25 are the most likely to be current drinkers (90%), while alcohol is the drug of choice among 18-23 year olds (Spooner et al 1998). Shanahan & Hewitt (1999) state that 'more people and teenagers are drinking too much alcohol compared with 12 months ago". The NSW Health Department also implemented the Youth Alcohol Action Plan 2001-2005 to address increasing physical and psychological alcohol related problems among 12-24 year olds. The report highlights and compares alcohol use patterns for males and females and notes that young males have higher levels of alcohol consumption than females. However the Youth Action Plan Draft for 2005-2009 highlights that males were more likely to drink on a weekly basis at 48% as compared to females at 35%, but concern was noted that an increase to 42% of 15-year-old females reported having recently drank alcohol. This figure is higher than for older females and for 15-year-old males.

The Youth Action Plan 2005-2009(2006) states that young people aged 18-24 are three times more likely to develop mental health and behavioural disorders as a result of substance use, in particular alcohol use, than older adults. The plan for 2005-2009 acknowledges problems linked between alcohol and sexual health issues and issues of crime and violence for both males and females. The report tells us that 50% of perpetrators and victims of assaults were intoxicated prior to the event, and the majority of assaults where intoxication is involved occur near or within licensed venues. The report goes no further to acknowledge the incidents and specific risk of sexual assault for young women nor the role of alcohol in drug facilitated sexual

assault.

A small number of studies provide some general observations, which may be helpful in considering risk drinking among young women. Fromme et al (1994) evaluated a group intervention for young adult drinkers, male and female, finding that although young adult drinkers are not progressing towards alcoholism they are in significant danger of legal violations, alcohol related accidents or fatalities. They also found a more credible approach when working with young adults, is to treat drinking as a normative behaviour. They also stressed the influence of the peer group in modifying and changing behaviours.

An American study conducted by Kuther & Higgins-D'Alessandro (2003) found the decisions made by adolescents to consume alcohol are rational decisions. They are based on the consideration of the positive consequences of alcohol use and the perception of self-control over drinking, On the other hand, young people discount the negative consequences of alcohol use.

Toumbourou *et al* (2003) found that male and females who consumed alcohol at significant levels in high school continued drinking upon leaving school at the same frequency and gradually escalated the amount consumed. These findings are useful to consider but it must be taken into account that they have been conducted across gender groups and multiple age ranges. Milligan *et al* (1997) in their studies of health behaviours of 18 year olds concluded that health promotion with this group should attempt to enhance self-efficacy, address barriers to change and most important, must be gender specific.

Shanahan and Hewitt (1999) detail some information specific to young women 18-24 which provides insight into of a number of aspects of the drinking behaviours of this group. They found that young women prefer to drink mixers, clear spirits, cocktails and wine. Young women mainly drink in licensed premises, such as hotels or clubs or in restaurants with a meal. Occasions of drinking too much were mainly experienced in public environments.

Victorian Health is currently funding a research project into drinking among young women being conducted by Dr. Helen Jonas, Senior Lecturer in Public Health La Trobe University. Commenting on the study she said, "Risky drinking

by young Australian women is a real concern. These young women are more likely to have alcohol- related health and social problems, to be involved in drink driving and alcohol related car crashes and to be more vulnerable to injury and sexual assault (La Trobe University Media Release 2002).
Additionally South Australian findings (de Crespigny, 2001) are that young women who patronise pubs are more likely to binge drink intentionally and weekly and are frequently at greater risk.

The former Central Sydney Drug Health Services (CSDHS) conducted focus groups with young women aged 17-26 to investigate young women's perceptions of drink spiking. The focus group report confirmed that data for the CSDHS Sexual Assault Services since 1999 shows an increase in drug assisted sexual assault. Some 50% of those reporting drug assisted sexual assault were between 16-24 years old and the mean age was 26 years (Moreton R. Bedford K. 2002).

The researchers sought a snapshot of the social experience of the women and found that alcohol consumption was a common denominator. Behaviours around buying and consuming alcohol, the drinking environment such as accepting drinks from strangers, and a loss of self control or letting ones guard down under the influence of alcohol were all contributors to the risks of sexual assault.

A study conducted for Queensland Health, (Moreton R. Bedford K.), concluded that approximately one-quarter of students interviewed believed they had been a victim of drink spiking. Although spiking may be a separate issue to excessive alcohol consumption, young women who drink suffer impaired judgment and awareness of their surroundings leaving them more vulnerable to drink spiking.

From the literature the evidence shows that alcohol consumption among young women is a significant problem and that their drinking behaviour places them at risk of severe consequences. However the literature provides little explanation as to the reasons why young women drink at risk levels or how these risks might be minimised. This emphasises the need for further understanding to determine the reasons behind risk drinking behaviour and

how to structure appropriate strategies to reduce the risks for young women.

1 Introduction

The aim of the project was to design and implement a health promotion strategy to reduce the risks of harmful alcohol consumption amongst young women aged 18-24 years.

In order to accomplish the aim we required information from the target group (young women aged 18-24 years) that would assist us to plan and develop further health promotion strategies. The project is divided into two stages. Stage one is the development, implementation and content analysis of the focus groups. Stage two is the design, development and implementation of a health promotion strategy to minimise risk-drinking behaviours in young women. This paper reviews and outlines Stage one of the project and reviews and summarises the content of the group discussions.

The findings of this report would suggest that gender issues play a large and important role in young women's use of alcohol. The design of a health promotion strategy in stage two would require consideration of women's self esteem, body image and sexuality, self-responsibility and individuation, self-monitoring of alcohol use, increasing the motivation and skills required to use self-protective behaviours and ensuring safer environments and communities in which women use alcohol. Design of stage two would take into account gender differences and address the gender issues most relevant for young women, be designed to increase self efficacy in young women, and involve young women in the design and implementation of the project. And finally but very importantly, consider the role of the drinking environment such as licensed premises nightclubs.

The role that alcohol use plays in coupling and mating behaviours between males and young females cannot be understated. The findings demonstrate that young woman in this age group view alcohol as an important precursor to social and sexual introduction and exploration. Greater research into this area of gender and social practices that involve alcohol is required. It is hoped that the very open and honest contributions of the young women in these focus

groups can help us to understand and move a bit closer to reducing the risks related to alcohol use, for all young women in our communities.

2 HEALTH AIMS AND OBJECTIVES

Overall Aim.

To develop a health promotion strategy to reduce the risks associated with harmful levels of alcohol consumption in young women aged 18-24.

Stage 1. Objectives

- To contribute to current data and research on risk drinking among young women aged 18-24 who reside in the Northern Area of Sydney
- To develop knowledge and understanding about appropriate intervention strategies for young women aged 18-24

Stage 2. Objective

- To empower young women to take control in minimising risks to themselves in drinking environments
- To reduce the risks associated with alcohol use by ensuring safer drinking environments and safer communities

3 METHODOLOGY

3.1 Scope

This project is a pilot project conducted in the lower north shore area of the former Northern Sydney Health. The geographical area is currently serviced by the Chatswood NSCCDAS. The target group of the project is females aged between 18 years and 24 years who reside in this area. The intention was to draw a cross section of this community from both tertiary student and working populations. The participants in the project did not include females still at secondary school, as we particularly wanted to capture women who were no longer exposed to current health strategies or drug and alcohol education currently being conducted in the schools.

Project limitations and unexpected outcomes

The subject of young women's risk drinking was identified by the Chatswood Community Drug and Alcohol Service as an important health promotion initiative. The Chatswood service is a clinical service only. One member of the clinical team managed the project and development of stage one progressed with the assistance of a part-time student placement from Macquarie University, Department of Health and Chiropractic. The student was responsible for the design, planning and preparation for focus group testing.

Project limitations involved the project being managed on a part-time basis with the project manager also required to maintain a clinical client caseload. As well, the Chatswood service has a small number of staff and receive administrative assistance only one day per week. This means the clinical staff are also responsible for administrative duties such as answering telephones etc. which can detract from the tasks involved in developing, planning and recording of a health promotion project. The lack of time, resources, and onsite administrative support meant that project time frames were difficult to complete and options for recruitment of our target groups had to be scaled back to a more manageable option.

Overall the Chatswood team felt the project has been a positive experience and one which has inspired greater appreciation, insight and interest in health

promotion. The experience has deepened our experience and knowledge in working with young women with substance use problems in the clinical setting.

3.2 Recruitment

Our intention was to attract women from both tertiary student and working populations. The recruitment strategy involved distributing flyers and posters through a number of facilities including; UTS Lindfield Campus, Macquarie University, The Dougherty Community Centre at Chatswood, Centrelink, local police station, local businesses including women's dress shops, hairdressers, and local pubs. Flyers were also distributed on two occasions to young women on the mall at Chatswood during lunch hour.

Two articles appeared in the local media in the three weeks leading up to the focus groups, The North Shore Times, and the Sydney Weekly Courier both printed articles discussing the issue of risk drinking behaviours of young women and promoting the focus groups. The articles produced minimal response. Both Macquarie University and UTS however produced the greatest response. This meant our data was skewed in favour of women in tertiary study. Two groups were scheduled for the Chatswood Dougherty centre, the central business district of Chatswood. We had hoped to attract workingwomen in the area that could attend during their lunch break. Unfortunately the flyer distribution attracted only two women, one of which was a part-time student of Macquarie University.

The researchers felt a greater response rate could have been generated from working women in the area if more collaboration with local businesses and employers were conducted. The recruitment net could also have been expanded to the North Sydney area in order to capture larger numbers of women who may frequent a number of drinking establishments in the area. Unfortunately time and staffing constraints did not allow for this.

While conducting the groups for women at UTS there was a strong response from males at the college to the flyers and posters. A number of male students expressed interest in being involved in the groups and putting forward their ideas. For this reason we considered that a male group might provide us with

new information and a male perspective on young women's drinking behaviours. However due to time constraints the male group recruitment did not begin until a number of months later and the time conflicted with preparation classes for final exams. Flyers and posters advertising the male group were distributed two weeks before the groups. However response to the group was not good, and we conducted the group with only two participants. Running the group at the time that male students were requesting it, would have captured a greater number of participants.

Participants were offered two free Hoyt's movie tickets each for attending and lunch and refreshments were provided for each focus group.

Respondents were requested to call or e-mail to confirm their wish to attend the groups. All were notified before the groups to confirm their attendance. Drop out rates for Macquarie University and UTS were very low. Respondents were also encouraged to bring along friends if they liked, although advanced confirmation was required to limit the numbers in each group.

3.3 Data Collection

Seven women's focus groups were conducted. Thirty-seven (N=37) women attended the focus groups. Three groups were conducted at Macquarie University and three groups at UTS Lindfield Campus. At Macquarie University, a number of potential participants were turned away at the door as the third group was about to begin. These were women who had heard about the two previous groups, which had run that morning and were hoping to attend the final group. However names and telephone numbers of these women were taken for future reference. One male group was also conducted at UTS Lindfield with only two participants. One women's group was conducted at Chatswood's Dougherty Centre with two participants attending.

UTS Counselling Service offered support for the project and donated free use of rooms for the purpose of running three female groups and one male group. The UTS Student Union and Public relations assisted in the recruitment process. The UTS Student Union Catering Department was contracted to provide lunch for the 4 groups.

At Macquarie University, The Women's Room provided support in recruiting for three focus groups held on campus. Macquarie University catering was contracted to provide the room and lunch for the focus groups.

All groups were audio taped and scribed. There were problems with the audio equipment at the time of taping, which had not been identified until after the groups were run. The tapes in some instances were inaudible at playback and so data collection relied heavily on the scribed notes for each group.

All data collection occurred with the full informed consent from all participants. On attending the group all participants were given a "Consent From to Participate in a Research Project", which was signed and returned to the group facilitators, a "Participant Information Sheet" which they could take away, and a six question demographics information form. The participant information included the Project Aims, the recording and storage of the data, participants right to terminate, structure of the focus groups, and contact details should they have any future concerns about their involvement in the focus groups. The Northern Sydney Health Human Research Ethics Committee approved all forms used for both the female and male groups.

Each group was conducted for one hour, with preset questions and format. The facilitators were required to ask all questions in similar order but some flexibility to explore points in more detail was permitted within the time frame of the group.

3.4 Data Analysis

The tapes were transcribed, audiotape problems permitting. The initial group was transcribed word for word. The following groups were transcribed based on all comments as they were spoken in the group and as taken from the scribed notes.

The data was analysed and reviewed to identify the main points or themes, which answered the research questions. Responses were organised and summarised into meaningful segments. From this a number of themes were identified to assist with further organisation and interpretation of the data.

Themes were identified based on the number of times the issues were discussed in the individual groups and across all groups.

4.0 Discussion of content analysis

The content analysis is based on four particular themes that emerged in the group discussions. The themes are:

1. Knowledge of drinking and risks
2. Reasons for young women risk drinking
3. The drinking environment
4. Negotiating safety
5. What can be done

4.1 Knowledge of Drinking and Risks

Women are fully aware of their own vulnerability and the dangers involved in high levels of alcohol use, but still continue to engage in risk drinking. Young women are concerned with the immediate and short-term risks, and less aware of the longer-term physical and psychological consequences of high levels of alcohol use.

All the groups demonstrated a high level of knowledge and concern regarding the risks involved in young women and alcohol consumption. The largest concern was for short-term risks associated with the use of alcohol in public places and the idea of a loss of self–control associated with alcohol and the drinking environment. The issues that surfaced for discussion most across the groups included, getting intoxicated and loosing control, being taken advantage of and or sexual assault, or engaging in regretted sexual activity while intoxicated or in a blackout.

Getting intoxicated and loosing control

All the groups expressed major concerns about the consequences of drinking too much alcohol and loosing the ability to make judgements, which can lead to a number of serious consequences both physical and psychological. Terms that were used in the groups to express intoxication include, *"getting utterly wasted" , "going wild" , "having blackouts", "getting as drunk as you can", "drinking till you can't remember" .*

The women reported first hand knowledge of either themselves or friends, or observing other women "*getting smashed*" and putting themselves at risk of harm.

> *"Friends get into cars with drunk drivers." And "you see the same people drinking excessively every weekend."*

Because of the threat of loosing control, some participants stated they prefer to go to parties.

> *"you know who you are with", or "where you are".*

Another participant states:

> *" In the city, friends get smashed, you don't know what's going on around you. That's the most dangerous thing. You can get assaulted. You don't know who you are with."*

Other comments include getting pregnant and not knowing who the father is. One participant stated:

> *"You don't find other ways to be fulfilled. Alcohol and drinking become your social life."*
> *And*
> *"You can't relax after a while without it."*

Being taken advantage of or vulnerable to manipulation:

The women see themselves and friends as extremely vulnerable to other people, particularly males in public places. All the groups expressed a sense of mistrust of people who they didn't know including bartenders and bouncers in public drinking venues. However despite this awareness they acknowledged that after a few drinks:

> *"you are likely easily to trust in people you don't know."*

> *"When you go up to someone in a club and smile and stuff, when you're drunk, you're less likely to think about things, more likely to act on impulse".*

Because of this it was common knowledge in all the groups that:

" you go out with friends and you keep an eye on each another".

Regretted sexual activity

Participants saw regretted sexual activity as a major concern;

"I think going home with someone you don't know, regretting something you do, or not using the right judgement, loosing track of people, embarrassing."

"alcohol can involve embarrassing experiences, like vomiting or sleeping with someone."

"a risk of crazy sexual activity and being unconscious"

"you let yourself go and you can't stop, you embarrass yourself"

There were a number of reports in all the groups, such as,

"some of my friends have got into situations, well you know, when you wake up the next morning and think "oh my God-what did I do."

Awareness was demonstrated in some of the groups of the need to practice safe sex but many women said that it is unlikely to happen if the woman is intoxicated.

"If you're in a blackout you can't negotiate safe sex".

Physical or sexual assault

Participants stated that women generally are more concerned about being sexually assaulted than the risk of damage to health from high alcohol intake. Sexual assault seemed more likely and immediate. Many of the women stated that violence or date rape was a risk.

"I had a friend who followed two guys to their car, she didn't know what she was doing", or

"You find a lot of people just going off, losing track of people, leaving without saying goodbye. You might worry if they go off with another person, you might wonder where they are".

"After drinking we put ourselves into situations you would normally never get into if you weren't drinking. You don't know how you get home, you can get raped".

"You're not in a position to look after yourself."

Some participants acknowledged their own bad experiences led to them reduce or stop drinking for a period of time. University students expressed particular concern about the risk of date rape on university campuses.

There was concern that publicans, bartenders and bouncers were not considered to be good protection against violence being perpetrated against women. A number of comments were made about bouncers *"not caring about women",* but only wanting to break up fights between men.

Some comments were made that bartenders and bouncers themselves pose a risk rather than protection in drinking environments and with reference to *"a bartender who tried to spike my drink".*

There were a few comments were made suggesting that bouncers in clubs should show an interest in what goes on and be more protective of women. There was some argument that bouncers are different in different clubs. Classier clubs might have bouncers that might care more about female clientele. Not all the women believed this to be the case and there was lively disagreement from some women across the groups. A few women cited experiences where bouncers didn't intervene when a woman was at risk.

"I disagree, I've seen a situation with a woman screaming on the dance floor in (name omitted) and bouncers not doing anything"

"Bouncers would rather deal with fights between two males then with women in trouble"

One comment was made that particular clubs allow women to be *"bashed".*

"If you get harassed, bouncers don't care, they might join in"

All the groups were familiar with the issue of drink spiking. Some participants felt it was not so prevalent. Others knew of situations with friends who have had their drinks spiked, but stated that it did not involve sexual assault.

"Being female, more that just the alcohol is a risk"

Some participants thought drink spiking was not so prevalent in Australia. However one woman reported an incident on a (name omitted) travel tour, where the barman spiked their drinks.

"Who can you trust if you can't trust the barman"
"You can only rely on your friends- no one else"

Alcohol Poisoning

Only two of the seven groups introduced concerns about alcohol poisoning as an immediate risk. There were a few statements about the quantities of alcohol consumed and that the effects would depend on the body type and whether you are mixing alcohol with drugs. Getting drunk to the point of vomiting was expressed as a concern and perceived to be a fairly common occurrence. Some participants expressed;

"it is not so much the amount that is consumed, but when they or friends start getting "sloppy"

Some comments alluded to people who start to lose control, *"falling on the floor"* after a couple of drinks.

Drink Driving

Drinking and driving is seen as a risk across all the groups and most participants demonstrated standard knowledge about blood alcohol intake and number of standard drinks permitted to remain under the .05 limit, and the importance of designated drivers. If there is one issue that appears to have been successfully communicated through driver and alcohol education programs it is this. Most participants were aware that two drinks in the first hour and one drink per hour after was a safety measure. Reference was made to designated drivers *"letting you down"* by drinking too much. Some members of the groups felt they were quite capable of being designated drivers and staying under the limit, while others expressed difficulty having to drive around with drunken people in the car. Greater concern was expressed about being intoxicated and getting into a car with a male who was intoxicated.

Health Dept Statistics state that women are more likely to not drive when drinking and to refuse drinks when offered as compared to males. The fact that the women in these groups did not view drink driving as the greatest risk for women may relate to their taking responsible action in potential drink driving situations.

The male group supports this idea around young women and drink driving. Males did not perceive drink driving as a risk for women but that *"becoming paralytic", "date rape", "saying stupid things", "being forced into things"* were of greater concern.

> *"When it comes to drink driving, women will always organize a designated driver"*
>
> *"Women are more the planners and organizers"*
>
> *"Girls tend to say when they have had enough alcohol"*

Age and Alcohol

One interesting point, which was raised consistently across all the female groups, was that the participants expressed greater concern for females aged 15-18. Participants that were aged 22-24 stated that as you matured between age 18 and 21 the need to get intoxicated diminished. Reference was made to this younger group being more vulnerable and at risk.

> *"Age 18-21's are more accepting of others openness and need more help or are a bigger concern".*

> *"When you're underage, not legal, you tend to drink more. Once you pass the legal age it's not so exciting, you drink less then".*

> *"Younger groups drink more" and "two drinks and people are falling on the floor but keep drinking, especially 17 yr. olds, 17 year-olds want to get as drunk as they can."*

Another group of participants state;

> *" When we were younger we were more silly, we are now more mature, now we know our limits"*

> *"From age 16-18 it's rebellion, doing something your not supposed to, at 18-24 you're out of that stage, you know more what can happen to you."*

The idea that young women in the age group 18-24 might demonstrate more responsible and less risky drinking behaviours than their younger counterparts is not clearly determined by the statistics. However, it was an idea consistent across all the female groups. Despite this claim, women in the older age groups also continue to display high levels of risk drinking behaviours,

Knowledge of safe levels of alcohol

When asked about safe levels of alcohol use the consistent response across all eight groups was *"one drink per hour".* The participants understanding of

safe levels of consumption was associated with remaining under the .05 blood alcohol content for Drink Driving. Evidence was demonstrated of a good general knowledge of the definition of a standard drink. However, not one participant was aware of safe levels of alcohol in relation to episodic, daily or weekly levels of consumption for females or males. Participants were able to identify longer-term risks such as *"brain damage", "stomach problems*" but these were not discussed frequently.

Not one participant was familiar with the definition of risk drinking, over 5 standard drinks on any one occasion. The facilitators in all 8 groups felt an obligation to inform the groups of risk drinking levels of 5 standard drinks on any one drinking occasion.

Previous Alcohol and Drug Education

The focus group facilitators felt it would be interesting to explore the women's recall of previous school based education on alcohol and drug use and whether they found the education helpful or as having an impact on them personally.

"Everybody knows Harold the Giraffe"

Many references were made in the groups to Happy Harold.
Participants recalled a variety of schools based education programs which included:

- Addicts come to the school to talk about themselves and their addiction
- Showing pictures of people in car accidents and organs of people who had drank alcohol and those who hadn't
- Discussions about drugs and alcohol
- Drug and alcohol information mailed to our parents which included names of common drugs

"It was a government initiative, a one off thing; we also had a whole topic in physical education"

Others recalled school projects around drink driving and felt they benefited

from these programs. Others said they benefited from learning what the standard drink was and how many you could drink in an hour.

> *"Drink and don't drive, you legend, that had an impact".*

When asked as to whether they thought the school-based education had an impact on them one response was;

> *"None has impact, I do what I want to do, because I want to do it."*

> *"I remember we used to watch this movie and we used to just laugh at the time, It was really badly acted- I think if there was something better, they should use real life instances, use statistics, things that really happened".*
> *"Nobody listened before year 10".*

> *" I learned facts, how many brain cells could it kill, but it didn't have any effect on me."*

Others felt that *"statistics*" were not relevant and stating numbers would have little impact on them. Generally participants said they "*laughed at videos or films."*
Most agreed the information had to be relevant to them otherwise it would have no impact. It is possible that young people have successfully absorbed information regarding alcohol use and driving because for young people learning to drive is very relevant.

The male group participants recalled,

> *"Sex and Drugs classes where they were introduced to school counselling services. But no one I knew ever accessed it".*

Many participants stated they couldn't recall drug education at all at school, or that it didn't occur at their school.

Others stated drug education was about the common names for street drugs. Or message such as

"You shouldn't take drugs" it didn't work".

Others said it was very repetitive,

"same thing year after year."

"I was at an independent school. They brought in guest speakers and recovering alcoholics. People who didn't drink sat up the front, the drinkers down the back talking, all over their heads. Preaching to the converted".

4.2 Reasons for Young Women's Risk Drinking

Initial responses to the question as to why a high percentage of young women are risk drinking included;

"Why have just one drink. It's not the done thing that women only have one or two drinks."

"If you're not going to get drunk, you may as well have soft drinks."

"The main reason we drink is to get drunk, this is the whole point of drinking. "Celebrate and write off the weekend"

The groups were asked to explore this question further and comments were made about the immediate physical and psychological effects of alcohol and it's effect on social anxiety.

"Alcohol helps you relax", you can forget about things"

"Alcohol makes you more sociable"

"Loss of inhibitions and loosens you up"

"Works as a social lubricant"

"Alcohol makes you more friendly and outgoing; when you're sober you stand in the corner "

"Alcohol is the social lubricant, people enjoy me more if I'm drinking."

"It takes your mind off things"

" Just being able to forget about everything else for a night"

When participants were asked what it was that women in this age group needed to take their minds off or forget, self-confidence factors reportedly played a large part. All the groups identified a lack of self-confidence and peer or social pressure as the two most important reasons for young women's risk drinking.

Confidence factors were raised by a large number of participants in conversations about dancing and meeting or attracting males.

"I can't dance unless I drink."

"I have to have about ten drinks before I dance, guys go to the dance floor to pick up women".

"Girls are thinking about rejection, when you're meeting guys, it (alcohol) makes it easier"

"Girls want to impress the guys and their friends".

"I'm shy, with alcohol I get more talkative"

Many of the comments associated alcohol use to young women's concern about their body image;

" Girls are more self-conscious about their looks and weight. Self-confidence comes with drinking more."

"Girls who are watching their weight would rather drink than eat"

"When I have four drinks I feel like a supermodel."

"There's lots of pressure in the media for women to look and be a certain way, skinny, attractive and with a boyfriend."

Two students from USA temporarily studying in Australia made this observation,

"In Australia girls need to dress up more, they are more conscious of their appearance."

The Mating Game

One very articulate and thoughtful group of women discussed the challenge and difficulties in trying to meet males in public environments. It was discussed that males benefit from young women's drinking socially by making it easier to have sexual contact with women if they are drunk.

"The whole dating thing is more of a challenge to males if the women is sober."

"The women drinkers at the pub or club get all the guys. Guys think women who drink are easy. "

One group of women in particular reported,

"there's a real competitiveness between girls to get the guys."

Participants in this group who do not drink at risk levels stated they observe girls that do and regard the situation as a kind of *"us and them"* dynamics

between the two groups.

"Girls that drink (risk levels) are cheap, they dress for attention from guys but they are just one night stands. There is an "us and them" mentality, girls that drink and girls that don't. But the girls that drink get the guys."

"Lots of girls go out to get drunk, and boys egg them on".

"Guys pressure girls into drinking a lot more, to compete with them."

"Guys buy you drinks."

"Alcohol gives you confidence to pick up guys. That's how you might meet your boyfriend."

Discussion and perspective on this issue from the male group included,

"If the male is drinking, you might encourage her to have more alcohol to increase the chances of sex"

"Girls drink less if they are in a relationship"

The male participants (n=2) also stated women's drinking is associated with a loss of inhibitions.

"it helps them loosen up socially" and "helps dating and to have conversation".

Lack of responsibilities

"The lifestyle lends itself to drinking, no responsibilities, no partner, no full-time job."

"Lifestyle is much more easy-going than it used to be in previous generations, we are babies ourselves for longer"

"We have little responsibility and enjoy being social." "It's a time to be stupid, let it all out; you don't have responsibilities like you do when you get older." "Its part of having fun"

A number of comments were made in the University groups about drinking on campus. Participants stated risk drinking was related to a combination of factors; a lack of responsibility, "*you can turn up hung over or sleep in"* , and the lack of parental supervision.

"If you are an overseas student, it's a bit like being on holidays and there is an expectation that you will party"

Drinking Games

"Everybody's doing it"

A number of participants discussed the current trend of "drinking games"

" A lot of young people now play drinking games, at barbeques."

" Yes, like drinking car games or truth or dare"

"You are given instructions, like every time you hear someone say something you have to drink".

The games were compared to boys "*footy sessions* " where it is believed the games were first started. Participants stated the aim of the games is to get drunk and there is strong social pressure to participate in the games.

"Always one or two people don't want to play" and "It's hard to say no.

"It's more social to agree to go along."

One participant stated;

"Sometimes I would only pretend to be drinking"

The discussion about drinking games included comments about living on campus and being surrounded by people who get drunk.

Advertising

Most of the groups referred to the advertising of alcohol. Some women expressed the view that alcohol advertising is a contributer to women's risk drinking and others spoke of alcohol in a way that suggested they were influenced by the marketing of alcohol to young women.

The television advertisements by Bailey's *"Mini's by Baileys"* were commented on a number of times in some of the groups. Comments were made about the small size of the mini bottles, which make it convenient to carry in your purse and particularly helpful for smuggling into drinking establishments where alcoholic beverages are expensive.

General consensus was that *"lolly drinks"* make drinking easy. It was suggested that the under 18's drink more lolly drinks.

> *"Baileys mini's, you get four bottles for ten dollars and you can put them in your handbag."*

> *"They are cute (mini's) and fit in your pocket"*

4.3 The Drinking Environment

All groups discussed the current trend of having a few drinks at someone's house before going out to clubs on Friday and Saturday nights. The main reason stated for this was the high cost of alcohol in pubs and clubs. The usual pre-drinking session usually takes place at someone's house.

> *"Money is an issue when you're out drinking with friends"*

> *"We have pre-drinks as a way of cutting cost. It's less expensive to have drinks at home or at a friends then at a bar or pub."*

> *"Drink at home or at friends house before going out"*

"Alcohol is very expensive, we have pre drinks then go out"

One participant stated, *"I always went into a bar drunk."* Implying they generally consume a few standard drinks before going out to pubs. In relation to pre-drinking one participant claimed,

"*I've been served in a club when I've been falling over drunk."*

A number of participants felt that as they get older they are more likely to drink at parties at people's homes and 21sts. Younger groups are more likely to go out to clubs and pubs.

Many women stated that Friday and Saturday nights consisted of kicking the night off at a friend's house where no cost was associated with alcohol or the alternative of going to clubs where the alcohol was inexpensive. Later in the evening they would move on to the city where the clubs would be more expensive. One participant stated the evening might kick off with dinner and some wine with the parents before going out.

Parents and pre-drinking

It was not within the scope or format of the focus groups to gain specific information about the pre-drink sessions and the role of parents or parental supervision with regard to pre-drinking. It is unclear the extent to which parents are aware of the pre-drinking sessions or who supplies the alcohol on such occasions, since most pre-drinking sessions occur in the family home.

A number of comments about parental attitudes to alcohol included;

"My parents encouraged underage drinking with me because I didn't do it much and I was responsible."

"Friends parents were really strict about alcohol, my parents weren't. If I wanted a drink at age 15 they would let me because they knew I was responsible".

"My friend rebelled because her parents were too strict".

"Parents set an example"

"If you learn (from your parents) that drinking is what you do when you're down or depressed, it's what you'll do."

Pubs and Clubs

One young woman stated,

" I don't drink much at the pub or dinner out. I drink more at people's houses and parties. I worked in a 24-hour bar. The girls would come in all dressed up nicely, nice clothes etc, then after a couple of drinks it would all start to change. When they were trashed they would mouth off and become rude, just awful, and like, dancing on top of the bar."

All groups expressed a general perception that underage drinking in clubs and pubs was quite common and some clubs were seen to be stricter than others, particularly in terms of dress codes and underage drinking. Comments were made that getting into clubs often depended on your appearance.

"It's easier for girls to get in even if underage".

"My friend has big boobs, she can get in anywhere, even when she was 16"

"Guys can't get in unless they are with girls".

Comments were made that young women who look *"hot"* are let into the clubs even if underage because,

"they attract the males who have the cash to spend and will buy the drinks".

As discussed above, most participants acknowledged the risk of either sexual

or physical assault or of “ending up in bed with someone” while intoxicated. Given these risks, the young women discussions suggest some concerns about seeking attachment or finding a mate in an environment that is dangerous or predatory.

4.4 Negotiating Safety

Participants were asked what they do to minimise the risks.
For most of the young women negotiating safety revolved primarily around three strategies.

1. Going out in groups and care taking of one another
2. Planning ahead and organising yourself for the evening,
3. Self-monitoring the quantity of alcohol intake

Going out in groups was given the highest priority in the discussions and was a unanimous practice across all groups. There was however a general consensus that this strategy can fail when people are under the influence of alcohol and friends. This means that designated drivers drink too much, and that sometimes the group moves on and leaves people behind, or individuals go off on their own with people they meet despite the group rule, *“ you always stick together”.*

The male participants’ (2) tended to see women as more organised in terms of planning, self-monitoring and organising designated drivers. They also said there is a rule about safety in numbers and that their friends usually go out in groups or couples. One participant said it was difficult to express concerns to women friends if they are drinking too much, as they usually say, *“I can look after myself”.*

Out in Groups

Strategies used for sticking together in groups involve:

- Pre-arranged meeting places if you get lost
- Arranging friends to drive you home at the end of the night
- Making friends more responsible for you
- Looking after others that are drunk
- Always staying with the group.

- We always go together and we leave together.
- Go in two's to the toilet.
- Make sure we all go home together.
- Keep a close eye on one another.
- If friend is getting out of control, move them or go to another place.

Strong group moral codes and rules were expressed on this issue.

> *"I'm extremely angry if someone leaves me when we're out, because I would never do it to them – I'd make sure we go home together, get a lift together"*

> *"Never leave your friends, put them in a taxi when you leave, and call when you get home"*

> *"Never leave anyone behind"*

> *"We don't see spiking as a risk, but I don't put my drink down, If I have to I will give it to a friend to hold.*

Despite the strong group code there was also general consensus across all groups that such strategies did not always work.

> *"But once you're smashed it doesn't really work, you might miss the cues"*

> *"If you're in a big group, with others you don't know that well, you're less likely to look after one another"*

Many comments were made about some girls having *"boyfriends*" who look after them and make sure they get home safe.

> *"Both males and females keep an eye on one another"*

> *"Knowing that male friends are there helps, but I tend to drink more*

when my male friends are there because I know that I feel more protected"

Other participants stated that they are often the first ones in the group to leave and don't remain with friends that are continuing to drink into the night.

Planning and organising

All groups referred to planning and organising the drinking occasions that may help to reduce the risks of drinking. Some ideas put forward include;

- *Organise the night well*
- *Organise a way to get home*
- *Plan to catch a train together*
- *Get a cab or something together*
- *Give yourself a time limit, ie. I'll be home in bed by a certain time*
- *Don't drive; make sure you know where you're going home to.*

"Before we go out, we check out motivations to pick up (men) and then decide who needs to be looked after"

The participants identified a number of problems with using designated drivers, primarily that driving around drunk people is far to distracting and unsafe, or that people say they will organise drink drivers but the drivers tend to drink over the limit as well, even when they plan not to.

Monitoring Alcohol Intake

A number of suggestions or statements were made on the topic which are strategies young women use to limit their intake of alcohol.

"Monitor what you drink"
"My friend and I stick together as light drinkers and not let others push us into drinking"
"Eat before you go out drinking, this provides protection against intoxication"
"Alternate alcohol and water."
"Drinking lolly drinks is slower, stops me from getting sick"

Some participants stated they would let others know they are drinking too much, but others felt that was an unreasonable strategy.

> *"Yeah I would say they should slow down – sometimes though it just happens when you're in a pub and everyone is standing around drinking"*

> *"I'm not someone's mother, I can't tell people to stop drinking"*

> *"With people drinking, I'm at the stage now that my friends and I have a lot more common sense, we're more aware of the risks"*

4.5 What can be done?

We asked the participants to brain storm ideas about what might be helpful in getting the message across to women about risk drinking, what images are effective and where they would be best placed to reach the target audience.

What

Generally the women felt that highlighting short-term risks would have more impact on young women. More information about safe drinking levels in terms of episodic use of alcohol was suggested.

Many of the groups suggested using women's concern about their weight and body image in the context of alcohol use, and that this would have a powerful impact.

> *"Focus on the calories in drinks, that's one thing me and my friends think about all the time, what we worry about, focus on the sugary content of drinks – that would so stick in my mind (I'd choose pizza over drink!)"*

> *"1 drink = 3 bread rolls – that might interest women more then other health issues"*

It was suggested that messages needed to be far more explicit than *"just don't do it".* Otherwise the information gets forgotten. There were a number of comments made about information having to be shocking and *"in your face"* otherwise it was not likely to be remembered.

Probably the most important opinion expressed was that the messages needed to be personally relevant to them.

> *"I had a bad experience once, no way would I put myself into that situation again."*
>
> *"Having had a bad experience can change behaviours."*
>
> *"Real life problems teaches the best, like being in a situation where you have drunk too much and then being nearly raped, or attending the funeral of a good friend killed in car accident after drinking. Obviously not everyone would have done these things, but it's helpful to make it realistic, not just 'don't do it, this could happen to you. Put some emotion in to it"*

A number of women recalled the television advertisement about a young girl waking up and getting out of someone's bed. The other advert most recalled in the groups was the young women vomiting in a toilet.

> *"The how will you feel tomorrow adds come back to me – what a loser, vomiting your guts up."*

Advertising with a split narrative, between if you are drinking and if you are not drinking were thought to be powerful. The ad was recalled with the two girls and two different scenarios, one scenario where the girl is putting her clothes back on after having sex. This type of ad was considered relevant across all the groups.

Such advertising had a strong impact because young women could identify with it. Information has to be relevant, practical, shocking to some degree, *"in*

your face".

All groups seemed to feel that shock tactics work. A few people alluded to emails circulating about young women dying due to drink driving or other shocking and emotional stories that get circulated.

Where

> *"Needs to be visual, has more impact"*
> *"E-mails like the one circulated about the girl killed by a drink driver."*

A number of suggestions were made to place articles and information in either woman's magazines, Internet sites and television. Names that were used included:

- *Cosmo*
- *Style*
- *Vogue*
- *The OC (for television advertising)*

Most groups suggested messages in pubs and clubs tend to get noticed. Women's toilets in particular, such as the backs of toilet doors, above the hand dryers in toilets.

> *"When you are standing there you are more likely to read it, placed on mirrors",*

> *"At that stage you have more of an opportunity to take it in".*

Some participant's thought that the toilet is the place where you or your friends are more likely to notice how intoxicated someone is.

> *"When you're sitting on the toilet, this is the place when you might realise how intoxicated you are"*

Who

Manufacturers and advertisers

Participants thought alcohol manufacturers and advertisers should be involved in reducing the risks to women and be held more accountable for the products they develop and sell. Suggestions include:

- *Placing messages on labels and bottles, like cigarette packets, that makes people aware of the hazards.*
- *Manufacturers and advertisers should emphasise fat content and sugar content in their products, especially beverages targeting women.*
- *Lolly drinks for women should be made with less alcohol rather than more.*

Police, Publicans, Bouncers and Bartenders

All groups thought that Police, bouncers, and bartenders should be involved in reducing the risks for women. Participants felt that bartenders and bouncers need to be better trained to manage risky situations.

Some comments were made that bartenders were too young. If a woman was experiencing difficulty, she might look to older people to help, (especially someone in uniform). General consensus's was that hotel security, publicans and bouncers should be held more accountable and provide greater security for women in their establishments. They identified under-age drinking as an issue that is not being adequately controlled. The general feeling was that bartenders and bouncers are not using responsible serving practice and that the safety of women should be an important consideration in responsible serving practice.

"We have no trust in bartenders, publicans and bouncers."

The important role of local councils in enforcing regulations of responsible serving practice was identified. Other comments suggest that responsible serving regulations have not been successful, and that individuals need to take more responsibility for their own alcohol consumption and safety. Participants reported anecdotal incidents that led to a general belief that pubs

and clubs are not held accountable for what happens as a result of heavy drinking in their establishments and that "Pubs need to be sued" before things would change.

It was suggested that pubs and clubs could develop their own strategies for reducing the risks for women in their establishments by offering free or cheaper non-alcoholic drinks to women on Friday and Saturday nights. Others suggested free food could be provided to emphasise the importance of eating before heavy drinking.

Parents

In regard to parents involvement in the issue of young women's alcohol use and safety the following comments were made:

- *"Parents need to be helpful, available. They can have an impact but not by lecturing"*
- *"Friends parents say No Alcohol, so my friends just sneak around'*
- *"Important to have open dialogue with parents"*
- *"Teach parents to teach kids about alcohol"*
- *"Kids don't want to listen to adults telling them what to do, they want to experience it for themselves"*
- *"If my parents could help, I would go to them"*
- *"My mother wouldn't know what to do"*
- *"Family members have no way of knowing what 18-23 yr olds get up to"*

Friends

All groups agreed that young women themselves need to be involved in developing strategies for reducing the risks for women. Most said they would talk to their friends first if they were experiencing difficulties, and more likely to listen to their peers on such issues.

> *"Advertising can't have the same impact as your friends or your parents, it won't really change the way I think, my opinions are formed from other people"*

There were a number of comments made in the focus groups, most often

expressed in the final moments of the groups, that the problem of young women's drinking was just too big an issue. It seemed to some that the current culture of heavy alcohol use entrenched in our social behaviours and the issues surrounding young women's self esteem and confidence, particularly in matters of sexuality and finding a mate, felt too large to be impacted on by health promotion projects and targeted messages.

It is interesting to note that the strategies suggested by the women more often than not focused on others taking control of the situation, publicans, bouncers, police, friends, boyfriends and less emphasis on themselves as the locus of control in regard to monitoring or reducing their alcohol intake.

Across all groups, clearly the greatest importance was placed on health promotion messages being relevant and personal if they are to have an impact on young women's alcohol risk drinking behaviours. Almost all the women contacted by telephone follow-up in the weeks following the focus groups, stated the opportunity to discuss the issues in the group and to hear what other women had to say was beneficial, enlightening and of therapeutic value in and of itself. Many of the women stated;

> *"More discussion groups such as these should be held in schools and universities, and of course, free food should always be offered."*

5 Demographics

The focus groups were held at Macquarie University, University of Technology (Broadway) and the Dougherty Centre at Chatswood. Thirty-nine participants (N=39) attending the focus groups at three geographical locations completed the questionnaire.

GENDER

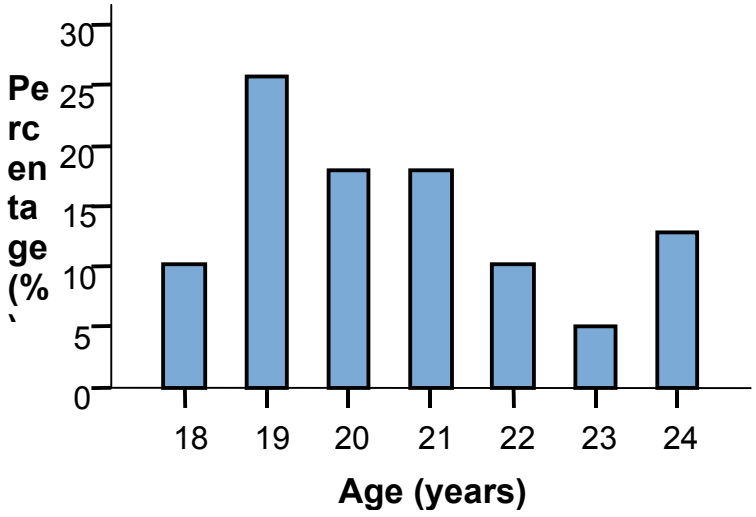
94.9% (37) of participants were female and 5.1% (2) were male.

AGE

The age of students ranged from 18 to 24 years, median 20 years and mode 19 years.

25.6% were aged 19 years, and 17.9% 20 and 21 years respectively. 62% aged 19 to 21 years (see Figure 1).

Fig. 1 Focus group participants'

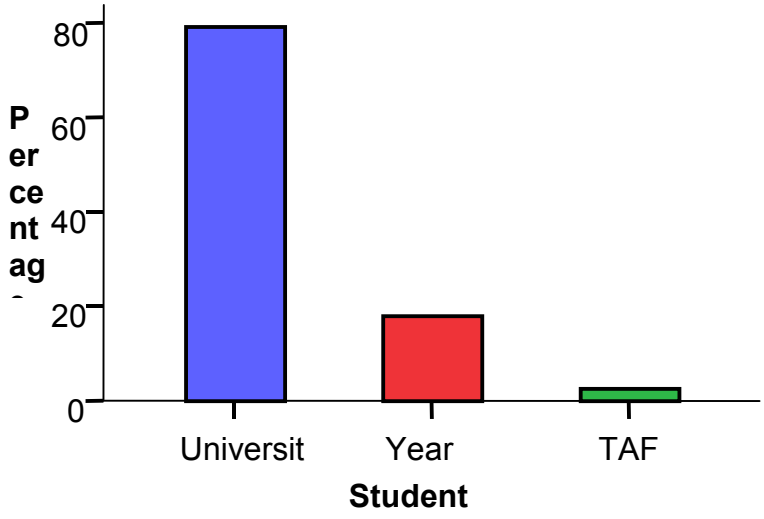


Source: NSCCH D&A Binge Drinking Project, 2005

EDUCATION

79.5% (31) of focus group participants attended university (UTS or Macquarie) and 17.9% (7) in year 12 at high school. One participant attending TAFE (See Figure 2).

Fig. 2 Participant student status



Source: NSCCH D&A Binge Drinking

EMPLOYMENT STATUS

The results of the data analysis indicated that 79.9% (30) of all focus group participants were employed. 23.1% (9) were not employed (included one student receiving a disability pension. The questionnaire did not ask if employment was part time or full time.

Significantly, 84% of all students living at home were employed compared to only 70% of students living independently (own or share accommodation) or in student specific accommodation.

When the data for the university students was analysed separately, 100% of the participants living independently (own or share accommodation) were employed as compared to only 57.1% of university students living in student accommodation.

Although it was not identified in the data, the researcher had observed two of the participants attended the focus groups were university exchange students from overseas. Australian student visa restricts would preclude these students from working and this helps to explain the differences observed.

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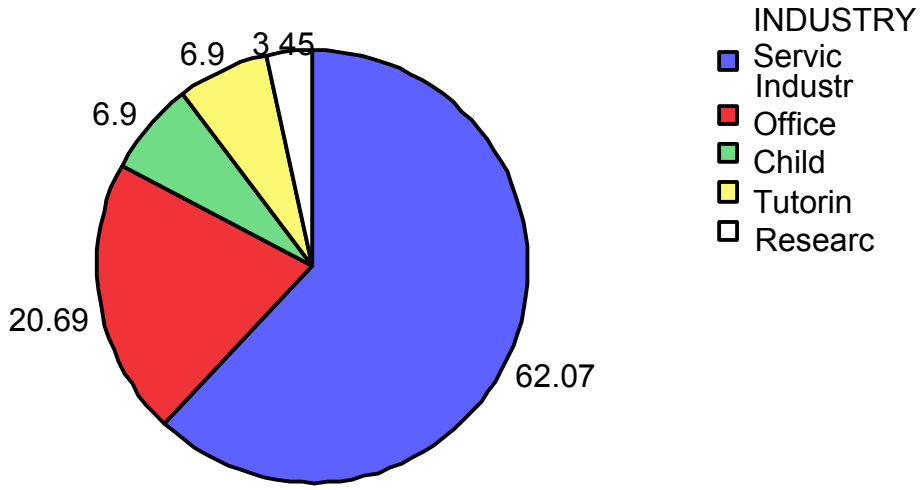
EMPLOYMENT INDUSTY

The participants in the focus groups were employed the service industry (63%). For example sales assistant, marketing, bar attendant, gaming attendant and waitress. Another 21% are employed to do office work (including receptionist), 7% childcare and tutoring respectfully and small proportion (3%) work in university research (see Figure 4).

Fig. 3 General employment industry (N=29)

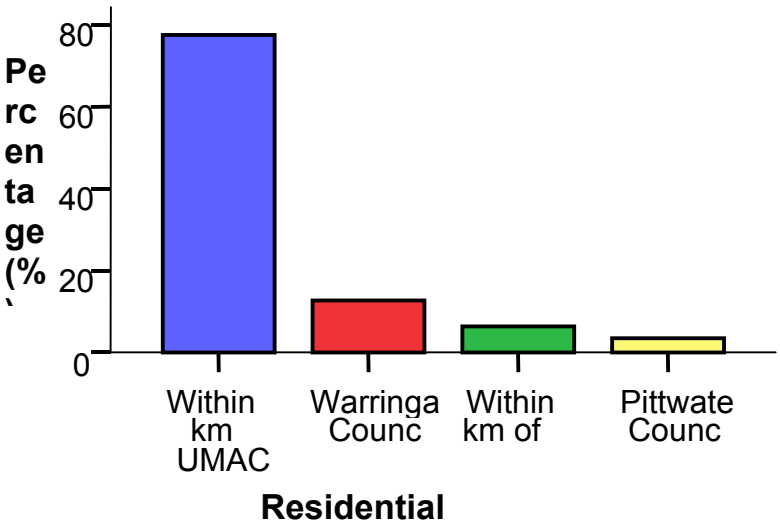


Source: NSCCH D&A Binge Drinking Project, 2005

RESIDENTIAL POSTCODES

A review of participant's residential postcodes indicates that the majority of university students live in suburbs in close proximity of the university campuses. When the university student data was analysed (n=32) the results indicated that 77.4 % of university students live within 10 kilometres of Macquarie University campus and another 6.5% live within 10 kilometres of the University of Technology campus. 12.9% of student live in the suburbs of Warringah Council and 3.2% in suburbs of Pittwater Council. These results only suggest an association between residency and proximity to the university because the dataset did not indicate the university students attended (see Figure 4).

Fig. 4 Residential suburb proximity to university

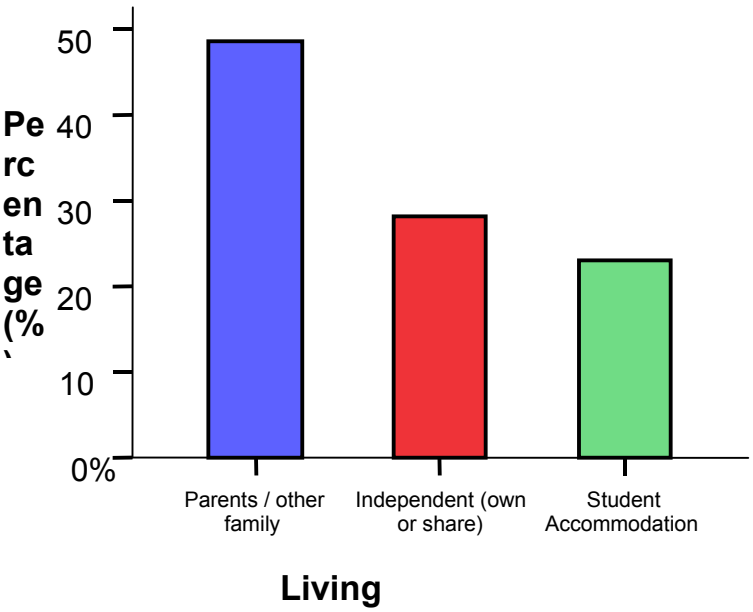


Source: NSCCH D&A Binge Drinking Project, 2005

STUDENT LIVING ARRANGEMENTS

Most students lived independently, alone or in share accommodation, or in student accommodation (51.3%). The remaining 48.7% live with parents or another family member.

Fig. 5 Participants living arrangement (N=39)



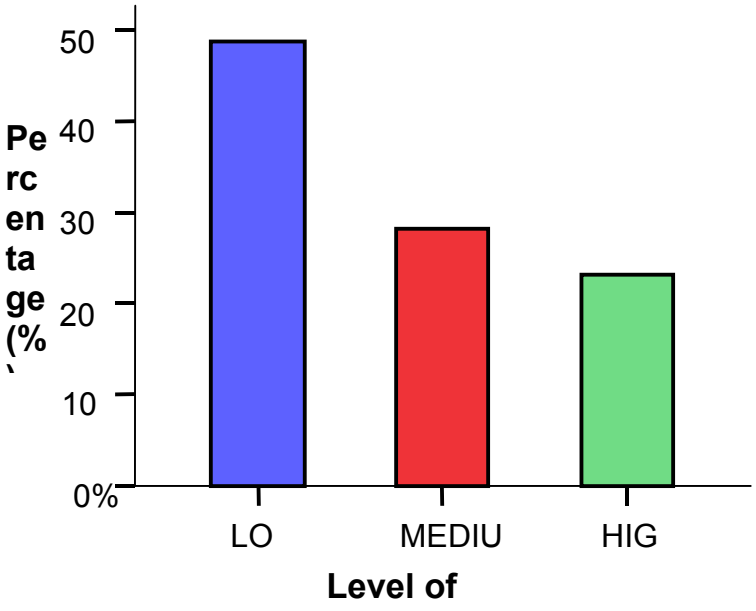
Source: NSCCH D&A Binge Drinking

ESTIMATE OF THE INDEPENDENCE OF DECISION-MAKING (EIDM)

The living arrangement data could be interpreted as an Estimate of the Independence of Decision-Making (EIDM) to engage in risk taking behaviours. In this capacity, students' living arrangements are interpreted as an 'estimate' of the independence of the student to decide to engage in risk taking behaviour, in this case binge drinking, is not influenced by parents. Thus, students living independently have "high" EIDM, students in student accommodation have "medium" EIDM, as compared to students living at home with 'low' EIDM. The hypothesis follows living arrangements' is an estimate of their EIDM to engage or not engage in binge drinking.

Because the students living at home may have low EIDM, their decision to engage in binge drinking is more likely to reflect parental attitudes and values – an influence that can be positive or negative. For example, parental attitudes that accept high levels of use of alcohol are more likely to influence their children's attitudes that heavier use of alcohol is socially acceptable. Perhaps students with high EIDM are less likely to be influenced by parental beliefs because they have formulated there own morals. This hypothesis is purely speculative and more specific data is needed before any conclusions can be drawn. However if the hypothesis proves to be true, it would likely influence future campaign strategies to reduce binge drinking.

Fig. 6 Living arrangement as l independence of Decision Making



Source: NSCCH D&A Binge Drinking

6 REFERENCES

Centre for Epidemiology and Research, NSW Department of Health. 2004 New South Wales Adult Health Survey 2003*. N S W Public Health Bull* 15(S-4).

(CYWHS) Children Youth and Women's Health Service, Parenting and child health, *Alcohol – effects on unborn children. Comments* <http://cyh.com/HealthTopics/HealthTopicDetails.aspx.?p=1148np=122&id=1950(21 March 2006).

Commonwealth Department of Health and Aged Care, 2004, *Alcohol in Australia: Issues and strategies.* A background paper to the National Alcohol Strategy: A plan for action 2001-2003/04.

De Crespigny C. 2001, Young Women, pubs and Safety. In: Paul Williams (ed) *Alcohol Young Persons and Violence*. Research and Public Policy Series No. 35. Australian Institute of Criminology, Canberra.

Fromme K, Marlatt, GA, Baer J & Kivlahan D. 1994, The Alcohol Skills Training Program: A group Intervention for Young Adult Drinkers. *Journal of Substance Treatment,* Vol. 11 (2), 143-154.

Hulse, G. White, J. Cape, G. 2002. *Management of Alcohol and Drug Problems,* Oxford University Press.

Hunter K. Alcock J. Elkington J. , 2004, *Developing Safe Celebrating: Strategies for Young People,* Road and Traffic Authority, Northern Sydney Health, Youthsafe NSW.

Kuther T and Higgins-D'Alessandro, 2003, Attitudinal and Normative Behaviour Predictors of Alcohol Use by Older Adolescents and Young Adults. *Journal of Drug Education,* Vol. 33 (1), 71-90.

La Trobe University Media Release, 2002, *Research probes reasons for risky drinking by young women.* No. 62

Milligan R, Burke V, Beilin L, Richards J, Dunbar D, Spencer M, Balde E & Gracey M. 1997. Health Related Behaviours and Psychosocial Characteristics of 18 year old Australians. *Social Science & Medicine*, Vol. 45 (10), 1549-1562.

Moreton R, Bedford K. 2002, Spiked Drinks: *A Focus Group Study of Young Women's Perceptions of Risk Behaviours,* Central Sydney Area Health Service, NSW Health.

(NAS) National Alcohol Strategy 2002. *Fact Sheet 18. Drinking Patterns and Levels of Risks-The Patterns and Levels of Drinking by 14-25 year olds are of Major concern.* <http://www.alcohol.gov.au/resources.htm> (22 March 2006).

(NHMRC) National Health and Medical Research Council, *Australian Alcohol Guidelines: Health risks and benefits* (2001) Commonwealth of Australia, Canberra. <http://nhmrc.gov.au/publications/_files/ds9.pdf> (22 March 2006).

NSW Health Surveys 1997-2004 (HOIST) Epidemiology and Surveillance Branch, NSW Health Department <http://www.nationaldrugstrategy.gov.au/publications/alcohol.htm> (22 March 2006)

NSW Health: *Youth Action Plan*, 2001-2005.

NSW Health: Youth Action Plan 2005-2009 Draft, *Outcomes of the NSW Summit on Alcohol Abuse*, 2003.

O'Leary, 2002. *Foetal Alcohol Syndrome. A literature review*. *National Alcohol Strategy 2001 to 2003-04.* Occasional paper prepared for the National Expert Advisory Committee on Alcohol, Commonwealth of Australia, Canberra. <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pubilict-document-fetalsyn-cnt.html/$FILE/fetalcsyn.pdf> 22 March 2006.

Population Health Division. *The health of the people of New South Wales:Report of the Chief Health Officer,* 2004. Sydney: NSW Department of Health, 2004

Shanahan P and Hewitt N, 1999. Developmental Research for a National Alcohol Campaign Summary Report AIHW 2001 *National Drug Strategy Household Survey.* <http://www.health.gov.au/pubhlth/publicat/documnet/alcocomp.pdf> (22 March 2006).

Spooner, C. Mattick, R. & Howard, J. 1998. *The Nature and Treatment of Adolescence Substance Abuse*. NDARC Monograph No. 26, University of NSW

Tombourou J., Williams I. Snow P. White V. 2003 Adolescent Alcohol Use Trajectories in the Transition from High School. *Drug and Alcohol Review* Vol. 22 111-11

7 Appendix 1

Focus Group Discussion Questions

There are 4 topics. Each topic taking approx. 15 minutes.

Topic 1 Current Drinking Behaviours

1. What kind of things do you think your female friends do on a typical night out?
2. Where or in what situations do you think they (women aged 18-24) drink alcohol?
3. Are you ever concerned about how much you or your friends drink?

Topic 2 Knowledge of risks and concerns

4. What do you think are the risks for young women when they are drinking?
5. What would you be most concerned about happening to your female friends as a result of drinking to much?
6. Do you think young women try to minimize the risks of drinking, if so, what do they do to take care?
7. Do you think young men are concerned about young women, friends, girlfriends or sisters drinking of alcohol?
8. If you were concerned about a friends drinking, what would you do?
9. If you wanted information about the risks involved for women, who or where would you go to get that information?
10. Have you ever been exposed to drug and alcohol information while in school?
11. What was the nature of the drug/alcohol education?
12. What impact or effect did the drug education have on you or your male or female friends?
13. Do you know about safe drinking levels, what do you think are safe levels?

Topic 3 Reasons why young women are drinking at high risk levels

14. What are some of the reasons why young women might drink alcohol?

15. Of the reasons which have been mentioned which would you say is the main one for females?

16. What about for males?

17. What would lead to excessive drinking (if excessive means over 5 drinks on one occasion)?

Topic 4 What is needed to reduce risks for women, who, what, how.

Let's think about how we might reduce the risks for young women drinkers

18. Have you been affected in any way by the television messages over the past two years about harmful drinking among young people?

19. What images, messages are effective?

20. What mediums could be used to get the message across?

21. Where should the messages appear?

22. Are there things that could be done by the community, police, publicans, to reduce the risks for women and drinking?

23. Who else do you think should be involved in putting together a strategy?

24. Are there any further comments anyone would like to add?

8 Appendix 2

I. Focus group aims

II. Focus group procedures

III. Focus group rules

IV. Participant information sheet

V. Consent form

VI. Demographic information form

VII. Focus group telephone follow-up question form

VIII. NSCCAHS Drug & Alcohol Service Script

Note: All forms used for the male groups were identical, except where grammatical changes needed to be made to address the male reader)

I. FOCUS GROUPS

AIMS

- To gain information about young women's' drinking behaviours,
- To gain information about the possible causes of young women's drinking behaviours
- To gain information and ideas for reducing the risks of drinking among young women

The session will involve;

i. Introductions-first name, age, occupation

ii. Setting of ground rules

iii. Discussion – focus questions (use of open and strategic questions re: knowledge of risks causes of risk drinking, effective intervention ideas).

iv. Closure of discussion(follow-up or referral if required)

v. Request for volunteers to become part of ongoing stakeholder consultation group for Stage 2

ENVIRONMENT

Small group rooms- chairs set around table

EQUIPMENT

Audio taping Equipment
Blank Tapes
A3 writing block for scribing (copy of list of questions)
Pens
Name tags
Group rules display sheet.

ROLES

Facilitator	Leads questions
Co facilitator	Co-facilitation and time keeping
Scribe	Scribe and tracking of participants

II. FOCUS GROUP PROCEDURE

On Entry-
Participants will be greeted individually.

Participant Information, Consent forms and Demographic forms will be distributed for reading, filling out and signing.

Name tags will be filled in with first name only when sitting around table.
Refreshments will be available after the group finishes.

Part A

Introduction-

- Group facilitators will introduce themselves and outline their roles,
- Confirm information sheet read and consent form signed
- Confirm name tags

SUGGESTED SCRIPT-
Hi I'm… and this is…. I will be facilitating the group and … will be taking notes while we are talking. The discussion is also being recorded on audiotape for cross checking later. Has everyone read and signed the information sheet and consent form? Any questions? During this discussion I will be asking you some questions about your opinions about drinking amongst your age group and asking for ideas about ways of getting safe drinking messages to your peers.
Lets go around the table and introduce ourselves if you can introduce yourself by name, age and occupation.

PART B

- Group rules (Printed on display sheet)
- Facilitator reads through and gets group (oral) consensus.

1. ***Confidentiality.*** Outside the group no comments or information will be identified as coming from particular individuals.
2. ***All opinions are valuable and will be respected***. There are no right or wrong answers
3. ***Take turns to speak***
4. ***Everyone will have an opportunity to participate***

GROUP RULES

Confidentiality- Outside the group no comments or information will be identified as coming from particular individuals.

All opinions are valuable and will be respected-

No right or wrongs

Take turns to speak

Everyone will have an opportunity to participate

Participant Information Sheet

"Reducing the Risks" a harm minimisation in alcohol consumption project for 18 – 24 year old females residing on the lower north shore

You are invited to take part in a focus group discussion being conducted by the Chatswood Drug and Alcohol Unit of the Northern Sydney Area Health Service in partnership with Northern Sydney Area Health Promotion. This focus group is part of a project the unit is undertaking to address the risks which young women may encounter when they are drinking.

The project is being conducted in 2 stages

Stage 1 Research
Stage 2 Strategy Design and Implementation

The project will be conducted from May to December 2004.

As part of Stage 1 this focus group and another three will be held involving altogether approximately 30 young women aged 18 to 24 years.

The group discussion will be about issues related to drinking behaviours and attitudes among young women. Topics to be discussed include experiences and risks involved with drinking and possible causes of risk drinking. Discussion will also focus on generating ideas for effective strategies to use to reduce risks for young women. The views and information that come out of the discussion will be used for planning a strategy to be implemented in Stage 2 to reduce risks for young women drinkers.

If you agree to participate the focus group will last about 1 and ½ hours and will be recorded on audiotape. Your involvement in any stage of this project is entirely voluntary and you can decide to refuse to participate and withdraw at any time without having to give an explanation.

A facilitator and a note taker will be present in the focus group. Tapes and all files pertaining to the focus group will be stored in a locked filing cabinet on the premises of the Chatswood Drug and Alcohol Service for the duration of the project. Prior to the discussion each participant will be asked to complete a short questionnaire about themselves.

At the conclusion of the discussion you will be asked if you are interested in continuing to be involved in Stage 2 of the project as a strategy consultant. At the end of the focus group each participant will receive a voucher for two cinema tickets.

When you have read this information, the focus group facilitator will answer any questions you may have. If you would like further information about the project in the future, please feel free to contact Judy Finnigan on 9448 3284.

If you require information about services available for people affected by drugs and alcohol please contact Northern Area Drug and Alcohol Service 1300 889 788.

This study has been approved by the Northern Sydney Health Human Research Ethics Committee. Any persons with concerns or complaints about the conduct of a research project can contact the Ethics officer on (02)9926 5669.

Northern Sydney Health
Chatswood Drug and Alcohol Service
Consent Form to Participate in a Research Project

I, _____
(name of participant)

of_____
___
(street) (suburb/town) (state & postcode)

have been invited to participate in a research project entitled :- "**Reducing the Risks**"

In relation to this project I have read the Participant Information Sheet and have been informed of the following points:

1. Approval has been given by the Human Research Ethics Committee (HREC) of Northern Sydney Health

2. The aim of the project is to reduce the exposure to risks associated with harmful levels of alcohol consumption in young women aged 18-24.

3. My participation in a focus group involving women aged 18-24. The group will discuss issues related to drinking behaviours and attitudes among young women. The views and information that come out of the discussion will be used for planning a strategy to reduce risks for young women drinkers. The discussion today will go for no longer than 1½ hours and will be recorded on audiotape. The audiotapes will be stored in a locked cupboard and will be erased when the study is over this year. At the conclusion of the focus group I may choose to have further involvement in Stage 2 of the project as a strategy consultant. If I do so choose the conditions contained in this consent form will apply to that further involvement.

4. There may be stress for participants in reflection on negative or difficult experiences they may have had with their own or friends drinking.

5. My involvement in this project/focus group may be terminated if I begin to feel emotionally stressed.

6. Should I develop some concerns which I suspect may have resulted from my involvement in this project, I am aware that I may contact - *Barbara Dawson (Senior Psychologist) Ph. 9448 3284*

7. Should I have any problems or queries about the way in which the study was conducted, and I do not feel comfortable contacting the research staff, I am aware that I may contact the Ethics Manager on 992 68106. I can refuse to take part in this project or withdraw from it at any time

8. At the conclusion of my participation in the focus group I will receive a voucher for two cinema tickets.

9. I understand that my research records will be stored in the following manner: Files, audiotapes and transcriptions will be stored in a locked filing cabinet at the premises of the Chatswood Drug and Alcohol Service.

10. I understand that my initials and age and a unique study number will identify the information I provide in the focus group. This information is potentially identifiable but all precautions will be taken by the clinical staff to ensure the information will be kept confidential.

11. If the Information or opinions I express are published, my identity will not be revealed.

12. I declare that I am over the age of 18 years.

After considering all these points, I accept the invitation to participate in this project.

I am aware that I will be given a copy of the *Participant Information Sheet* and *Consent Form.*

Participant: _____ Witness: _____

(Please print name) (Please print name)

Signature: _____
Signature:_____

(of participant) (of witness)

Date: _____ Date: _____

Investigators' confirming statement:

I have given this research subject information on the study, which in my opinion is accurate and sufficient for the subject to understand fully the nature, risks and benefits of the study, and the rights of a research subject. There has been no coercion or undue influence. I have witnessed the signing of this document by the subject.

Date:_____

Investigator's Name:_____

Investigator's Signature:_____

DEMOGRAPHIC INFORMATION FORM

To the Participant,

The information contained in this form is to provide us with a profile of the young women who have taken part in the focus groups. The information is completely confidential and you will not be identified on the form. Thankyou for assisting us.

---

1. Age in years (Please circle answer)

18 19 20 21 22 23 24

2. Suburb of Residence _____

3. Level of Education reached (Please circle answer)

Yr 10 Yr 12 TAFE/TRAINING COLLEGE UNI

4. Type of residence- (Please tick answer)

With parents/or family member
In student accommodation
Independently in a shared residence
Independently on own
Other_____(please specify)

5. Employment status (Please tick answer)

Full Time
Part time / Casual
Unemployed
Student and working
Student not working

6. If you are employed in any capacity, what is your job?

_____

Focus Group Follow-up.

Consent was obtained from focus groups participants for the group facilitator to contact each individual, by telephone, approximately two weeks after the focus groups.

The primary purpose of the follow-up was to safe-guard against any unforseen negative effects of participating in the focus groups. The secondary purposes was to allow the facilitator to identify those individual considered at by the facilitator to be “at risk” of (what) and to determine if participants would like to continue to be involved in stage 2 of the project.

Follow-up open-ended telephone questions

1. What was your experience in participating in the focus group?

2. Did you find the discussion helpful? If so, in what way?

3. Did you find the discussion group unhelpful? If so, in what way?

4. Are you interested in participating in stage two of the project?

Drug and Alcohol Service Script

[TO BE READ AT THE END OF EACH FOCUS GROUP]

A number of women in the community experience violence or long term health effects arising from excessive alcohol consumption-

Young women aged 16-24 engage more in risk drinking then any other age group of women in the Northern Sydney region and in NSW.

50 % of cases of domestic, physical and sexual violence involve alcohol.

These statistics would indicate that some of us in this room have probably suffered in some way from the effects of alcohol abuse on ourselves or others have friends or relatives who have experienced or been involved in such experiences.

There are services in the community that you can contact for information, advice and confidential counselling. The white pages directory section on Community Help for Young People lists numbers and resources or you can ring the Drug and Alcohol Information Service at 9361-8000.

The number of the Chatswood Community Drug and Alcohol Service is on your information sheet.

Facilitator please note:

Debrief at close of session, recognise any difficult issues, which have been discussed and offer referral information.