Public Awareness of Alcohol-related Harms Focus on younger adults (PAAHS-FYA)

Executive Summary

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Supplier name: Phoenix Strategic Perspectives Inc.
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This public opinion research report presents the results of 20 online focus groups conducted with Canadian adults, aged 19 to 35 years. Four 90-minute sessions were conducted with participants living in each of the following five regions: Atlantic Canada, Quebec (French), Ontario, the Prairies, and British Columbia. In each region, two sessions were conducted with youth (aged 19-24), one with men and one with women, and two sessions were conducted with young adults (aged 25-35), one with women and one with men. The fieldwork took place between January 31 and February 13, 2024.

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Cette publication est aussi disponible en français sous le titre : *Sensibilisation de la population aux méfaits de l'alcool – Priorité aux jeunes adultes*

Executive Summary

The Controlled Substances and Cannabis Branch of Health Canada commissioned Phoenix Strategic Perspectives (Phoenix SPI) to conduct qualitative public opinion research (POR) with youth (aged 19 to 24) and young adults (aged 25 to 35) across Canada to explore awareness of alcohol-related harms.

1. Research purpose and objectives

The purpose of this POR was twofold: to obtain a more in-depth understanding of the target audience's knowledge and attitudes about alcohol-related harms as well as their willingness to support policies and adopt behavioural change; and to determine appropriate knowledge mobilization and dissemination approaches to reach these groups.

The primary objective of this research was to develop a contextual foundation of young Canadians' general awareness and knowledge of the risks and harms associated with the consumption of alcohol. Specifically, the research was designed to: assess knowledge of alcohol-related harms and identify the most effective communication methods of raising awareness of alcohol-related harms; examine the target population's intentions to reduce alcohol consumption and identify information that could best support behavioural changes and/or intentions to reduce alcohol consumption; understand attitudes towards alcohol reduction education, alcohol labelling, and other policies; and explore knowledge of, and interest in, low and non-alcoholic beverages.

2. Methodology

Twenty online focus groups were conducted with Canadian adults, aged 19 to 35 years. Four 90-minute sessions were conducted with participants living in each of the following five regions: Atlantic Canada, Quebec, Ontario, the Prairies, and British Columbia. In each region, two sessions were conducted with youth (aged 19 to 24), one with men and one with women, and two sessions were conducted with young adults (aged 25 to 35), one with women and one with men. All groups included a mix of participants by age (within the recruitment parameters), education, household income, alcohol consumption (those who consume alcohol and those who never or no longer do), and cultural backgrounds. Participants received an honorarium of $125. The fieldwork took place between January 31 and February 13, 2024.

3. Highlights and key themes

Young people consume alcohol for a variety of reasons, but two reasons stand out: as a social activity and as way to relax. While drinking habits and patterns tend to depend on context and circumstances, participants considered up to five alcoholic drinks per week to be a reasonable amount for people their age. Among young people who do not consume alcohol, religion and culture, health and lifestyle are the top reasons.

Participants had no difficulty explaining why people their age consume alcohol. The association of drinking with socializing was the most frequently identified factor influencing drinking patterns. There were two dimensions to this emphasis on drinking as a social activity, one recreational or celebratory (e.g., getting together with friends, holidays, birthdays, etc.) and the other normative or prescriptive (i.e., the perception that people their age are expected to consume alcohol in the context of social activities). Drinking as a way to relax was also routinely identified as a reason why people of their age consume alcohol. Other reasons given by participants to explain why people

their age consume alcohol included as a coping mechanism to deal with things such as stress, anxiety, depression, boredom, and problems; for the enjoyment of it; and because alcohol is an integral part of some cultural celebrations and events.

The types of alcohol typically consumed included wine, beer, hard liquor, coolers, and cocktails, with context and circumstances generally influencing the type of alcohol consumed, how much is consumed and how often. Examples of this included consuming wine with a meal, mixed drinks at home, beer at a pub, shots at a bar, and cocktails on weekends. The number of drinks per week identified as 'reasonable' for people their age varied widely, ranging from none to as many as 15 drinks. Despite variations, the large majority of participants felt that a reasonable number of drinks fell somewhere within a range that did not exceed five drinks per week.

Among participants who do not consume alcohol, three reasons were identified most often to explain why: religious reasons or cultural influence; health-related reasons, which included not liking the effect of alcohol on one's body and its impact on mental health; and lifestyle, such as being fitness oriented, being a parent, or planning a pregnancy.

Everyone had read or heard of some health-related risks associated with alcohol consumption, although most said there is not enough health information available about the risks and harms associated with alcohol use. If looking for this type of information, participants would turn to government, health services, and Google. That said, young people would prefer to receive this information via social media, posters/billboards on public transit, traditional media, and product labelling.

Participants identified general risks and harms associated with alcohol use, based on information they had heard or read. Risks and harms associated with alcohol use most often included liver disease, cancer, obesity and weight gain, as well as depression and other mental health issues. Except for a few references to liver and stomach cancer, participants did not identify any specific type of cancer. The education system, traditional news media, and social media were most often mentioned as sources of this information about the risks and harms associated with alcohol.

While participants could point to some risks and harms associated with alcohol use, there was limited awareness of the new drinking guidance by Canadian Centre for Substance Use and Addiction and only modest awareness of the term 'standard drink' or the number of standard drinks in typical alcohol containers.

Most participants said there is not enough health information available on alcohol. If looking for health information, participants would turn to government, health services, and Google. Government and health services were identified because of their perceived trustworthiness and because of the amount of data they collect. Notably, participants would prefer to receive information about risks and harms associated with alcohol use via social media (with a focus on Instagram, Tik Tok, and YouTube, but also Reddit and Facebook), posters/billboards on public transit, traditional media (e.g., radio, and television), and product labelling.

Among participants, there was a widespread assumption that knowing more about the harms of alcohol use would impact decision-making when buying or consuming alcohol. Topics for public health education materials on the harms and risks associated with alcohol consumption that would resonate with participants include the parallel between alcohol and smoking, the link between alcohol and cancer, and statistics related to the harms of alcohol consumption.

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A large majority of participants believe that knowing more about the harms of alcohol use would have an impact on their decision (or, among participants who do not consume alcohol, the decision of people they know who do consume alcohol) when buying or consuming alcohol. Those who think their own decision-making would *not* be impacted said their alcohol consumption is limited, they already are well informed about the harms of alcohol use, and they do not like to have health-related information like this directed at them.

Aspects of the public health campaign materials presented in the focus groups that participants said resonated with them routinely included the parallel drawn between alcohol and smoking, the link between cancer and alcohol consumption, and the use of data, i.e., 7,000 cancer cases. The parallel drawn between alcohol and smoking was described as effective because young people have been raised in an environment in which the health risks posed by smoking have long been known, proven, and taken for granted as common sensical. The link to cancer was considered effective because of the causal nature of the connection between the two (and the fear this instils) while the use of data was viewed as effective because numbers are concrete.

Suggestions for ways government can reduce alcohol consumption tended to fall into two categories: regulatory measures and public education.

Suggestions for regulatory measures included increasing the cost of alcohol (i.e., taxing it more), restricting the availability of alcohol, legislating generic packaging (as is the case with cigarettes), offering tax incentives for producers of low/non-alcoholic beverages and non-liquor serving establishments, limiting or restricting alcohol advertising, and restricting the depiction of alcohol consumption in movies.

Suggestions for public education included health-related messages on the risks and harms associated with alcohol consumption that are concrete and meaningful. Concrete referred to messages that are evidence-based (e.g., data showing the effects of alcohol on the brain) and meaningful referred to information that people can use to relate to their personal circumstances or use for decision-making (e.g., X number of drinks per week increases the likelihood of Y disease by Z%).

Other types of public education initiatives suggested by participants included, for example, promoting alternatives to alcohol consumption (e.g., non-alcoholic beverages), sponsoring or promoting alcohol-free events with a focus on having fun without drinking, providing information on the financial impact of reduced alcohol consumption, and emphasizing the connection between alcohol and mental health issues.

Most believe labelling will get people to think about the potential harms of alcohol and consider reducing their alcohol consumption.

There was widespread agreement that alcohol labelling would be an effective way to get people to think about the potential harms of alcohol and to consider reducing their consumption, mainly because of the visibility of such information at the point of sale. In addition to the visibility of such information, it was also routinely noted that such information would induce people to think about potential harms and risks because it allows them to contextualize it in a personalized way. Specifically, information about the number of standard drinks in a container and the number of drinks per week associated with various risk levels allows people to gauge their own consumption habits and to reflect on them.

Those who felt that labelling would *not* be an effective way to get people to think about the potential harms of alcohol and consider reducing their consumption focused on one reason to explain why: the impression that information alone is not effective. Participants who took this position sometimes pointed to what they considered to be the limited effectiveness of labelling on cigarette packages in getting people to stop smoking.

There were some differences in perspectives based on age in relation to reasons for drinking alcohol, the risks and harms of alcohol consumption, sources of health-related information, and the perceived effectiveness of the health information campaigns reviewed as part of the focus group.

When asked why it is that people their age drink alcohol, 19- to 24-year-olds tended to focus on not wanting to miss out on social activities which often include alcohol consumption. In contrast, 25- to 35-year-olds tended to focus on drinking as a social expectation associated with fitting-in, such as meeting colleagues for a drink after work. While weight gain and depression were identified as risks associated with consuming alcohol by participants from both age cohorts, these conditions were more likely to be identified by participants aged 19-24. Social media and school/education were both more likely to be identified as sources of information about the risks and harms associated with alcohol by younger participants. Finally, although most participants said the health information campaigns presented in the focus group would get people their age to at least consider the health effects of alcohol, younger participants were more inclined to say this than older participants.

Concluding observations

Young people involved in this study had some awareness of general harms and risks associated with the consumption of alcohol. At the same time, a large majority said that knowing more about the specific harms of alcohol use would have an impact on decision-making when buying or consuming alcohol. These findings suggest that young people are receptive to communications/messaging about the harmful effects of alcohol consumption and that such communications/messaging *could* impact their behaviour. Consequently, a communications strategy targeting young people would not face the challenge of having to overcome resistance to the basic message that there are risks and harms linked to the consumption of alcohol.

That being said, findings from this study suggest that a communications strategy targeting young people on the topic of alcohol consumption needs to be mindful of the following in order to be successful:

- The social dimension of alcohol consumption. Alcohol consumption is inextricably linked to socializing and fuelled, at least to some extent, by peer pressure. Any communications strategy that ignores this is unlikely to be very effective with members of this demographic.

- Messaging that resonates. While receptivity to messaging removes the challenge of convincing young people of the validity of the message, this receptivity also involves a challenge. A communications strategy is less likely to be effective if it enunciates generalities that young people already know or believe, i.e., 'alcohol consumption poses risks to your health', 'alcohol consumption is linked to cancer'. In order to resonate, messaging must provide concrete and relevant information about the effects of alcohol consumption, including things they do not know or might not think about.

- Effectively reaching young people. Any communications strategy designed to reach young people will need to employ social media.

4. Limitations and use of the findings

Qualitative research is designed to reveal a rich range of opinions and generate directional insights rather than to measure what percentage of the target population holds a given opinion. The results of these focus groups provide an indication of participants' views about the issues explored, but they cannot be quantified nor generalized to the full population of Canadians between the ages of 19 and 35. As such, the results will be used by Health Canada to support the development of knowledge mobilization tools that increase literacy about the risks and harms of alcohol use among people in Canada and reduce alcohol-related harms.

5. Contract value

The contract value was $99,790.30 (including applicable taxes).

6. Statement of political neutrality

I hereby certify as a Senior Officer of Phoenix Strategic Perspectives that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the *Communications Policy* of the Government of Canada and Procedures for Planning and Contracting Public Opinion Research. Specifically, the deliverables do not contain any reference to electoral voting intentions, political party preferences, standings with the electorate, or ratings of the performance of a political party or its leader.

Alethea Woods
President
Phoenix Strategic Perspectives Inc.