



RETHINK THE DRINK

First Campaign Evaluation Findings



Submitted to

Steven Fiala, Evaluation Lead
Victoria Buelow, Lead Research Analyst
Oregon Health Authority
Public Health Division Health Promotion
and Chronic Disease Prevention



Prepared by

Caroline Qureshi
Ben Skillman
Heather Terral
RMC Research Corporation
Portland, OR

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INTRODUCTION



As part of a comprehensive approach to reduce excessive alcohol use, the Oregon Health Authority worked with partners to launch the mass-reach communications brand Rethink the Drink (RTD) in summer 2022. RTD is a first of its kind communications initiative that asks people living in Oregon to consider the role of alcohol in their own lives and communities.

Excessive alcohol use is the third leading cause of death and disease in Oregon. It can lead to serious morbidities including high blood pressure, heart disease, certain cancers, injuries, depression, memory loss, and Alcohol Use Disorders.¹ Altogether, excessive alcohol use costs Oregon \$4.8 billion every year in negative impacts—healthcare expenses, motor vehicle crashes, criminal justice costs and lost productivity. In 2020, nearly 1 in 5 Oregonians reported binge drinking, the most common form of excessive alcohol use.² While people in Oregon of all racial and ethnic backgrounds and at all income levels drink excessively, the harms disproportionately affect communities that experience more unjust stressors and disadvantages due to systemic racism and discrimination. These include Black and Indigenous communities, as well as people with lower incomes and less education.³

The Health Promotion and Chronic Disease Prevention (HPCDP) section of the Oregon Health Authority (OHA) worked with partners and a media firm, Coates Kokes, to create a new, long-term communications brand to address this issue. Over time, Rethink the Drink (RTD), aims to change the conversation about excessive alcohol use and how it harms communities in Oregon. From January to October 2021, OHA convened the REAL Task Force (Reducing Excessive Alcohol Leadership), a

¹Centers for Disease Control and Prevention (2020, September 21).

²2021 Oregon Adult Behavioral Risk Survey.

³Global status report on alcohol and health 2018. Geneva: World Health Organization; 2018.

group of strategic partners that included OHA, county, Tribal and nonprofit organizations, and other state entities. The REAL Task Force co-developed the brand and its creative foundations. OHA continues to partner with these organizations and bring in new partners to implement and guide brand strategy. The first RTD paid media campaign launched summer 2022.

RTD's long-term communications infrastructure is nested in a statewide comprehensive approach to prevent excessive alcohol use across the lifespan. This approach includes data, mass-reach communications, health systems, and state and local policy and programmatic work. OHA acknowledges that communication campaigns *alone* are not effective in solving complex health issues such as excessive alcohol use. Still, deliberate communications with the public are an essential part of a comprehensive approach to address this issue. RTD's role is to shift social norms and conversations, over time, and help create opportunities for sustainable change. This evidence-based messaging strategy will work in tandem with programmatic and policy work across Oregon to achieve long-term gains for both individuals and communities.

RMC Research conducted a mixed methods evaluation of the first Rethink the Drink mass-reach campaign to understand if the campaign had the intended effect with the audience and to gather in-depth information about perceptions, successes and challenges. Evaluation activities were completed with an Evaluation Work Group composed of OHA staff, contractors, and partners. For the duration of the evaluation, the Evaluation Work Group met periodically to collaborate on the logic model, finalize data collection methods, develop data collection instruments, and review findings.

Evaluation activities included pre- and postcampaign surveys along with focus groups and key informant interviews. The evaluation assessed the extent to which the first campaign addressed the short-term outcomes and also served to collect baseline data for long-term outcomes which the team did not expect to see shifts in after just one campaign launch (see Exhibit 1). The mixed method evaluation includes several designs:

- RMC Research assessed cross-sectional changes from **precampaign survey data** before the campaign launched in April 2022 to **postcampaign survey data** collected after the campaign ended in September 2022. Additionally, the postcampaign survey collected data on the respondents' recall and awareness of the campaign messaging and the salience of the campaign messaging.
- To gain a deeper contextual understanding of the survey findings and a more robust picture of how the campaign has affected Oregonians, RMC Research conducted **focus groups** with Oregonians who recalled campaign messaging and **key informant interviews** with those who work in alcohol prevention after the campaign ended (winter 2023).

The evaluation questions mapped to the desired short- and long-term campaign outcomes, the evaluation logic model, a description of the analysis methodology, and the campaign survey analytic codebook can be found in [Appendix A](#).

SUMMARY OF FINDINGS

Campaign evaluation findings were positive overall. The campaign made the most difference in terms of eliciting conversations about alcohol, eliciting self-reflection around alcohol use, and increasing intentions to decrease alcohol consumption among those who excessively drink. Additionally, those who saw the campaign were more aware of the presence of alcohol in their environment and how that presence can be problematic and are more supportive of community-level strategies to address excessive alcohol use. Detailed survey findings by evaluation question and outcome are presented in this report and its appendices.

Exhibit 1 First Rethink the Drink Campaign Outcomes

SHORT-TERM OUTCOMES



individual

Increase:

- ☒ Conversations about alcohol use
- ☒ Self-reflection around alcohol use
- ☒ Intention to decrease drinking for those who drink excessively
- ☐ Knowledge of how excessive alcohol use is defined
- ☐ Knowledge of the negative health effects of excessive alcohol use

Were there increased conversations about alcohol use after the campaign?

- **Yes—People who saw the campaign are having more conversations** about their own alcohol use, their friends' and family's alcohol use, and what excessive alcohol use.

Was there increased self-reflection about alcohol use after the campaign?

- **Yes—People who saw the campaign are thinking more about their alcohol use** than those who did not see the campaign.

Are excessive drinkers intending to drink less after the campaign?

- **Yes—People who saw the campaign are more likely to plan on decreasing alcohol use** than those who did not see the campaign. Additionally, excessive drinkers are also more likely to plan on decreasing alcohol use than non-excessive drinkers.

Are people more knowledgeable about how excessive alcohol use is defined?

- **Only 16% to 18% of excessive drinkers accurately identified themselves** in terms of both heavy drinking and binge drinking at pre- and postcampaign compared to 97% of non-excessive drinkers.
- Just over a third of survey respondents understand how heavy drinking is defined, while half understand what binge drinking is.

Are people more knowledgeable of the negative health effects of excessive alcohol use?

- There was **little change between those who saw the campaign and those who did not** see the campaign in knowledge of negative health effects of excessive alcohol use.

LONG-TERM OUTCOMES



community

Increase:

- 👍 Awareness of prevalence of alcohol in communities
- 👍 Awareness of how prevalence can be problematic
- 👍 Support for community-level strategies

Were there positive shifts in long-term goals after the campaign?

- **Yes**—People in Oregon who saw the campaign are more **aware of the presence of alcohol in their environment and how that presence can be problematic** than those who did not see the campaign.
- **Yes**—More people in Oregon who saw the campaign **support community-level strategies** to address excessive alcohol use than those who did not see the campaign.

SURVEY FINDINGS

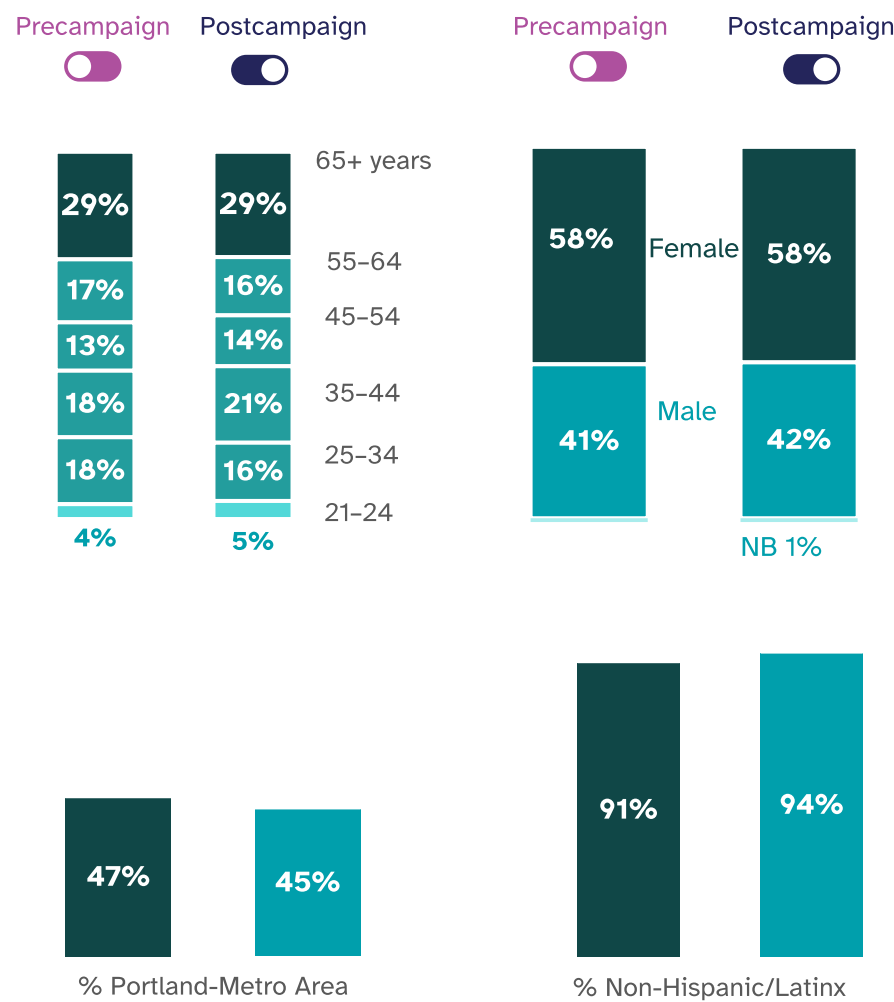




RMC Research conducted a mixed methods evaluation of the first Rethink the Drink campaign, which includes pre- and postcampaign surveys. The precampaign survey was administered in March and April 2022. The postcampaign survey was administered in September 2022. (see Appendix A for detailed methods).

Overall Sample Description

Exhibit 2
The 1,199 precampaign and 1,393 postcampaign respondents were similar in terms of gender, age, region, or race/ethnicity.

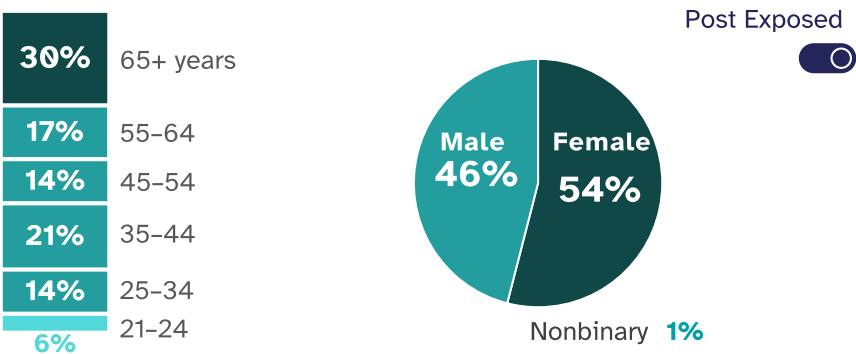


Precampaign $n = 1,197-1,199$. Postcampaign $n = 1,387-1,393$

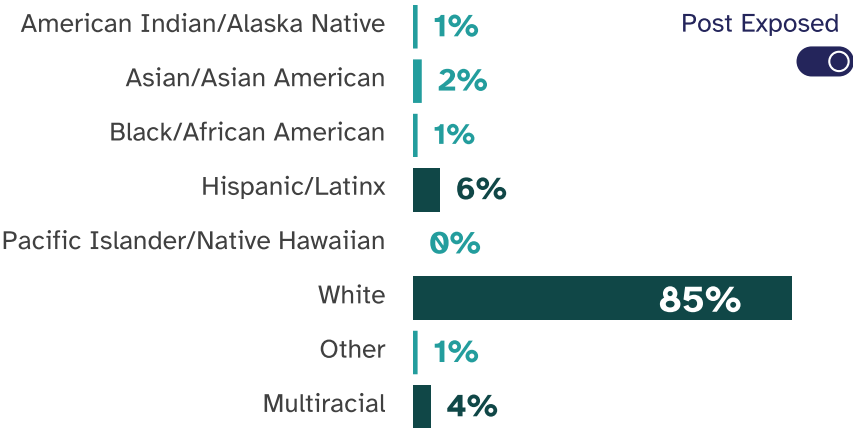
Postcampaign respondents were asked if they recalled seeing or hearing the Rethink the Drink campaign logo or any advertisements in the past 3 months (since June 2022). 36% of postcampaign survey respondents indicated they recalled campaign messaging between June and August 2022.

Postcampaign Exposed Sample Description

Exhibit 3
Five-hundred postcampaign survey respondents (36%) reported awareness of Rethink the Drink campaign messaging. Among those exposed to messaging, the most common age group was 65+ and the majority identified as female and White.



58% Rest of the state **42%** Portland Metro Area



Respondents were presented with these taglines for each video ad:

Excessive Alcohol Use:

“How many drinks do you have in a week?”

Binge Drinking:

“Binge Drinking, you might think is mostly this guy. But it could also be this guy. Or her. A lot of us actually.”

Alcohol’s Negative Effects:

“Everywhere we turn, we’re told alcohol can help us get through the hard times. But what if it makes things worse?”

Campaign Messaging

Exhibit 4
Among postcampaign exposed respondents, 67% reported seeing one of the three English videos and 48% heard ads on the radio. Only 26% recalled seeing digital campaign ads.

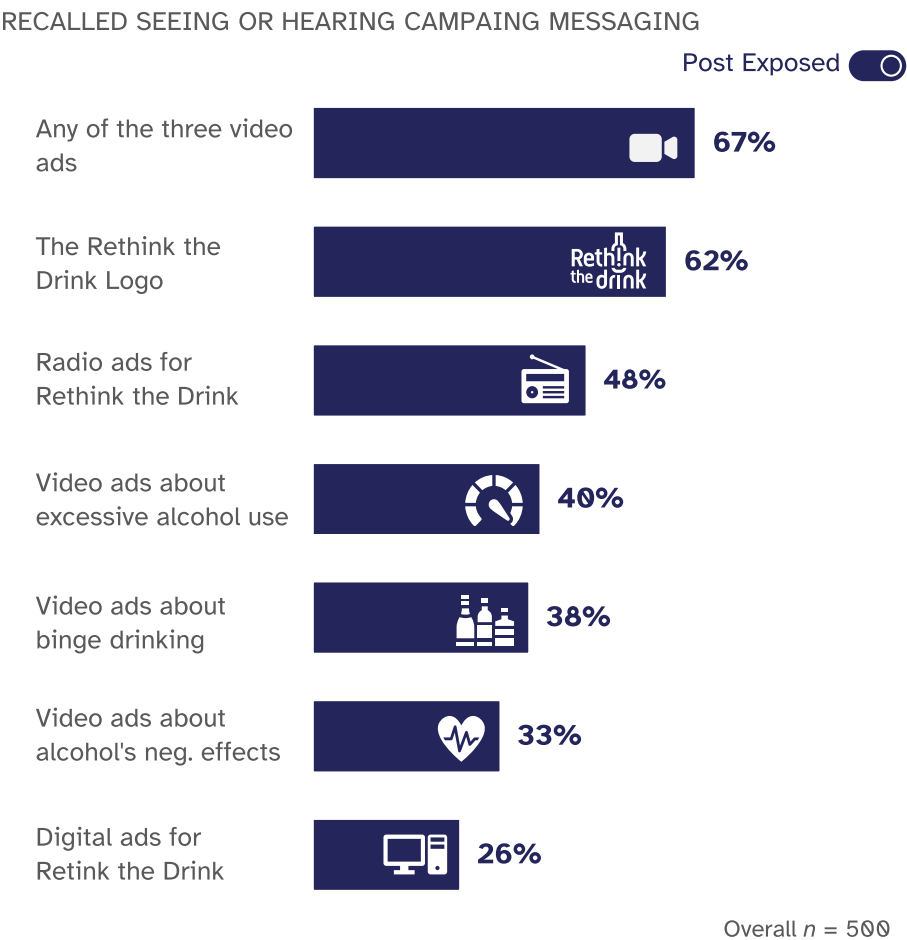


Exhibit 5

Most exposed respondents reported hearing or seeing campaign messages infrequently, but 25% saw or heard the messages at least once per week during the past 3 months.

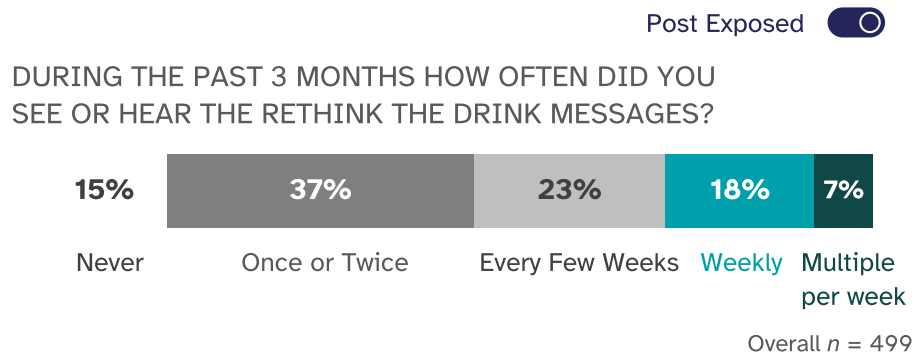
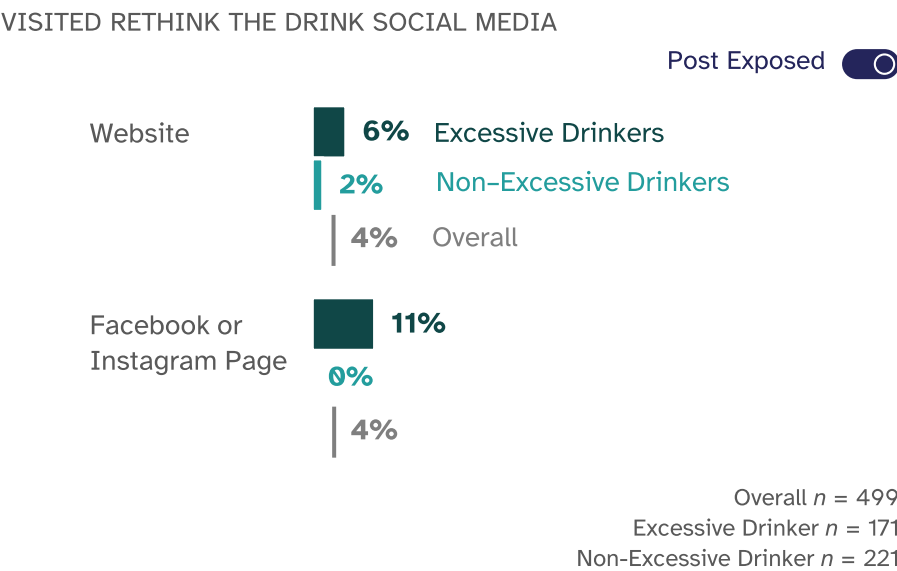


Exhibit 6

Only 4% of exposed respondents visited the Rethink the Drink website or Facebook/Instagram page. However, nearly every respondent who visited the social media pages was an excessive drinker.



Respondents that were exposed to exposed to campaign messaging were asked how much they agreed with each statement about the Rethink the Drink campaign.

Salience of Campaign Messaging

Exhibit 7
Over 60% of respondents exposed to Rethink the Drink messaging agreed it got their attention (62%) and was believable (67%), and 50% agreed the campaign got them to think about others' alcohol use. However, only 23% agree the campaign changed their perspective about alcohol use.

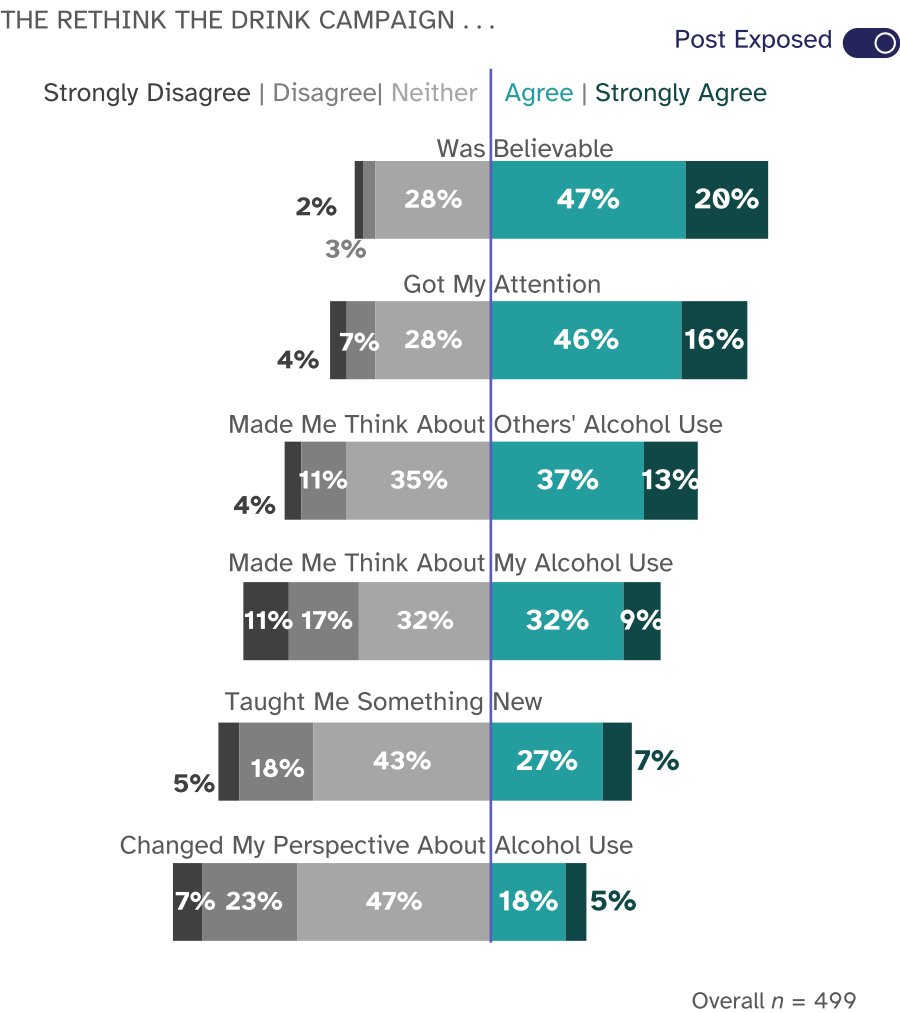
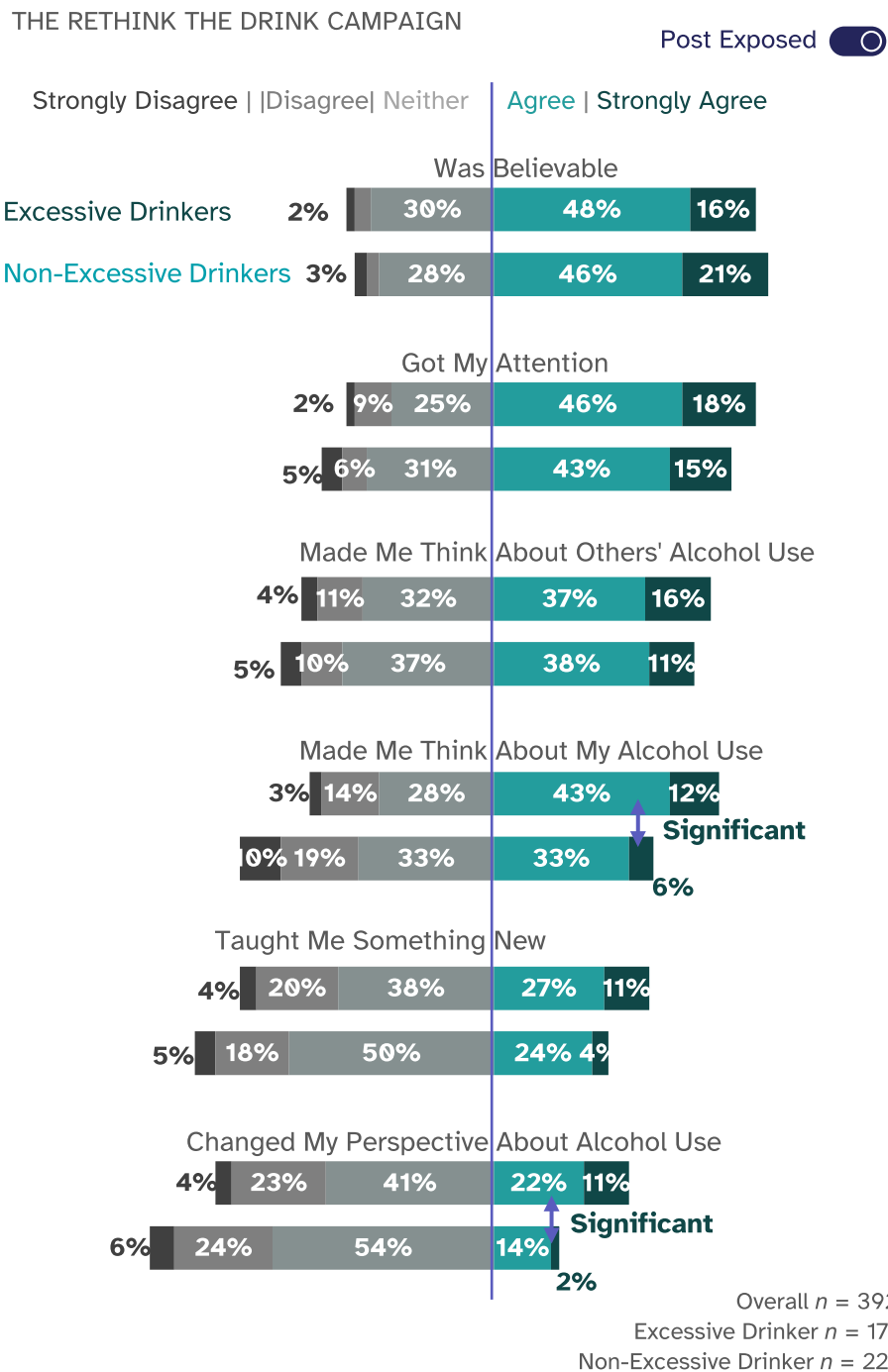


Exhibit 8
Significantly more excessive drinkers reported the Rethink the Drink campaign made them think about their alcohol use (55%) and changed their perspective about alcohol use (33%) than non-excessive drinkers (39% and 16%).



Campaign Message Interpretation

“What do you think the Rethink the Drink campaign is trying to say about alcohol?”

	Warn About Consequences of Alcohol Consumption 37%
	168 respondents interpreted the Rethink the Drink campaign as a warning about the dangers of alcohol. Respondents reported the campaign was meant to warn about how alcohol is bad for one’s health and for the community. Some respondents felt the campaign was trying to highlight that alcohol is not a good coping mechanism.
	Be Mindful of Your Drinking 32%
	142 respondents reported the campaign’s message was to be mindful of their own drinking. Encouraging respondents to be aware of how much, how often, and why they are drinking.
	Don’t Excessively Drink 19%
	86 respondents reported the Rethink the Drink campaign was only telling them not to drink excessively and to drink in moderation.
	Educate the Public Around Excessive Drinking 18%
	81 respondents reported the campaign was meant to educate the public about alcohol and bring awareness to how common excessive drinking is. Respondents might be underestimating how much they are actually drinking and the effects of alcohol use. Some respondents felt the campaign was trying to dispel the stereotype of an alcoholic.
	Reduce my Alcohol Consumption 10%
	44 respondents stated the campaign was only encouraging Oregonians to reduce their current alcohol use.
	Stop Drinking and Abstain from Drinking 6%
	Only 27 respondents interpreted the campaign to be advocating for total abstinence from drinking.

Less prominent themes included (a) bringing attention to the prevalence of alcohol in the community ($n = 13$), (b) rethinking our cultural perceptions of alcohol and generating discussion ($n = 12$), (c) think about how those around us are drinking ($n = 5$).

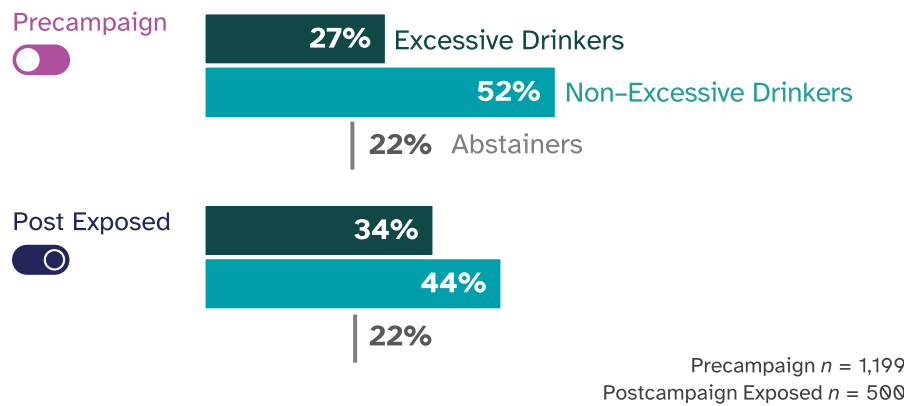
Note. Total $N = 450$.

Respondents were asked a series of questions about their frequency of alcohol use and were categorized as excessive drinkers, non-excessive drinkers, or abstainers.

Definition of Alcohol Use

	EXCESSIVE DRINKER	Engaging in heavy drinking and/or binge drinking in the past 30 days.
	NON-EXCESSIVE DRINKER	Drinking less than 8 (female) or 14 (male) drinks per week and did not engage in binge drinking in the past 30 days.
	ABSTAINER	Not drinking at all in the past year.
	HEAVY DRINKING	Drinking 8+ (female) or 15+ (male or nonbinary) drinks per week in the past 30 days.
	BINGE DRINKING	Drinking 4+ (female) or 5+ (male or nonbinary) drinks on one occasion in the past 30 days.

Exhibit 9
Respondents most commonly reported non-excessive drinking behavior. Significantly more postcampaign exposed respondents and postcampaign overall respondents reported excessive drinking behavior than precampaign respondents.

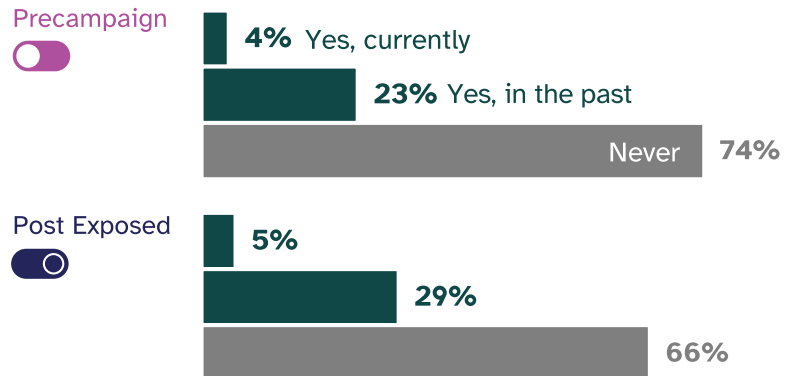


Additionally, respondents were asked if they believed they have ever had a problem with their own alcohol use. Respondents that chose Yes, currently, or Yes, in the past, were categorized as having problems at some point with alcohol use. Respondents who chose no were categorized as never having problems with alcohol use.

Exhibit 10

Though most respondents reported never having problems with alcohol use, significantly more postcampaign-exposed respondents reported ever having problems with alcohol use than precampaign respondents.

PROBLEMS WITH ALCOHOL USE



Precampaign $n = 1,198$
Post Exposed $n = 499$

EVALUATION QUESTION

HOW MUCH DO
OREGONIANS KNOW
ABOUT EXCESSIVE
ALCOHOL USE?

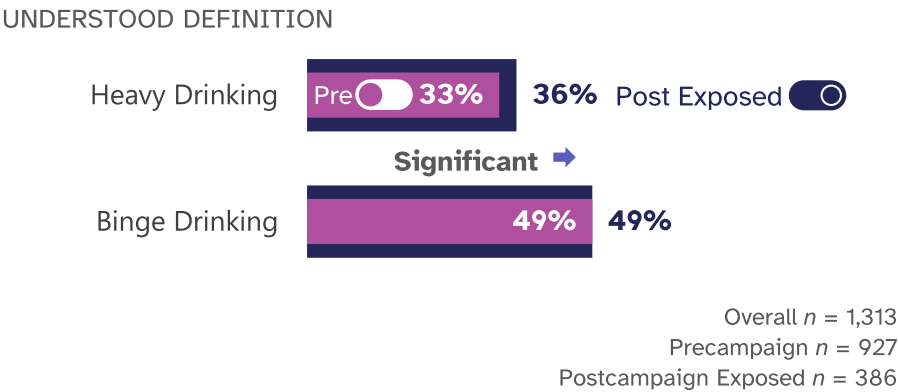
SHORT-TERM OUTCOME

Increased knowledge of
how excessive alcohol use
is defined.

Respondents were given four scenarios and asked if each constituted excessive drinking. Scenarios included heavy drinking and binge drinking in men and women. Respondents were categorized as accurate at identifying heavy drinking and/or binge drinking if they answered each item correctly.

Pre-Post Short-Term Outcomes

Exhibit 11
Significantly more respondents exposed to campaign messaging understood how heavy drinking is defined compared to precampaign respondents. Overall, a third of survey respondents understood how heavy drinking is defined and half understood how binge drinking is defined.

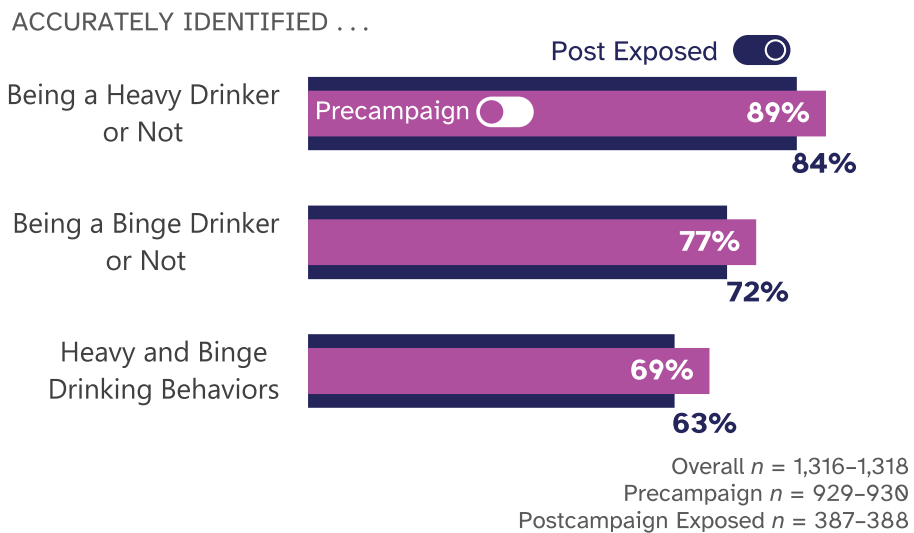


SHORT-TERM OUTCOME

Increased awareness among those who excessively drink that they may use alcohol excessively.

Respondents were asked if they would consider themselves a heavy drinker and/or a binge drinker. They were also asked to report how frequently they drink and if they engaged in binge drinking in the past 30 days. Using respondents' self-reported drinking behavior, they were categorized as identifying themselves accurately or not.

Exhibit 12
The pre- and postcampaign exposed respondents showed similar accuracy classifying their own alcohol use and binge drinking. About two-thirds of exposed respondents accurately classified their own alcohol use and binge drinking frequency.



Differences Between Exposed and Unexposed Postcampaign Respondents



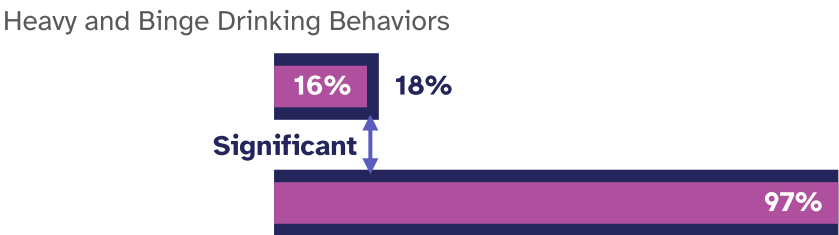
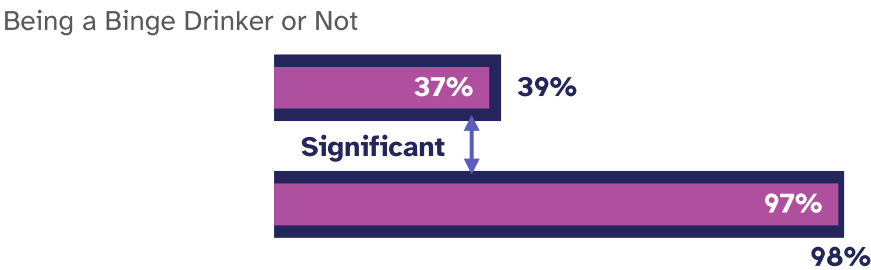
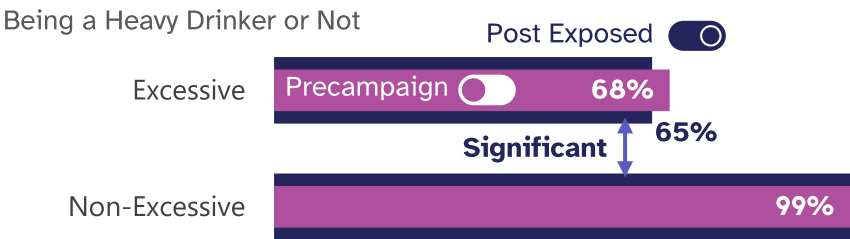
Those not exposed to Rethink the Drink messaging were significantly more accurate at **identifying both heavy drinking and binge drinking in themselves (70%)** than those who were exposed to campaign messaging (**63%**).

n = 1,064

Exhibit 13

Accuracy was similar for pre- and post-exposed excessive drinkers when classifying their own drinking behavior. Overall, excessive drinkers were significantly less accurate classifying their drinking behavior than non-excessive drinkers.

ACCURATELY IDENTIFIED . . .



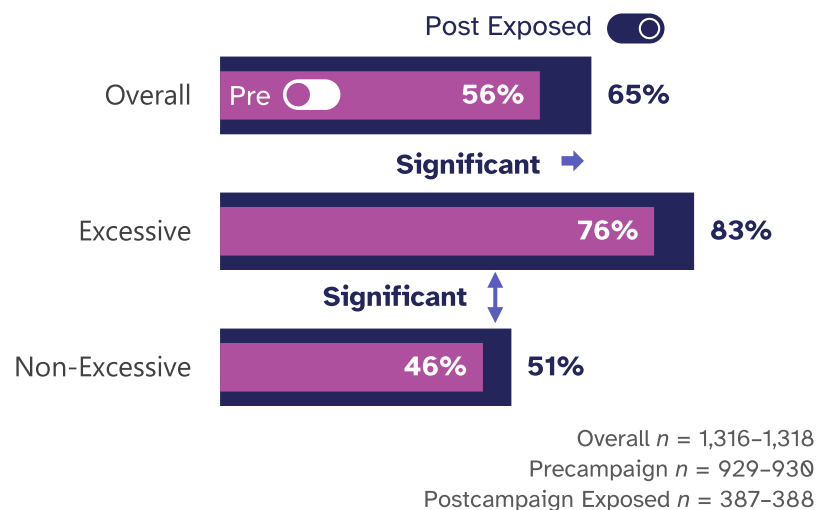
Overall $n = 1,316-1,318$
Precampaign $n = 929-930$
Postcampaign Exposed $n = 387-388$

Respondents were also asked if they thought about their own alcohol use in the past 3 months to ascertain awareness of their own excessive alcohol use (specifically among excessive drinkers).

Exhibit 14

Significantly more postcampaign exposed respondents (65%) reported thinking about their drinking in the past 3 months than precampaign respondents (56%). Overall, more excessive drinkers thought about their alcohol use than non-excessive drinkers.

REPORTED THINKING ABOUT THEIR OWN ALCOHOL USE



Differences Between Exposed and Unexposed Postcampaign Respondents



Significantly **more respondents exposed to Rethink the Drink messaging** reported **thinking about their alcohol use (54%)** compared to those not exposed to campaign messaging (**45%**).

$n = 1,393$

EVALUATION QUESTION

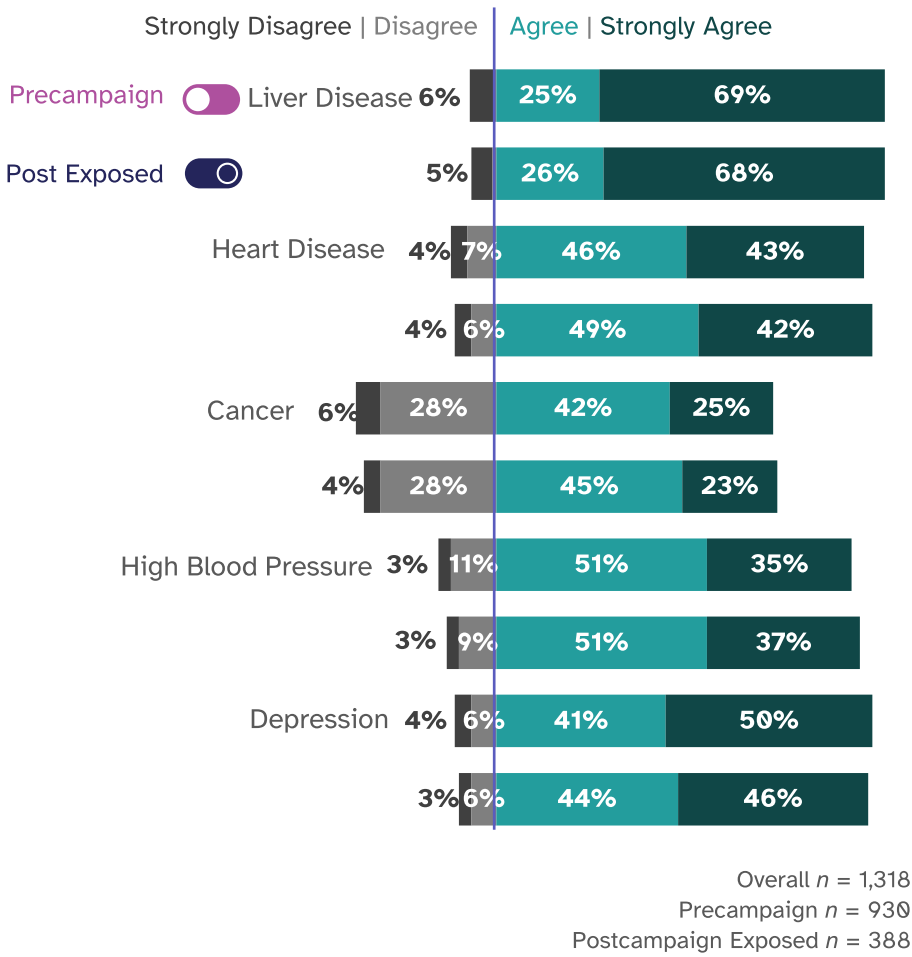
How aware are Oregonians about the health effects of excessive alcohol use?

SHORT-TERM OUTCOME

Increased awareness of negative health effects of excessive alcohol for individuals.

Exhibit 15
Understanding of negative health effects was similar between pre- and post-exposed campaign respondents. Overall, survey respondents were aware of the negative health effects. Cancer as a potential outcome of excessive alcohol use was the item respondents disagreed with the most (32%–34%).

EXCESSIVE ALCOHOL CAN LEAD TO . . .



Differences Between Exposed/Unexposed Postcampaign Respondents

Rethink the drink

Significantly **more respondents who were not exposed to Rethink the Drink messaging agreed that excessive alcohol use** can lead to depression than those exposed to messaging.

n = 1,393

EVALUATION QUESTION

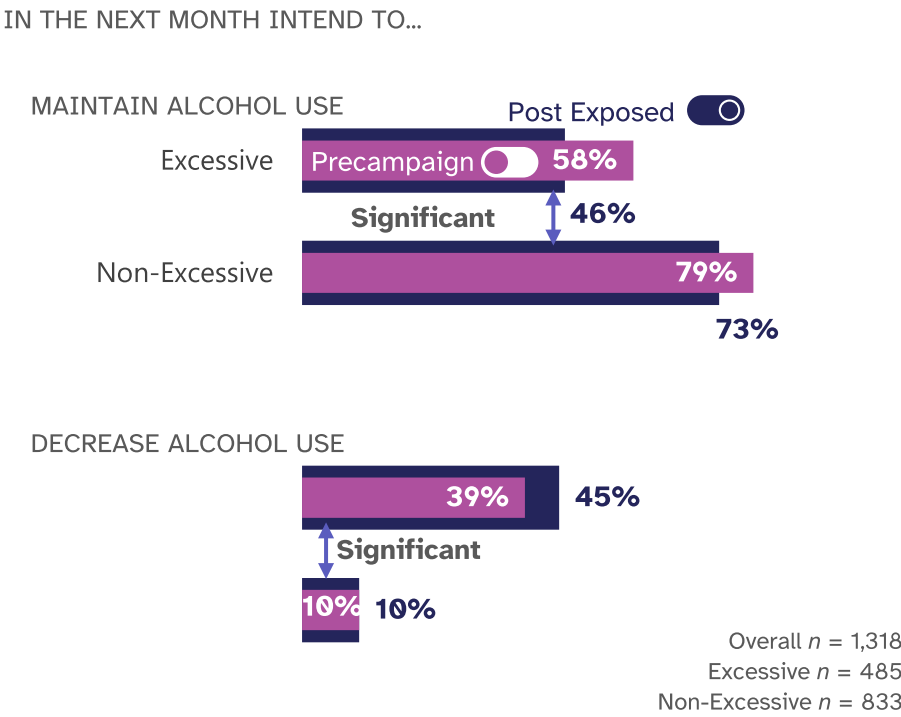
What are Oregonians' intentions to drink?

SHORT-TERM OUTCOME

Intention to maintain alcohol use for non-excessive drinkers, or intention to decrease alcohol use for excessive drinkers.

Respondents were asked what they would likely do in the next month in terms of their alcohol use: drink more than they are drinking now, drink less than they are drinking now, drink the same amount as they are drinking now, or continue to abstain.

Exhibit 16
Overall, significantly more excessive drinkers planned to decrease their current alcohol use while significantly more non-excessive drinkers planned to maintain their current use.



Differences Between Exposed & Unexposed Postcampaign Respondents



Significantly more respondents exposed to Rethink the Drink messaging (20%) reported planning to decrease their current alcohol use than unexposed respondents (15%).

$n = 1,390$

EVALUATION QUESTION

What kind of conversations are Oregonians having about alcohol use?

SHORT-TERM OUTCOME

Increased conversations about their own alcohol use.

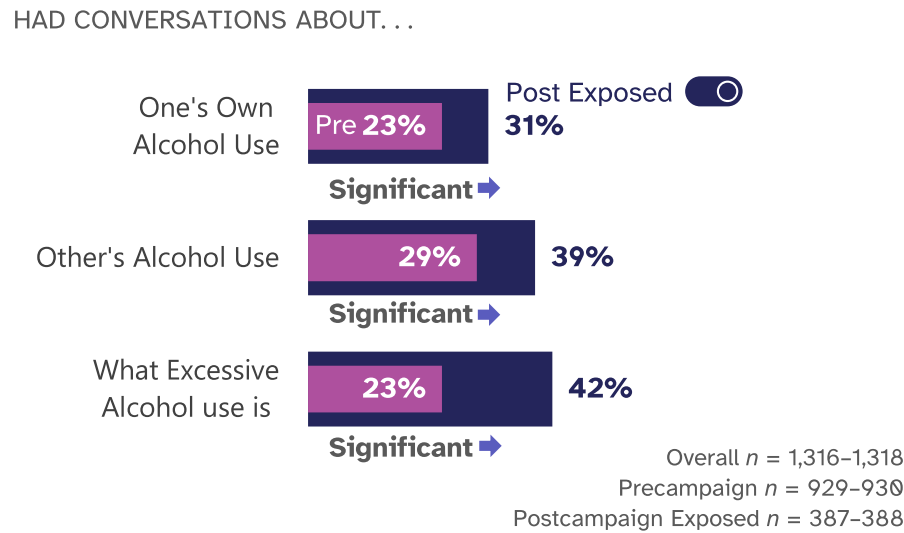
SHORT-TERM OUTCOME

Increased conversations about friends' or family members' alcohol use.

SHORT-TERM OUTCOME

Increased conversations about what excessive alcohol use is.

Exhibit 17
Significantly more postcampaign exposed respondents reported having conversations about their own alcohol use, other’s alcohol use, and what excessive alcohol use is than precampaign respondents. Across both groups, significantly more excessive drinkers reported having these conversations than non-excessive drinkers.



Differences Between Exposed & Unexposed Postcampaign Respondents



Respondents who were exposed to Rethink the Drink messaging were significantly more likely to talk about their own alcohol use (27%), others' alcohol use (37%), and what excessive alcohol use is (37%) than unexposed respondents (20%, 30%, and 24%).

n = 1,391–1,393

The following information was gathered as a baseline to compare the long-term effectiveness of future campaigns.

LONG-TERM OUTCOME

Increased awareness of alcohol prevalence in communities and microsystem.

LONG-TERM OUTCOME

Increase in people reporting alcohol prevalence as problematic in certain social settings.

Pre-Post Long-Term Outcomes

Exhibit 18

Postcampaign exposed respondents agreed significantly more that alcohol was everywhere and should have less of a presence in communities than precampaign respondents.⁴



Overall $n = 1,297-1,313$

Precampaign $n = 916-928$

Postcampaign Exposed $n = 381-386$

^aResponses presented in inverse for easier interpretation. Original statement: *If you are not harming others, alcohol use is not a problem.*

⁴Significance testing based on means, means can be found in Appendix C.

LONG-TERM OUTCOME

Increased belief that community level strategies can be effective at reducing excessive alcohol use.

Differences Between Exposed & Unexposed Postcampaign Respondents

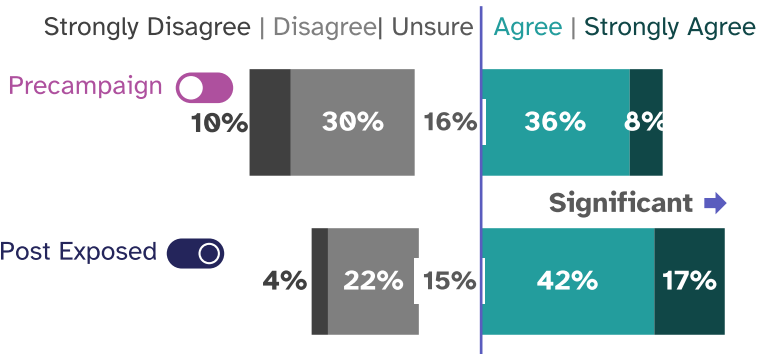


Significantly more respondents exposed to campaign messaging **believed that alcohol should have less of a presence in the community** than those who were not exposed to campaign messaging.

n = 1,382

Exhibit 19
Significantly more postcampaign exposed respondents (59%) agreed excessive alcohol use can be addressed at a community level than did precampaign respondents (44%).

Excessive alcohol use is a problem that can be addressed at the community level (e.g., policies, laws, regulations)



Overall n = 1,315
Precampaign n = 927
Postcampaign-Exposed n = 388

Differences Between Exposed and Unexposed Postcampaign Respondents



Respondents exposed to campaign messaging agreed significantly more **that alcohol use is a problem that can be addressed at the community level** than those not exposed to campaign messaging.

n = 1,393

FOCUS GROUP FINDINGS

Focus group participants were recruited from a subsample of respondents to the Rethink the Drink postcampaign survey that was administered in August 2022. The primary target audience of the postcampaign survey were Oregonians aged 21 or older.

In December 2022, respondents who indicated interest in future paid research about alcohol use were contacted via email, text, or telephone depending on their indicated preference. Recruitment communications were attempted twice for every potential participant. Those who were interested in participating completed a survey that filtered them into non-/light drinking and excessive drinking groups. RMC Research scheduled 3 focus group sessions for each drinking frequency for a total of 6 focus groups. The focus groups lasted 60 to 90 minutes and were conducted over Zoom. A total of 21 people participated in the focus groups and each received a \$50 gift card from RMC Research for their participation.

Exhibit 20
Focus Group Recruitment

Recruitment Phase	Participants
Indicated Interest in Future Research	153
Responded to Recruitment Communication	61
Accepted Focus Group Invitation	45
Excessive Drinker	19
Non-Excessive Drinker	34
Participated in Focus Group	22
Excessive Drinker	8
Non-Excessive Drinker	14

Note. Drinking status was established via screening questions asking about frequency of alcohol use. For those who participated in a focus group, 9 were female and 13 were male.

“I think sometimes—about weekly—I kind of look back on a previous week and kind of just see how much I drank and seeing if it's excessive or not or maybe if it was, why it was excessive.”

Alcohol Use and Perceptions

Questions about the presence of alcohol in Oregonians' environments, conversations about alcohol use, and problems associated with excessive drinking elicited the most responses from participants. Although the focus group participants' responses to these questions, which were asked before the campaign recall and impressions questions, did not attribute thoughts and conversations about alcohol use to Rethink the Drink, in subsequent discussions of campaign messaging participants did share that exposure to campaign content sparked reflection about their intake.⁵

Recent Thoughts About Frequency of Use



Most participants in the excessive group reported recent thoughts about frequency of alcohol use, with health and wellness being cited as reasons for those thoughts.

Slightly more than half of focus group participants had recent thoughts regarding their frequency of alcohol use. The most common reasons cited for thinking about their drinking frequency were intrinsic: that is, a desire to make conscious choices around drinking and actively self-moderate intake. Participants' age, wellness and health concerns, and the occurrence of “Dry January” commonly prompted thinking about their own drinking frequency. Witnessing other people struggling with excessive drinking also precipitated thoughts. Less frequently, participants reported the cost of alcohol and managing weekly alcohol intake as reasons for thinking about their use. No participants reported a desire to increase their intake, and those thinking about their frequency were evenly split between intending to maintain their intake and wanting to decrease it. Participants who had not been thinking about their frequency of use reported that they planned their drinking, typically only drank around holidays or vacations, or abstained.

⁵Quotations were condensed for brevity and clarity.

"I'm just amazed at everyone's perception of what is normal and what they truly think is okay, you know, and I don't know, if they really care about getting help or if they even really know they have a problem."

Recent Conversations



Conversations about alcohol use tended to be focused on concerns about others' alcohol intake and myriad personal problems related to their excessive drinking. Some participants also described conversations with loved ones about wanting to decrease their own intake.

Conversations about other people's alcohol use were common and more frequent than conversations about participants' own use. These conversations were generally elicited by happenings in their lives rather than the Rethink the Drink campaign. Conversations with others were most often about friends' and family members' excessive drinking, including support for people who had loved ones who drank excessively. Participants described problems associated with others' excessive drinking, including inappropriate and risky behaviors, alcohol-related death, DUI and incarceration, and negative impacts on professional lives. Participants often reported observing others slowly increase their alcohol use to problematic levels over time, and they mentioned distancing themselves from friends and family who overindulged.

Stress and mental health struggles were discussed with others as both the impetus for and the result of drinking alcohol. Health care workers described discussions related to increased alcohol-related issues among clients, and participants mentioned weight gain caused by alcohol intake. Many participants stated that these conversations with others spurred self-reflection and discussions about their own alcohol intake, which increased in many cases since the onset of the Covid-19 pandemic. These conversations often focused on cost and boundary setting; one participant described asking others not to insist on offering them drinks after they refused.

“Portland, especially . . . [downtown] where our apartment is at there was a bar across the street, a bar on the corner of the street, and a wine loft 2 blocks away and that was just in the first 50 yards of our apartment. . . . Thinking about downtown Portland and East Side Portland you know [alcohol] is definitely available everywhere.”

“I read an article, I think it was 6 months ago, that OLCC wanted to have an aggressive expanse of opening more liquor stores statewide so that they can increase revenue. So really a big disappointment, I wish that there was some way that this could feed back into that and say, I think Oregon has enough substance abuse problems rather than the government fueling it for more tax revenue, but so-be-it, that’s my take on it.”

Alcohol’s Presence in the Environment



Participants shared that in Oregon alcohol is ubiquitous at public and private events, alcohol is often a driver of social functions, and the presence of alcohol in their environment affects their own use.

Participants represented different regions of Oregon—coastal, suburban-rural, Southern Oregon, Eastern Oregon, and the Portland/metro area. Within the Portland area, the high concentration of bars, breweries, and venues was a major theme. In Southern Oregon, the proximity of alcohol establishments to gambling facilities and their public visibility was brought up, in addition to a lack of resources for people to avoid impaired driving. The presence of alcohol in college towns was mentioned by a few participants, citing the sale and consumption of alcohol at college sports events and concerns about impaired driving following the events. In coastal and suburban-rural regions, participants reported that obtaining alcohol was slightly less convenient than other places they had lived. Grocery stores and liquor stores were among the few locations where alcohol could be obtained in these communities. One participant stated that a liquor store recently opened across the street from an alcohol recovery center in their community. They also alluded to how liquor stores represent a conflict of interest between public health goals and government revenue as the Oregon Liquor and Cannabis Commission regulates the sale of spirits and receives income from the taxes.

The prevalence of advertisements for alcohol was a major theme. One participant observed that the grocery store they worked at placed alcohol throughout the store as opposed to in a specific location. Advertisements for breweries on social media were mentioned, in addition to billboards and signs. Multiple participants commented on the link between sports and recreation and alcohol use and advertisements. One participant described the plethora of alcohol sponsorships at Portland’s Moda Center, noting that something as innocuous as the kiss cam was sponsored by a major beer company.

Alcohol’s connection to social functions was another predominant theme among the focus groups. A few participants shared that exploring breweries and taprooms were mainstays of their social lives. Social functions centered around both major life events, such as

“It’s like you can’t have a good time without [alcohol]; they depict groups of fun people out there at a sporting event and they’re all drinking beer . . . it’s advertised pretty heavily.”

“There is a lot more alcohol advertising and a lot more opportunities to utilize alcohol here than in other states I’ve lived in. I notice it when I’m looking at an app called Meet Up which introduces you to other people—there are a lot of opportunities to go to pubs and wineries and that kind of stuff on that app, ways to socialize that usually involve alcohol.”

“There is less support for the community when people are excessively drinking.”

bachelorette parties and funerals, and informal gatherings were mentioned as occasions when alcohol is consumed, sometimes to excess. One participant shared that their coworkers use alcohol for building and maintaining connections after the workday is over (e.g., Topsy Tuesdays). Possibly due to the timing of the focus groups, many participants brought up the prevalence and normalization of alcohol consumption around holidays. A few participants mentioned keeping alcohol at home, and one described regularly consuming alcohol with dinner in the presence of their teenager in the hopes of “demystifying” alcohol and preventing binge drinking later in their life.

Many participants stated that the presence of alcohol affects both their use and the amount they drink. In particular, excessive drinkers were more likely to drink more if people around them drank excessively. Having loved ones in recovery from alcohol addiction was also a key theme in participants’ conversations, behaviors, and self-reflections about alcohol use. Participants described, for example, abstaining and avoiding places and activities where alcohol would be present.

Problems Associated With Excessive Alcohol Use



A host of issues associated with excessive alcohol use were identified, with community-level issues eliciting the most responses. Participants shared that safety, homelessness, and lack of community participation were salient problems. Individual-level problems included family distress, physical and mental health complications, and decreased contributions to society.

Community Level. The most common problem associated with excessive alcohol use was impaired driving and its potential for accidents, injuries, and death. Similarly, multiple participants cited safety issues related to excessive drinking such as harassment by intoxicated people on public transportation. The association of excessive drinking with violence, including domestic violence, was also regularly mentioned. Participants stated that decreased civic engagement also is a problem; people participate less than they would if they were not drinking excessively.

“They’re [affecting] the people they love, whether they know it or not, by not keeping promises or not being there—I think that is the big one I think about when I think about alcohol use.”

“If I want to go and have 4 drinks with my friends, I would be very displeased if there was some law . . . [or] policy in place that said it’s only a 3-drink maximum.”

In half of the focus groups, homelessness was associated with excessive drinking. Some participants acknowledged that multiple factors contribute to homelessness, and others described indicators of excessive drinking among unhoused people in their communities (e.g., empty bottles near campsites). The burden on the health care system was also mentioned; one health care worker shared the majority of their patients are low income and rely on state-subsidized health care for their treatment and hospice care related to excessive alcohol use.

Individual Level. When thinking about individual-level problems, participants most often reported family problems. The strain that excessive drinking can place on family systems was described as “damaging” and “devastating.” Problems ranged from inappropriate comments and behaviors to losing custody of children and divorce. Some participants linked excessive drinking to various kinds of abuse within families, and one participant mentioned an alcohol-related death impacting the family of a close friend.

Participants also associated excessive drinking with physical health complications including damage the liver, kidneys, and heart; weight gain; and dermatologic symptoms. Psychological problems and suicide were also mentioned, and participants described neglect of the people and responsibilities, and diminished capacity and focus.

Addressing Excessive Alcohol Use



Both community and individual approaches were supported by participants, and most felt that both were needed to address the issue. Community-level solutions that did not infringe on individual freedoms were favored, as was expanding behavioral health resources and equitable access to them.

Community Level. Both the appropriateness of alcohol-related policies and their limitations were discussed by participants. No one felt like the current laws are too restrictive, and some participants believed they could be enforced more effectively. A few felt like harsher punishments for offenses such as impaired driving could increase compliance. However, a common theme that emerged when considering policy was individual freedom. Two focus groups

“The other side is prevention—preventing [excessive alcohol use] from happening. That’s where I think awareness-building [is needed] for people not to normalize [it]—or at least think about, ‘Is this normal?’. I think that can be really effective.”

“You shouldn’t have to choose between calling the police and putting up with excessive behavior. . . . There should be somebody trained in behavioral medicine that you can call who will come and diffuse the situation.”

“It’s an inside job for somebody to make a decision if they’ve had a problem with something. . . . They have to get to their bottom before they do something about it.”

mentioned the failures of Prohibition and stated that individuals will circumvent policies to do what they wish.

Two thirds of focus groups mentioned education as a viable community-level strategy to address excessive alcohol use. Some reflected on how their own experiences of being educated about the effects of alcohol influenced their decisions and behaviors. A preventive approach, particularly one that is implemented in health classes before young people are drinking, was supported. One participant emphasized the importance of highlighting the research on the effects of underage drinking on brain development. Participants also endorsed campaigns aimed at adults, such as Rethink the Drink. Some participants reminisced about public education campaigns they had been exposed to when they were younger and expressed a desire for more such campaigns.

A similar number of focus groups advocated for increased resources for behavioral health supports including counseling, therapy, and peer support groups. One participant mentioned by way of example a lack of detox and rehabilitation centers for alcohol, and noted that many people are not aware that detoxing from alcohol can be deadly. Participants also noted the need to make resources more accessible financially, logistically, and socially (destigmatizing)—particularly in geographically remote and underserved locations. Some participants wanted an alternative to the police for dealing with issues related to excessive drinking.

Individual Level. For participants who felt that individual-level approaches were appropriate, the theme of intrinsic motivation was prevalent. Many participants echoed the sentiment that people must want something different for themselves to make meaningful change in their lives. A few shared witnessing how ineffective court-ordered treatment had been and that individuals had to be ready to address their excessive alcohol use.

Campaign Recall and Impressions

Most focus group participants had limited recollection of Rethink the Drink campaign messaging, and 2 participants said they had not encountered the campaign at all. The Rethink the Drink brand name, however, had very high recall across the focus groups, was regarded positively, and was frequently referred to as “catchy.”

“The visuals were definitely—I don’t want to say appealing, but they definitely drew me in. I wanted to read the information—it wasn’t just black and white text, they made it a little approachable and a little more visually appealing so that you’d want to go and read it and check it out. . . . That’s really the only thing that drew me in personally.”

“The tv commercials I’ve seen . . . [that] stuck with me are the ones where people were saying how many drinks is too many per week. Those numbers were interesting. . . . It probably caused a lot of people to think, ‘Wow, I didn’t think it would be that few drinks per week that could create a problem.’”

Mediums



The Rethink the Drink website had the most reach among participants and was well received; many reported accessing it and appreciating the content and design. The campaign also reached people through Facebook, television, and radio ads.

The Rethink the Drink website was the most frequent messaging medium mentioned by participants. They described it as helpful and informative with simple messaging. Participants reported learning information from the website and using the drink calculator tool. Nobody mentioned accessing any of the other resources on the site. Participants recalled seeing Rethink the Drink content on social media, particularly Facebook and YouTube. One participant noticed how much conversation was being generated by the content, with many people commenting on a post about their personal experiences with alcohol. Participants also remembered seeing commercials on television and streaming services including CNN, Pluto TV, and local stations. The ads were described as effective, interesting, and impactful. The only commercial that was specifically recalled was the “Cheers” ad (which was currently running at the time of the focus group). Radio ads were also noted; participants believed they heard them on local NPR stations. At least 3 participants also reported seeing billboards for Rethink the Drink.

Content Learned



Participants were most impacted by the information defining binge and heavy drinking. They also reported that alcohol as a leading cause of preventable deaths for Oregonians was new information that stayed with them. Information about the effect of alcohol on health was typically described as familiar.

In most focus groups, participants were surprised that the definition of binge and heavy drinking was a lower number of drinks per night and especially a lower number of drinks per week than they previously thought. Many were struck by the reality of alcohol use as a leading

“Seeing the advertisement forced me to realize maybe I was putting myself at risk without even knowing it because maybe I hit those numbers on a weekly basis during a few weeks.”

“It’s made me realize that I should really think in the moment about 1 or 2 [drinks] an evening versus 3 or 4, and that I can have just as much fun or maybe more fun with 1 or 2 drinks and still enjoy having a good glass of wine with dinner or whatever but I don’t have to finish the bottle . . . that that actually may not be a good thing.”

cause of preventable deaths in Oregon. A few noted the gravity of that statement given the high rates of death caused by other drugs, including opiates. A few participants described the health information as a good reminder. Only 2 people exposed to the campaign reported not learning anything from Rethink the Drink content.

Impressions, Feedback, and Postexposure Shifts



Participants regarded the campaign positively, describing it as informative, relatable, and supportive of individuals making their own choices. Participants frequently mentioned thinking more about their alcohol intake after exposure to the campaign, and some described changes in behavior.

The most common impression of the campaign was its effectiveness at prompting participants reflect on their own and others’ alcohol use. Two thirds of focus group participants commented that the campaign empowers people with information to make their own choices about alcohol intake. They appreciated that the campaign did not focus on abstinence only and did not use scare or shock tactics. Many participants described the content as relatable, helpful, and informative. Some stated that it helped put excessive drinking into perspective by providing a neutral measure of what binge drinking is. At least one participant mentioned using the campaign information for self-moderation. Participants often said that although they were already aware of some of the information, they learned new details.

All focus groups except one reported thinking more about their alcohol intake after being exposed to Rethink the Drink, and half reported behavioral changes, such as setting a goal related to their alcohol intake. One participant decided to store alcoholic drinks in the garage instead of the refrigerator to help moderate their intake after campaign exposure.

A couple of participants mentioned that Rethink the Drink helped spark conversations with the people in their lives. Being able to share the information with family members supported their families’ role in helping them to regulate their drinking and move toward next steps. One participant expressed optimism that they will be healthier because of the campaign.

“Hit them with a Snapchat filter. Put it on and you see a picture and you’re smiling and glossy and Rethink the Drink comes right there on the frame. . . . Everybody is on Instagram or whatever scrolling, scrolling, scrolling and . . . they’ll see Rethink the Drink on their device and then learn more.”

“Oregon is pretty progressive with our gender alignment [sic] and stuff like that for people who maybe don’t identify as male or female, so if you focus the conversation [on the] size of the individual and take away the male/female component, you’re . . . including people who don’t necessarily identify in that binary structure.”

Future Campaign Recommendations



Participants’ suggestions for future campaigns include increasing dissemination physically and digitally, taking a health education approach, increasing inclusivity, and including personal stories in campaign messaging.

Increase Campaign Reach

Half of the focus groups suggested increasing the reach of the campaign in locations such as health care settings, bars, and billboards. Some believed that people would be more receptive to the campaign in health care offices given the nature of that environment. Participants also endorsed campaign presence at sporting and community events. They suggested ads in print media (e.g., magazines, newspapers) and social media, particularly to reach younger people. Placing Rethink the Drink content on other websites, including alcohol-related websites was also mentioned.

Emphasize Health and Education

Focus group participants suggested that future Rethink the Drink campaigns emphasize the health effects of moderate, long-term alcohol use. Many focused on education as a preventive strategy for reducing excessive drinking. Some speculated that labeling alcohol as a toxin and a drug could help the public better understand the harm that excessive drinking can cause. Participants also expressed a desire for more scientific information related to alcohol use presented in a “factual way—not a scary way.” Participants emphasized the importance of highlighting the physical and social damage that excessive alcohol use can have.

Increase Inclusivity

One focus group was uncomfortable with the gendered guidelines for alcohol intake. They mentioned the diversity in body sizes across genders and the relevance of body size for alcohol intoxication. Some commented that although Oregon is generally progressive on gender issues, the use of the gender binary in the campaign seemed

“Personal stories . . . seem to resonate a little better for me than statistics.”

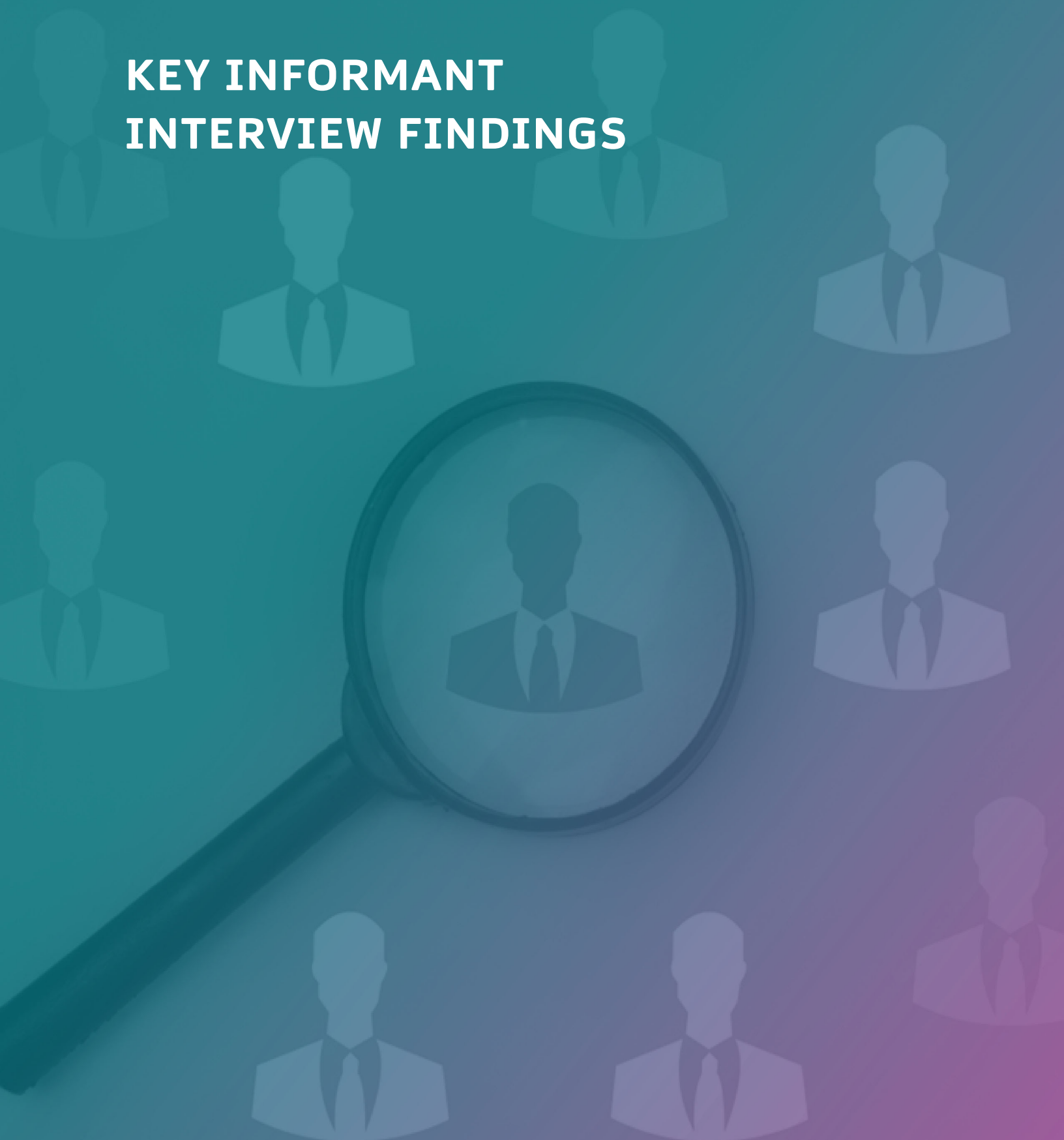
“If there was a way to have a conversation or campaign or whatever that is more focused on our own . . . behaviors—[and] self-awareness then you start preventive work before . . . ‘Well now think about your behavior with alcohol.’”

retrograde. Another participant mentioned the importance of including people from different age groups in advertisements.

Other Recommendations

Some participants believed that including personal testimonials related to excessive alcohol use would increase the impact of the campaign by increasing the emotional appeal. A few participants mentioned normalizing nonalcoholic drinks, including mocktails, which were described as more common in the Portland area. A few participants suggested implementing more strategies to increase self-awareness and personal responsibility, and others recommended emphasizing practical issues such as the cost of alcohol. One suggestion involved using bottles in recycling bins to help people put their alcohol intake into perspective.

KEY INFORMANT INTERVIEW FINDINGS



Key informant interview participants were recruited by RMC Research and OHA based on their work in alcohol prevention and involvement with the Rethink the Drink brand creation and/or usage of the campaign tools and resources. A total of 10 interviews were conducted over Zoom and lasted 30 to 60 minutes. Participants received a \$50 gift card for their participation.

Overall, **most interviewees were aware of and utilized some aspect of Rethink the Drink content.** Organizations included state and county government, community coalitions, nonprofit and not-for-profit organizations, professional associations, and opioid dependence treatment. Although most organizations did not have a direct focus on excessive alcohol prevention, they recognized its importance to community health and wellness. **Perceptions were mostly positive, and issues and needs related to prevention were largely systemic/structural in nature.** These findings shared a few similarities with those from the focus groups: (a) Rethink the Drink sparked **conversations on social media**, (b) a perceived **government conflict of interest** between OHA and the OLCC, (c) **the website is visually appealing** and the content is accessible, (d) **college and sports culture** impact drinking norms in the state, and (e) **body size is more relevant than gender** with respect to thresholds for excessive and binge drinking levels.⁶

⁶Quotations were condensed for brevity and clarity.

“I was trying to figure out what the thresholds were for problem drinking for a community conversation that we were having and [Rethink the Drink was] the web page that came up and . . . it was so straightforward and helpful.”

Awareness and Usage



A variety of organizations across Oregon were represented in the interviews and most interviewees were aware of the Rethink the Drink campaign, with the website being the most frequently used resource. Overall perceptions of materials were positive.

9 of the 10 interviewees were aware of the Rethink the Drink campaign, and 2 were involved in campaign development.



Interviewees reported having direct communications with OHA such as participating in informational meetings and webinars (2 interviewees), receiving monthly communications emails (3), and/or receiving technical assistance from OHA (1).

Interviewees reported having environmental encounters with the campaign including advertisements on local television and radio stations (3), county billboards (1), social media (1), and the Governor’s Advisory Committee on DUII (1).

8 of the 10 interviewees reported using some aspect of the Rethink the Drink materials.



Website

Interviewees noted the resources page (4), definitions of heavy and binge drinking (2), and the FAQ (1) were the most helpful. Two interviewees linked to the website on their organization’s page or newsletter.



Toolkit

Three interviewees shared customized content from the toolkit to their organization’s social media. One interviewee used the content to run an advertisement in an online student newspaper.



Drink calculator

Two interviewees mentioned exploring the CDC drinking calculator for themselves.



“For a lot of OHA communications we have to take the time and translate in house because they are not always available in [Spanish] so it was really great that the website itself has this Spanish language information section”

Videos

One interviewee used the videos as part of their local Rethink the Drink campaign.



Reasons for lack of use

Three interviewees did not use campaign resources due to their organizations’ focus not being alcohol use prevention.



Individual interviewees’ reasons for not using Rethink the Drink resources included:

- ▶ Their organization lacked the capacity to fully use the resources.
- ▶ Their local campaign was in initial stages and had not had a chance to use the videos.

7 interviewees expressed positive perceptions of the campaign and 1 described a tangible success.



Overall, the campaign website and resources were described as helpful by those who accessed them. One interviewee described the website as visually accessible—the **infographics and lack of large blocks of texts** were specifically noted. Three interviewees appreciated the **Spanish language version** of the materials. One described the campaign as culturally specific, and another appreciated the **seasonally appropriate content**. The branding and framing of the campaign were also noted as successes (3) with **harm reduction, relatability, and nonjudgmental language** specifically cited.

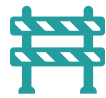
Interviewees believed the campaign did a good job **raising awareness about excessive drinking** (4), increasing reflection (2), **encouraging public self-determination** (2), and **changing perceptions of alcohol** (1). One interviewee who had worked in alcohol-related positions for a long time was surprised to learn new information from Rethink the Drink.

Two interviewees mentioned **noticing general positive responses to the campaign on social media** including conversations online. One interviewee shared a tangible success: their organization hosted an intergenerational event discussing alcohol use with the information provided by Rethink the Drink.

"I'm not sure how much an Oregonwide campaign resonates with people in Eastern Oregon, or even if it's something they hear from the west side of the state how much it resonates with them. There is definitely an East-West divide and I think a lot of people automatically just say, 'Oh, *those people* on the other side of the state.'"

"When we're dealing with alcohol prevention or substance misuse in general, really what we're trying to do is focus on the social determinants of health and figure out what is causing them to use those substances to begin with and work on improving those conditions for people."

Challenges



A lack of access to resources, services, and treatment was a common barrier to prevention work, in addition to social determinants of health and health disparities. Rethink the Drink could support organizations to address those challenges by increasing collaboration, cultural responsiveness, dissemination, and accessibility.

4 interviewees described challenges related to the campaign and implementation

Three interviewees thought the **ongoing Covid-19 pandemic** would make campaign dissemination more challenging, due in part to competing public health messaging (2) and low public opinion of OHA's pandemic response (1).

Two interviewees thought the **campaign name could be misinterpreted** to be abstinence only.

One interviewee thought the campaign **might not resonate across the state**, citing East-West differences.

One interviewee stated that **planning the campaign was challenging**, and stated that sharing campaign content on Instagram was an inefficient process compared to other social media.

8 interviewees cited challenges related to prevention work

The most frequently cited challenge to prevention work was a **lack of access to healthcare and treatment** (3).

Two interviewees brought up **social determinants of health**, including marginalization, the availability of affordable housing, immigration status, economic status, and locale.

Two interviewees discussed the **normalization of alcohol use**, particularly in college culture.

The following **challenges** were reported by individual interviewees:

- **In-state differences**, such as disparities in resources between northern and southern Oregon, and cultural challenges affecting marginalized communities, such as White supremacy.

“Really focusing on language access and culturally responsive service provision across the state and building up that type of work.”

- ▶ **Language barriers for Indigenous immigrant communities** (e.g., Mam speakers, 1 interviewee); disproportionately high rates of DUIIs issued to Spanish speakers, (1)
- ▶ A **government conflict of interest** between OHA’s alcohol prevention efforts and the OLCC, which generates tax revenue from alcohol sales
- ▶ **Difficulty engaging meaningfully with communities** and motivating the public to make better decisions about alcohol

2 interviewees described how campaign content mitigated prevention challenges 

One interviewee reported that the **website helps people interested in treatment take the first step**, and another believed the campaign tried **to increase determination** not to drive impaired.

All 10 interviewees shared ways to better support prevention efforts, with 4 major themes emerging: cultural responsiveness, dissemination, collaboration, and accessibility. 

4 interviewees expressed a need for more culturally responsive behavioral health materials and activities 

Suggestions included:

- ▶ **Culturally relevant campaign content** including flyers for Native American (1) and Russian (1) communities and tailored content for trans and gender nonconforming people (1)
- ▶ **In-person communications** for communities who do not use written language (1)
- ▶ **Antiracist resources** (1)

“I feel like Rethink the Drink flyers posted should be posted in places where alcohol is consumed—like . . . sporting events or places where people are constantly drinking alcohol. It’s like when you go to a casino there are all of these flyers ‘Call 1-800-quitnow’ and ‘Call if you have a gambling problem.’”

“If we can maybe have more of a campaign that we’re all working on together . . . like, ‘Here is the state campaign and if you want to you can do whatever.’”

“We have this huge problem with people [not] being able to access behavioral and mental healthcare services and . . . all of the added complications if you come from any of these [marginalized] communities trying to navigate services.

5 interviewees suggested increasing campaign dissemination

- Individual suggestions included:
- ▶ **Post campaign content where alcohol is consumed**, such as bars and college sports events and stadiums
 - ▶ **Post flyers in treatment centers** and health care offices.
 - ▶ **Inform more organizations**, such as treatment providers, about the campaign
 - ▶ **Utilize additional forms of media** for the campaign, including newspaper, SMS, and a **phone app**
 - ▶ Invest **additional resources in local organizations** implementing the campaign

3 interviewees stated that the campaign should continue collaborating with a variety of community partners and public health organizations

Examples of collaboration include actively soliciting and including community voice in the campaign and working with trusted community members such as health care providers to disseminate the campaign.

3 interviewees reported a need for increased access to behavioral health and recovery treatment, services, and resources

- Individual suggestions included:
- ▶ Provide access to **treatment liaisons**
 - ▶ **Scale up local treatment** providers
 - ▶ **Acknowledge barriers** to treatment
 - ▶ Integrate with **mental health resources**, such as crisis lines
 - ▶ Increase **staffing resources** for local public health
- Additionally, 2 interviewees suggested supporting **logistics and resources for those going into treatment** (e.g., rides to treatment, childcare, and stipends to account for lost wages).

I think that if the Rethink the Drink campaign was incorporated like the new framing for alcohol abuse prevention and education it would be a big win for our state.

Recommendations specific to campaign activities and content

- ▶ Make Rethink the Drink the **statewide framework for prevention**
- ▶ **Frontload timely/seasonal content** for local Rethink the Drink campaigns to implement
- ▶ Expand campaign **information on impaired driving as public health consequence**
- ▶ **Empower people** to make healthy choices related to alcohol
- ▶ **Emphasize the government's responsibility to warn the public** of the dangers of alcohol use

Recommendations



The focus group and key informant interviews indicate that Rethink the Drink should consider the following recommendations

Maintain Effective Aspects of the Campaign

The following core aspects of the campaign received positive feedback from both focus group participants and interviewees:

- Nonjudgmental framing and lack of abstinence-only language.
- Social media content that sparked public conversations online.
- Website content that is digestible and appealing.

Expand the Campaign

- Consider content suggestions from focus group participants such as emphasizing health and education, including personal testimonials, and making emotional appeals.
- Solicit input from community members in tailoring content for culturally responsive materials.
- Partner with additional community organizations to disseminate the campaign.
- Diversify means of dissemination, and provide additional language supports.

“If I’m going to be talking to my community about alcohol use, I want research that is geared toward them because otherwise they’re going to think that it’s not for them.”

- Leverage the existing link between sports/recreation and alcohol to increase reach.

Advocate for Systemic Change

The following changes would improve the landscape of behavioral health and recovery services in Oregon:

- Increase treatment resources, including culturally responsive options.
- Address the social and health detriments of excessive drinking.
- Include trans and gender nonconforming people in future iterations of Rethink the Drink to increased engagement among these communities, which are at increased risk. Pivot from a gender binary to a body size concept to describe excessive and binge drinking thresholds, and include more research related to trans and gender nonconforming populations.



APPENDIX A EVALUATION METHODOLOGY AND DESIGN

EVALUATION METHODS

RMC Research conducted a mixed methods evaluation of the first Rethink the Drink campaign to address 4 evaluation questions, 5 short-term outcomes and 3 long-term outcomes (see Exhibit A1). The evaluation includes assessing cross-sectional changes from the **precampaign survey data** collected in March and April 2022 before the campaign launched in June 2022 to the **postcampaign survey data** collected in September 2022 after the campaign ended. Appendix A describes the methodology used to analyze the data. The evaluation logic model appears in Exhibit A2.

Exhibit A1 First Rethink the Drink Campaign Evaluation Questions

EVALUATION QUESTIONS

Short-Term Outcomes

Did the campaign elicit conversations among Oregonians about alcohol use?

- Increase in people reporting having conversations about (a) their own alcohol use, (b) friends' or family members' alcohol use, and (c) what excessive alcohol use is due to the campaign

To what extent did the campaign increase knowledge about what excessive alcohol use is?

- Increased knowledge of how excessive alcohol use is defined
- Increased self-reflection and awareness in those who excessively drink that they may use alcohol excessively

To what extent did the campaign influence intentions to drink?

- Increased intention to maintain (for nonexcessive drinkers) or decrease (for excessive drinkers) alcohol use

To what extent did the campaign influence awareness about the health effects of excessive alcohol use for individuals?

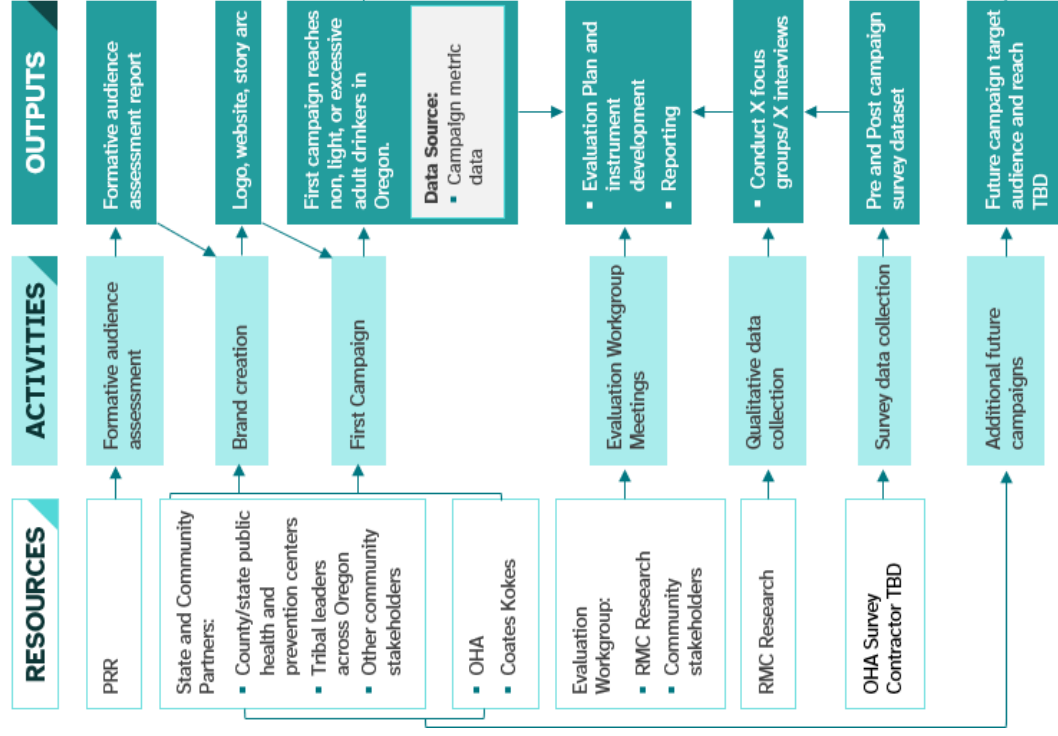
- Increased awareness of negative health effects of excessive alcohol use for individuals

Long-Term Outcomes

- Increased awareness of alcohol prevalence in communities
- Increased awareness of how alcohol prevalence in communities can be problematic
- Increased support for community-level strategies

Note. For this campaign and evaluation, excessive alcohol is defined as 15 or more drinks per week for a man or 8 or more drinks per week for a woman or binge drinking 5 or more drinks on an occasion for a man or 4 or more drinks for a woman.

RETHINK THE DRINK LOGIC MODEL DRAFT



SHORT-TERM OUTCOMES (FIRST CAMPAIGN)

Target Audience: Oregonians 21+

- Increased conversations about their alcohol use, friends/family's alcohol use, and/or what excessive alcohol use is
- Increased intention to maintain (for nonexcessive drinkers) or decrease (for excessive drinkers) alcohol use
- Increased self-reflection and awareness of individual's excessive alcohol use (for excessive drinkers)
- Increased knowledge of how excessive alcohol use is defined
- Increased awareness of negative health effects of excessive alcohol use for individuals

Data Sources:

- Pre- & Postcampaign Surveys
- Focus Groups/Interviews

Note: Campaign is not directly intended for those with alcohol use disorder

Outcomes will be explored by subgroups (race, ethnicity, gender, drinking frequency, alcohol use disorder, county, etc.)

LONG-TERM OUTCOMES (FUTURE CAMPAIGNS)

Phase 2:

- Increased awareness of alcohol prevalence in their communities and microsystem
- Increased conversations about alcohol's presence in communities and microsystems
- Increase in people reporting alcohol prevalence is problematic in certain community settings
- Increased awareness of negative effects of excessive alcohol use for communities

Phase 3:

- Increased belief that community level strategies can be effective at reducing excessive alcohol use
- Increased knowledge & support of excessive alcohol use prevention strategies
- Decreased per capita consumption of alcohol
- Decreased excessive alcohol use

Data Sources:

- Pre-Campaign Survey for select Phase 2 & 3 outcomes
- Future Campaign Surveys
- TBD

Situational Factors: COVID-19 (Delta variant, Omicron variant), legislative changes, rule changes, and ballot measures

Data Collection

MDR administered the precampaign survey March 2022 and the postcampaign survey in September 2022. They recruited participants through address-based push-to-web mailing and an online panel. MDR provided RMC Research with a cleaned dataset containing 1,205 precampaign respondents and 1,405 postcampaign respondents. Quotas were set up by MDR to ensure that respondent characteristics matched that of the Oregon population in terms of key demographic categories including age, sex, and geography (county of residence). In both surveys, quotas for age and educational attainment were relaxed to achieve at least 1,200 completes. Upon review by RMC Research, 6 precampaign participants and 12 postcampaign participants were dropped from the analysis due to giving conflicting responses (e.g., reporting not drinking at all in the past 30 days and later reporting drinking within the past 30 days).

Variable Creation

Several variables were calculated from the dataset. See Appendix B for the detailed analytic codebook specifying how new variables were calculated.

Precampaign Analyses

Descriptive statistics were used in aggregate across all variables. Variables were examined for differences by four pairs of subgroups: excessive and non-excessive drinkers, those living in the Portland Metro area and the rest of state, men and women, and participants that reported current or previous problematic alcohol use and those that reported never having problematic alcohol use. Chi-square tests were used on dichotomous response data to compare the four subgroup pairs. Mann-Whitney U tests were used to compare ordinal Likert responses for the four subgroup pairs.

Postcampaign Analyses

RMC Research detailed postcampaign analysis plans on the precampaign report. RMC Research followed the analysis plan when conducting the postcampaign analysis with 2 exceptions: (a) using logistic regression in addition to linear regression to examine campaign outcomes and (b) age was not recorded as a continuous variable and was therefore not included as a covariate in analyses. The analysis plan is as follows. The data gathered [from the precampaign survey] will be used as a baseline comparison to investigate the effectiveness of the Rethink the Drink campaign. Postcampaign data will be collected in September 2022 by MDR and analyzed by RMC Research. Descriptive analyses will be used to in aggregate across variables from the postcampaign survey. Linear regression models will be used to examine outcomes of the campaign and will control for demographic differences between the pre- and postcampaign samples. Age (as a continuous

variable), race (White, American Indian or Alaska Native, Asian or Asian American, Black or African American, Native Hawaiian or Pacific Islander, or more than one race⁷), ethnicity (Hispanic or non-Hispanic), gender (male, female, or nonbinary/gender nonconforming), and region (Portland metro area or the rest of the state) will be included as covariates in all regression models to examine the impact of the campaign regardless of these demographic variables. For data collected at post- only, descriptive statistics will be used to describe respondents' messaging recall; awareness; and salience, and to add context to pre-post survey findings.

Limitations

There are 2 main limitations with this dataset. First, the samples contain unequal percentages of excessive drinkers compared to non-excessive drinkers. Aggregate responses are more reflective of non-excessive drinkers than excessive drinkers. Second, the precampaign and postcampaign sample are not entirely independent, 23% of postcampaign exposed respondents reported they had also completed the presurvey ($n = 114$).

⁷Because the “race” item on the survey allowed respondents to check more than one response, multiple responses were recorded as “more than one race.”

CAMPAIGN SURVEY ANALYTIC CODEBOOK

Exhibit A3 Mapping of Precampaign Survey Items and Response Choices

Survey Item	Response Options	Variable	Notes/Source
Screening questions to filter out those who do not live in Oregon and are under 21 (All items on the pre and post survey)			
1. What state do you live in ?	Dropdown of states	Oregon	This is the first screening question, only those who indicate Oregon will proceed to the next question and others will be exited from the survey.
2. What is your age?	Fill in the blank	Age	This is the second screening question, only those who indicate 21 or older will proceed to the next question and others will be exited from the survey. Age may be categorized according to how OHA categorizes age on the surveillance surveys: 20 and below 21-24 25-34 35-44 45-54 55-64 65 and above Source: Adapted from OHA Surveillance Survey
Screening questions to filter out those who do not recall seeing campaign messaging (Item on the post survey only)			
3. Below are some examples [TBD] from a recent excessive alcohol use awareness campaign called Rethink the Drink. In the past 3 months (since April 2022), have you seen or heard any of the Rethink the Drink messages?	Yes No Don't know/not sure	MessRecall1	This item is the last screening question (on the post survey only). If the respondent answers 'no' or 'don't know/not sure' to #3, they will be exited from the survey. Source: RMC Research

Survey Item	Response Options	Variable	Notes/Source
Demographics (All items on the pre and post survey)			
4. What county do you currently live in?	[Dropdown of counties]	County	The data can be analyzed by County. Source: OHA Surveillance Survey
		Computed variable: Region	Data from Item #4 will be used to create a second variable (region) to distinguish between those living in the Portland metro area or the rest of the state. ⁸
5. How do you identify?	Male Female Non-binary or gender non-conforming	Gender	Source: OHA Surveillance Survey
6. Are you of Hispanic, Latino/a, Latinx, or Spanish origin?	Yes No	Hispanic	Source: OHA Surveillance Survey
7. How do you identify (choose all that apply)	American Indian or Alaska Native Asian or Asian American Black or African American Pacific Islander or Native Hawaiian White Race(s) not listed here (specify)	Race	Source: OHA Surveillance Survey
SHORT-TERM/First Campaign Outcomes			
Messaging recall, awareness, and salience (All items on the post survey only)			
8. During the period when you saw or heard the Rethink the Drink messages, about how often did you see or hear the messages?	Never Rarely (once or twice) Sometimes (every few weeks) Often (weekly) Very Often (multiple times per week)	MessRecall2	Source: RMC Research
9. Have you visited the Rethink the Drink website?	Yes No I don't remember	MessRecall3	Source: RMC Research

⁸<https://www.oregonmetro.gov/regional-leadership/what-metro/cities-and-counties-region>

Survey Item	Response Options	Variable	Notes/Source
10. Have you visited the Rethink the Drink Facebook and/or Instagram pages?	Yes No I don't remember	MessRecall4	Source: Coates Kokes
Please say how much you disagree or agree with the following statements about the Rethink the Drink campaign:			
11. Got my attention	Strongly Disagree	MessSal1	Source: RMC Research
12. Was believable	Disagree	MessSal2	
13. Was relatable	Agree	MessSal3	
14. Made me think about my alcohol use	Strongly Agree	MessAwar1	
15. Said something important about alcohol in my community		MessAwar2	
16. What do you think the Rethink the Drink campaign is trying to say about alcohol use?	Open-ended	MessAwar3	Source: RMC Research
Increased awareness of individual's excessive alcohol use (for excessive drinkers) (All items on the pre and post survey)			
17. In the past 3 months, have you thought about your own alcohol use?	Yes No	OwnUseThought	Among excessive drinkers, we expect to see higher percentage of those who answer 'yes' relative to precampaign survey respondents. Source: RMC Research
18. Currently would you consider yourself a heavy drinker	Yes No	AlcUseSelfID1	These questions will be used to assess how accurately respondents describe themselves in conjunction with items 23 and 24. Source: RMC Research/OHA
19. Currently would you consider yourself a binge drinker?		AlcUseSelfID2	
20. Do you think you ever had a problem with your own alcohol use?	Yes, currently Yes, in the past No	AlcDep	This question will be used to explore all outcomes by whether or not respondents ever had an alcohol dependency. Source: OHA
		Compute Variable: EverAlcDep	Participants will be categorized as "yes" if they chose "Yes, currently" or "Yes, in the past" for #20. Participants will be categorized as "no" if they select "no" on #20.

Survey Item	Response Options	Variable	Notes/Source
21. What is your drinking like now compared to before the pandemic (i.e., before March 2020)?	I drink more now I drink less now I drink the same I did not drink before the pandemic and do not drink now I don't know	Covid	This is to speak to situational factors (specifically covid). This will be used in the descriptive analyses. Source: Adapted from HPCDP panel survey questionnaire spring 2021
For item #22, if they answer No, they will skip item #23, 24, 38, 39, and 40.			
22. In the past year, have you consumed alcohol? This includes beer, wine, or liquor	Yes No	Abstain	Source: OHA
For the next set of questions, one alcoholic beverage is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor			
23. Think about the past 30 days. About how many alcoholic beverages (beer, wine, or hard liquor) did you drink per week?	I do not drink 1-7 8-14 15+	AlcUseFreq	This is one of the variables used to create the subgroup variables. Source: Adapted from 2020 BRFSS Questionnaire: Questionnaire link
24. Think about the past 30 days. About how many times did you have 4 (if sex = female) / 5 (if sex = male) or more drinks on one occasion?	None 1 2 3 4 5+ I did not drink in the past 30 days	BingeFreq	This is one of the variables used to create the subgroup variables. Source: Adapted from OHA Surveillance Survey
		Computed variable: NonExcess	A female will be categorized nondrinker or non excessive drinker if they indicate 'I do not drink' or '1-7' on #23 and 'none' on #24. A male will be categorized nondrinker or non excessive drinker if they indicate 'I do not drink', '1-7', or '8-14' for #23 and 'none' for #24
		Computed variable: Excess	A female will be categorized as excessive drinker if they indicate '8-14' or '15+' on #23 OR '1+' on #24. A male will be categorized as excessive drinker if they indicate '15+' on #23 OR '1+' on #24.

Survey Item	Response Options	Variable	Notes/Source
		Computed variable SelfIDHeavy	RMC Research will calculate the % of people who accurately categorize themselves as a heavy drinker on #18 using their responses on #18 and #23. For female they are marked accurate if: They choose 'No' on #18 and 'I do not drink' or '1-7' on #23. OR If they choose 'Yes' on #18 and they choose '8-14' or '15+' on #23. For male they are marked accurate if: They choose 'No' on #18 and 'I do not drink' or '1-7' or '8-14' on #23. OR If they choose 'Yes' on #18 and they choose '15+' on #23.
		Computed variable SelfIDBinge	RMC Research will calculate the % of people who accurately categorize themselves on #19 using their responses on #19 and #24. For female they are marked accurate if: They choose 'No' on #19 and 'none' on #24. OR If they choose 'Yes' on #19 and they choose 1 or more on #24. For male they are marked accurate if: They choose 'No' on #19 and 'none' on #24. OR If they choose 'Yes' on #19 and they choose 1 or more on #24. For excessive drinkers, we expect to see a higher percentage of people accurately categorizing themselves on the post-campaign survey relative to the pre-campaign survey.
		Computed variable SelfIDAcc	If both Self ID Heavy Accuracy and Self ID Binge Accuracy are 1, this variable will also be 1.

Survey Item	Response Options	Variable	Notes/Source
Increased intention to maintain (for non-excessive drinkers) or decrease (for excessive drinkers) alcohol use (All items on the pre and post survey)			
25. Which of the following best describes what you will likely do in the next month?	I will probably drink more than I am drinking now I hope to drink less than I am drinking now I will probably drink the same amount as I am drinking now I do not drink and will continue not to drink.	AlcIntent	Source: adapted from HPCDP panel survey questionnaire spring 2021
		Computed variable IntentDec	If respondent selects 'I hope to drink less than I am drinking now' on item #25 they will be categorized as a 'yes' or '1' for this variable. Among excessive drinkers, we expect to see a higher percentage of people intending to decrease alcohol use on the post-campaign survey relative to the pre-campaign survey.
		Computed variable IntentMain	If respondent selects 'I will probably drink the same amount as I am drinking now' on item #25 they will be categorized as a 'yes' or '1' for this variable. Among non-excessive drinkers, we expect no difference in the percentage of people intending to decrease alcohol use on the post-campaign survey relative to pre-campaign survey.
Increase in people reporting having conversations about alcohol use due to the campaign (All items on the pre and post survey)			
26. In the past 3 months, have you had conversations with friends, family, or others in your community about your own alcohol use?	Yes No	ConvPers	Among excessive drinkers, we expect to see higher percentage of those who answer 'yes' relative to pre-campaign survey respondents. Source: RMC Research
27. In the past 3 months, have you had conversations with friends, family, or others in your community about their alcohol use?	Yes No	ConvOthrs	We expect to see higher percentage of those who answer 'yes' relative to pre-campaign survey respondents. Source: RMC Research A subgroup analysis will be conducted within this section to compare those who excessively drink and those who do not.

Survey Item	Response Options	Variable	Notes/Source
28. In the past 3 months, have you had conversations with friends, family, or others in your community about what excessive alcohol use is?	Yes No	ConvExcAlc	We expect to see higher percentage of those who 'yes' relative to pre-campaign survey respondents. Source: RMC Research A subgroup analysis will be conducted within this section to compare those who excessively drink and those who do not.
Increased knowledge of what excessive alcohol use is (All items on the pre and post survey)			
29. If a woman drank a total of 8 alcoholic beverages over the course of a week, would you consider this heavy drinking?	Yes No	KnowExAlF	We expect to see a higher percentage of people choosing 'yes' to this item on the post survey relative to all pre-campaign survey respondents. Source: RMC Research
30. If a man drank a total of 15 alcoholic beverages over the course of a week, would you consider this heavy drinking?	Yes No	KnowExAlM	We expect to see a higher percentage of people choosing 'yes' to this item on the post survey relative to all pre-campaign survey respondents. Source: RMC Research
		Computed variable ExcessiveAlAcc	If respondents answer yes to #29 and #30 they will be categorized as knowing what heavy drinking is. This variable will be used for the analyses in the next section.
31. If a woman drank 4 alcoholic beverages on any one occasion, would you consider this binge drinking?	Yes No	KnowBingeF	We expect to see a higher percentage of people choosing 'yes' to this item on the post survey relative to all pre-campaign survey respondents. Source: RMC Research
32. If a man drank 5 alcoholic beverages on any one occasion, would you consider this binge drinking?	Yes No	KnowBingeM	We expect to see a higher percentage of people choosing 'yes' to this item on the post survey relative to all pre-campaign survey respondents. Source: RMC Research

Survey Item	Response Options	Variable	Notes/Source
		Computed variable BingeAcc	If respondents answer yes to #31 and #32 they will be categorized as knowing what binge drinking is. This variable will be used for the analyses in the next section.
Increased awareness of negative health effects of excessive alcohol use for individuals (All items on the pre and post survey)			
33. Excessive alcohol use can lead to a) Liver disease b) Heart disease c) Cancer d) High blood pressure e) Depression	Strongly Disagree Disagree Agree Strongly Agree	NegEffects	We expect to see a higher percentage of people agreeing/strongly agreeing on the post-campaign survey relative to pre-campaign survey. A subgroup analysis will be conducted within this section to compare those who excessively drink and those who do not. Source: Adapted from OHA Surveillance Survey
LONG-TERM/ Future Campaign Outcomes (All items in this section will be on pre and post survey) The following variables (items 34-41) are collected as potential baseline variables for future campaigns. RMC Research will not report on these variables for the first campaign since these variables are tied to outcomes for later campaigns.			
Increased awareness of alcohol prevalence in communities and microsystem (Item on the pre and post survey)			
34. Alcohol seems to be everywhere in our communities.	Strongly Disagree Disagree Agree Strongly Agree	PrevAware	Source: RMC Research
Increase in people reporting alcohol prevalence is problematic in certain social settings (Item on pre and post survey)			
35. Excessive alcohol use causes problems in communities.	Strongly Disagree Disagree Agree Strongly Agree	CommProb	Source: RMC Research
36. I think that alcohol should have less of a presence in our communities.	Strongly Disagree Disagree Agree Strongly Agree	LessPres	
37. If you are not harming other people, I don't see a problem with excessive alcohol use.	Strongly Disagree Disagree Agree Strongly Agree	NoCommPro b	

Survey Item	Response Options	Variable	Notes/Source
Decreased use of alcohol			
38. In the past 30 days, have you intentionally reduced the number of alcoholic beverages you consumed?	Yes No Not sure/Don't Know	Reduce	Skip pattern: if yes, continue to #39. If not or not sure, skip #39 and #40.
Decreased excessive use of alcohol			
39. Prior to reducing your alcohol consumption, about how many alcoholic beverages (beer, wine, or hard liquor) did you drink per week on average ?	I do not drink Drop down: 1-15+	RedUseAmn t	This item will be compared to Item 23 to determine to what extent alcohol use was reduced.
40. Prior to reducing your alcohol consumption, about how many times over the course of a month did you have 4 (if sex = female) / 5 (if sex = male or nonbinary) or more drinks on one occasion?	None 1 2 3 4 5+	RedBinge	This item will be compared to Item 24 to determine to what extent alcohol use was reduced.
		Computed variable: DecreasedAlcUse	A female will be categorized as having decreased alcohol use from excessive to non-excessive if: ▶ They choose 'I do not drink' or '1-7' on Item #23 and '8-15+' on Item #39 OR ▶ They choose 'None' on Item #24 and '1 or more' on Item #40. A male will be categorized as having decreased alcohol use from excessive to non-excessive if: ▶ They choose 'I do not drink' or '1-7' or '8-14' on Item #23 and '15+' on Item #39 OR ▶ They choose 'None' on Item #24 and 1 or more on Item #40.

Survey Item	Response Options	Variable	Notes/Source
		Computed variable: DecreasedE xcAlcUse	A female will be categorized as having decreased alcohol use from excessive to non-excessive if: ▶ They choose 'I do not drink' or '1-7' on Item #23 and '8-15+' on Item #39 AND* ▶ They choose 'None' on Item #24 and '1 or more' on Item #40. A male will be categorized as having decreased alcohol use from excessive to non-excessive if: ▶ They choose 'I do not drink' or '1-7' or '8-14' on Item #23 and '15+' on Item #39 AND* They choose 'None' on Item #24 and 1 or more on Item #40. *For those who only engaged in binge or heavy drinking previous to the past 30 days, this would be OR, not AND.

Increased belief that community level strategies can be effective at reducing excessive alcohol use

41. Excessive alcohol use is a problem that can be addressed at the community level (e.g., policies, laws, regulations)	Strongly Disagree Disagree Agree Strongly Agree	CommSol
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Recruitment of focus group/interview participants (on post survey only)

42. Are you interested in future paid research about alcohol? Please know that if you provide your contact information your survey responses will remain separate and confidential.	Yes No	Recruit	If chooses yes, send to separate survey that is not connected to their answers with the below item.
43. Thank you for your interest in future paid research about alcohol! Please enter your name,	Name:_____ Email address:_____ Phone_____		

Survey Item	Response Options	Variable	Notes/Source
email address and/or phone number below	Preferred method of contact: ☐ Email ☐ Phone, call ☐ Phone, text		

If you or someone you know is struggling with alcohol or drugs and needs assistance, please call 800-923-4357. You can also text "RecoveryNow" to 839863. Learn more about Lines for Life 24/7 free, confidential and anonymous services at <https://www.linesforlife.org/get-help-now/>

SUPPLEMENTAL DATA TABLES

Exhibit A4

Beliefs that Excessive Alcohol Use Can Lead to Negative Health Outcomes

Health Outcome	Means	
	Precampaign	Postcampaign Exposed
Liver Disease	3.57	3.57
Heart Disease	3.28	3.29
Cancer	2.86	2.87
High Blood Pressure	3.17	3.23
Depression	3.36	3.33

Note. Overall $n = 1,318$. Precampaign $n = 930$. Postcampaign Exposed $n = 388$. Linear regression used to detect significant differences between precampaign and postcampaign respondents. Differences deemed significant if $p < .05$. * $p < .05$. Scale: 1: Strongly Disagree, 2: Disagree, 3: Agree, 4: Strongly Agree.

Exhibit A5

Beliefs that Alcohol is Prevalent and Problematic in Communities

Statement	Means	
	Precampaign	Postcampaign Exposed
Alcohol seems to be everywhere in our communities	3.41	3.43*
Excessive alcohol use causes problems in communities	2.54	2.84
I think that alcohol should have less of a presence in our communities	2.04	2.13*
If you are not harming other people, I don't see a problem with excessive alcohol use	3.41	3.43

Note. Overall $n = 1,297$ – $1,313$. Precampaign $n = 916$ – 928 . Postcampaign Exposed $n = 381$ – 386 . Linear regression used to detect significant differences between precampaign and postcampaign respondents. Differences deemed significant if $p < .05$. * $p < .05$. Scale: 1: Strongly Disagree, 2: Disagree, 3: Agree, 4: Strongly Agree

APPENDIX B

PRECAMPAIGN SURVEY FINDINGS

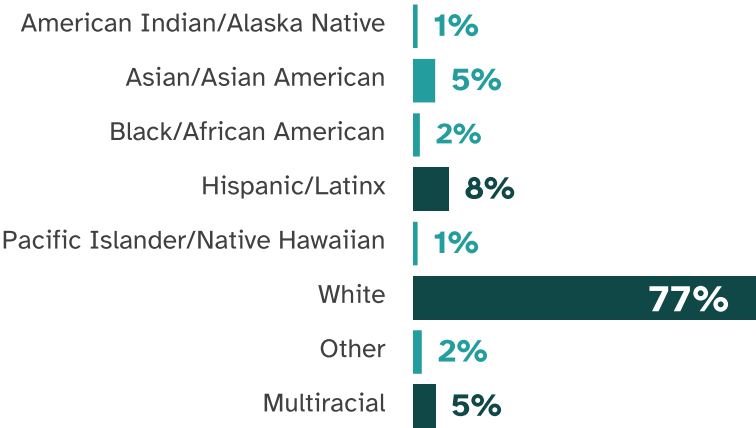
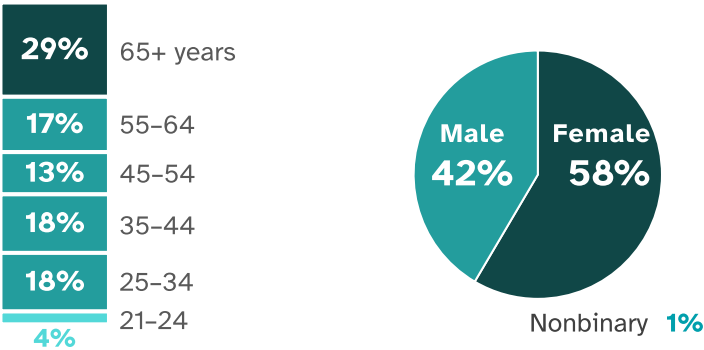




RMC Research is conducting a mixed methods evaluation of the first Rethink the Drink campaign, which includes pre- and postcampaign surveys. The precampaign survey was administered in March and April 2022. This brief presents the findings with significance differences reported by key subgroups (e.g., gender, region, problematic use).

SAMPLE DESCRIPTION⁹

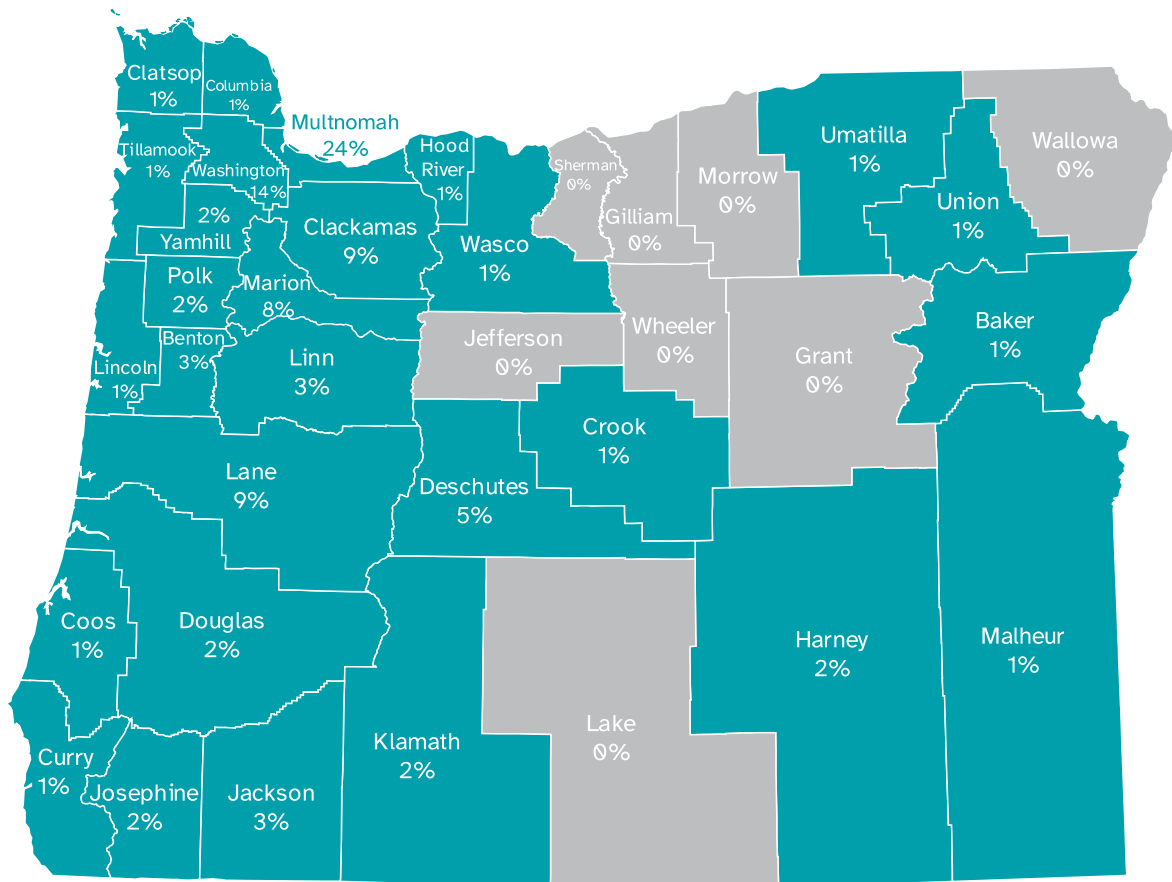
Exhibit 1
Among the 1,199 survey respondents, the most common age group was 65+. In terms of gender and race/ethnicity the majority identified as female and White.



⁹Quotas were set up to ensure that respondent characteristics matched that of the Oregon population in terms of key demographic categories including age, sex, and geography (county of residence). Quotas for age and educational attainment were relaxed to achieve at least 1,200 completes.

Exhibit 2

Almost every county in Oregon was represented among the survey respondents. Close to half (53%) of respondents lived outside of the Portland Metro Area.



n = 1,199

53% Rest of the state **47%** Portland Metro Area

Respondents were asked a series of questions about their frequency of alcohol use and were categorized as excessive drinkers, non-excessive drinkers, or abstainers.

Additionally, respondents were asked if they believed they have ever had a problem with their own alcohol use. Respondents that chose Yes, currently, or Yes, in the past, were categorized as having problems at some point with alcohol use. Respondents who chose no were categorized as never having problems with alcohol use.

Definition of Alcohol Use

	EXCESSIVE DRINKER	Engaging in heavy drinking and/or binge drinking in the past 30 days.
	NON-EXCESSIVE DRINKER	Drinking less than 8 (female) or 14 (male) drinks per week and did not engage in binge drinking in the past 30 days.
	ABSTAINER	Not drinking at all in the past year.
	HEAVY DRINKING	Drinking 8+ (female) or 15+ (male or nonbinary) drinks per week in the past 30 days.
	BINGE DRINKING	Drinking 4+ (female) or 5+ (male or nonbinary) drinks on one occasion in the past 30 days.

Exhibit 3
Half of survey respondents were non-excessive drinkers and about equal numbers were excessive drinkers and abstainers.

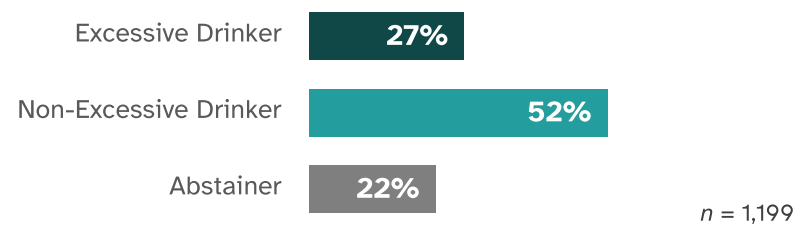
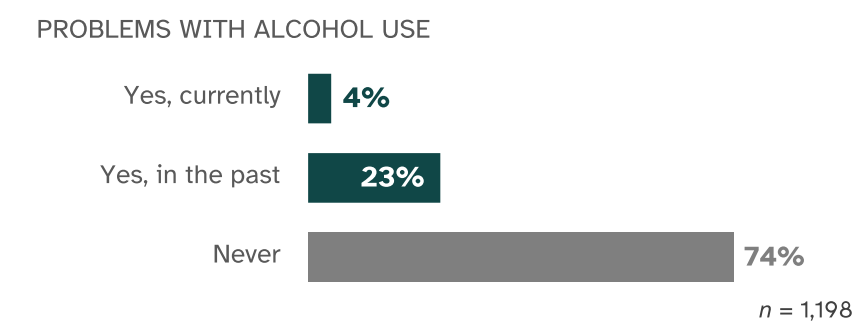


Exhibit 4
The majority of respondents reported never having problems with alcohol use, and a quarter had past or present problems.



EVALUATION QUESTION 1

How much do Oregonians know about excessive alcohol use?

SHORT-TERM OUTCOME

Knowledge of how excessive alcohol use is defined.

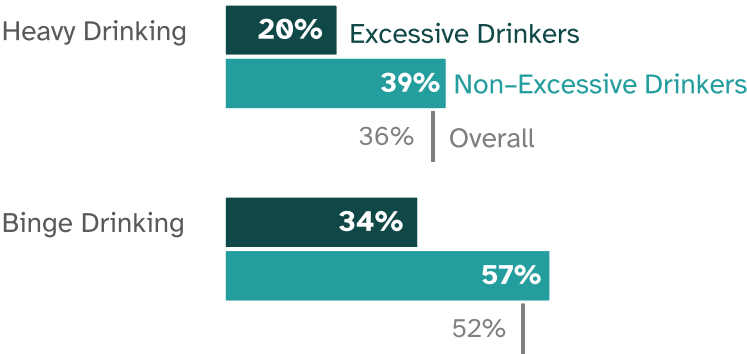
Respondents were given four scenarios and asked if each constituted excessive drinking. Scenarios included heavy drinking and binge drinking in men and women. Respondents were categorized as accurate at identifying heavy drinking and/or binge drinking if they answered each item correctly.

SHORT-TERM OUTCOMES

Exhibit 5

Overall, a third of survey respondents understood how heavy drinking is defined and half understood how binge drinking is defined. Significantly more non-excessive drinkers understood these definitions than excessive drinkers.

UNDERSTOOD DEFINITION:



Overall *n* = 1,196
Excessive Drinker *n* = 320
Non-Excessive Drinker *n* = 616

Differences by Subgroups



Women (**41%**) were significantly more accurate at **identifying heavy drinking** compared to men (**31%**).



Respondents who never had problems with alcohol use (**40%**) were significantly more accurate **defining heavy alcohol use** compared to those with current or past problems with alcohol use (**26%**).

n = 1,182–1,195

SHORT-TERM OUTCOME

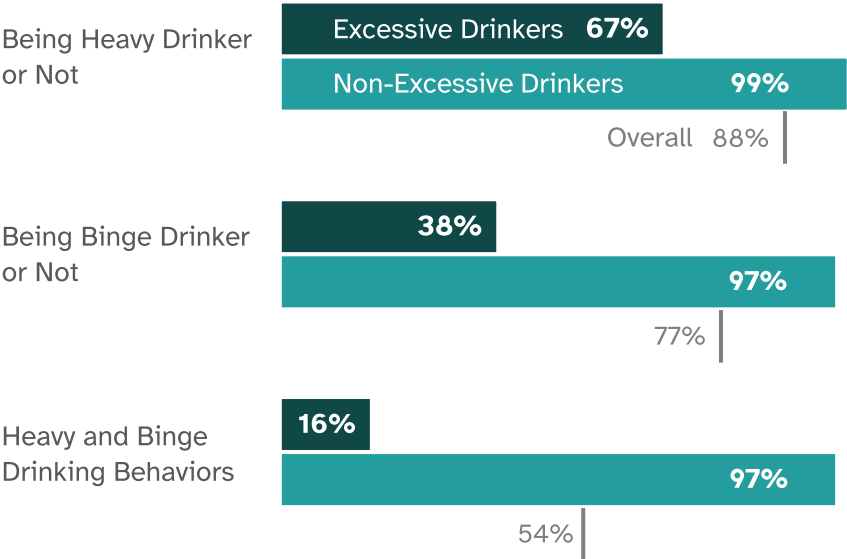
Awareness among those who excessively drink that they may use alcohol excessively.

Respondents were asked if they would consider themselves a heavy drinker and/or a binge drinker. They were also asked to report how frequently they drink and if they engaged in binge drinking in the past 30 days. Using respondents' self-reported drinking behavior, they were categorized as identifying themselves accurately or not.

Exhibit 6

Overall, 54% of survey respondents accurately classified their own alcohol use and binge drinking frequency. Excessive drinkers were significantly less accurate than non-excessive drinkers (16% versus 97%).

ACCURATELY IDENTIFIED ...



Overall n = 938-939
Excessive Drinker n = 321
Non-Excessive Drinker n = 617-618

Differences by Subgroups



Those who reported never having problems with alcohol use were significantly more accurate at **identifying heavy drinking and binge drinking in themselves (90% and 79%)** than those with current or past problems with alcohol use (**82% and 72%**).

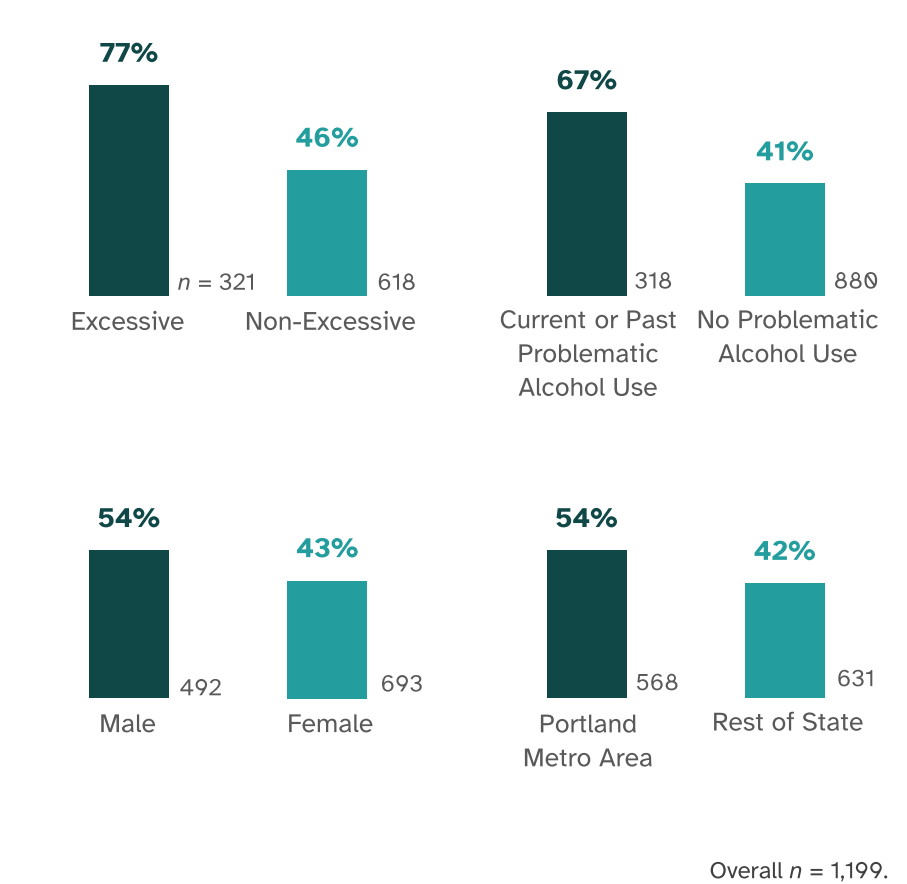
n = 937-938

Additional Information

Respondents were also asked if they thought about their own alcohol use in the past 3 months to ascertain awareness of their own excessive alcohol use (specifically among excessive drinkers).

Exhibit 7

Overall, about half of the survey respondents (48%) reported thinking about their alcohol use within the past 3 months. Excessive drinkers and those with current or previous problems with alcohol use thought about their alcohol use significantly more than non-excessive drinkers and those who have never had problems with alcohol use.



Differences by Subgroups



Significantly more men (54%) reported **thinking about their alcohol use** compared to women (43%).



Significantly more respondents living in the Portland Metro Area (54%) reported **thinking about their alcohol use** than those living in the rest of the state (42%).

n = 492-631

EVALUATION QUESTION 2

How aware are Oregonians about the health effects of excessive alcohol use?

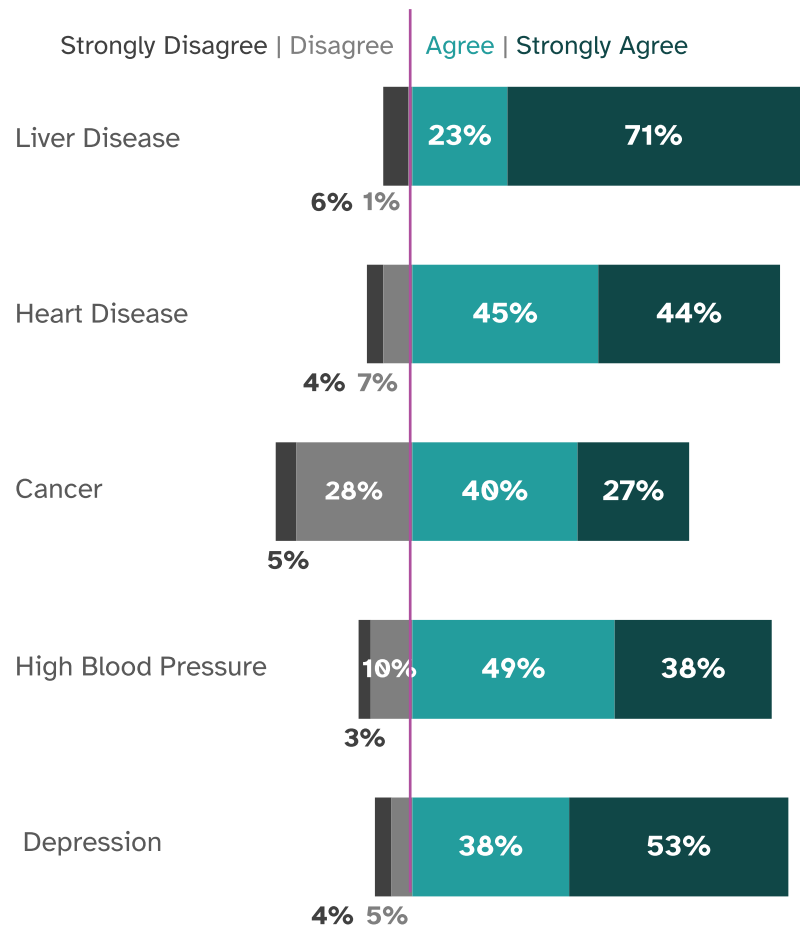
SHORT-TERM OUTCOME

Awareness of negative health effects of excessive alcohol for individuals.

Exhibit 8

Overall, survey respondents understood the negative health effects of excessive alcohol use with 67% to 94% agreeing or strongly agreeing that excessive alcohol use could negatively affect health. Cancer as a potential outcome of excessive alcohol use was the item respondents disagreed with the most (33%).

EXCESSIVE ALCOHOL CAN LEAD TO . . .

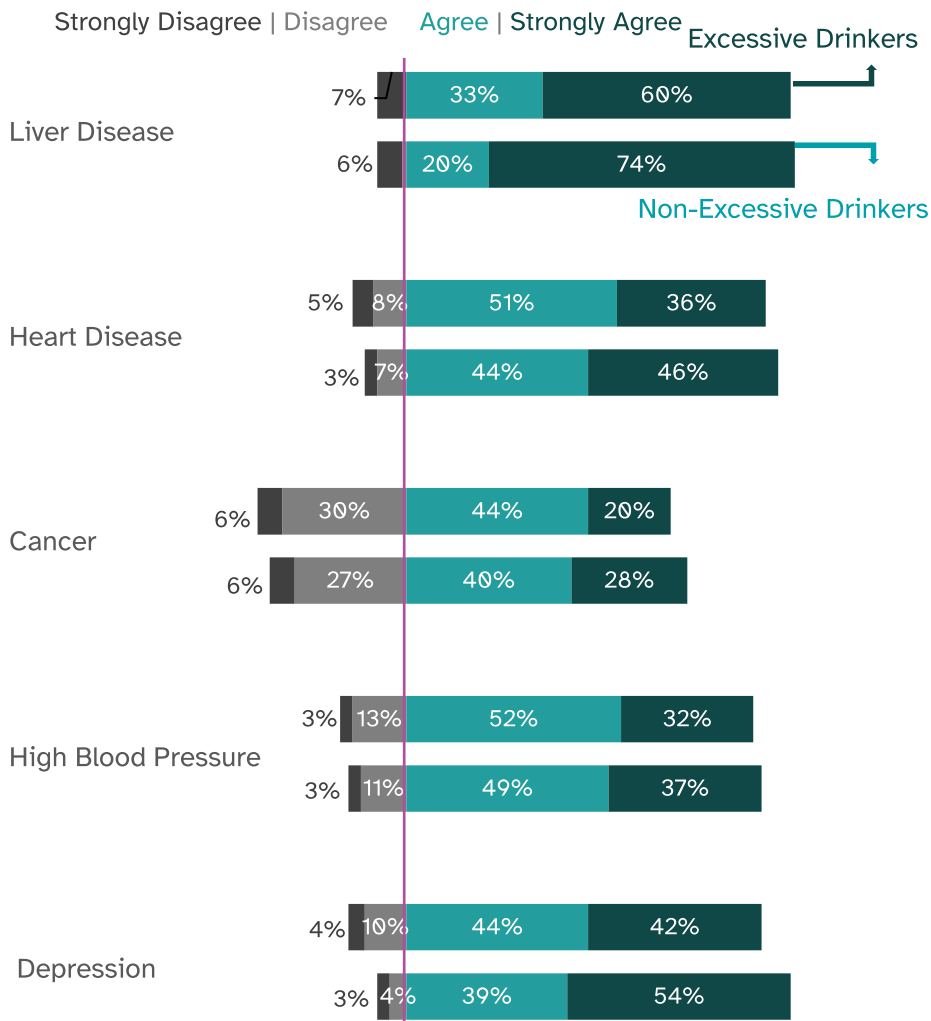


Overall n = 1,199

Exhibit 9

Comparison of negative health effects item frequencies by excessive vs. non-excessive drinkers.

EXCESSIVE ALCOHOL CAN LEAD TO . . .

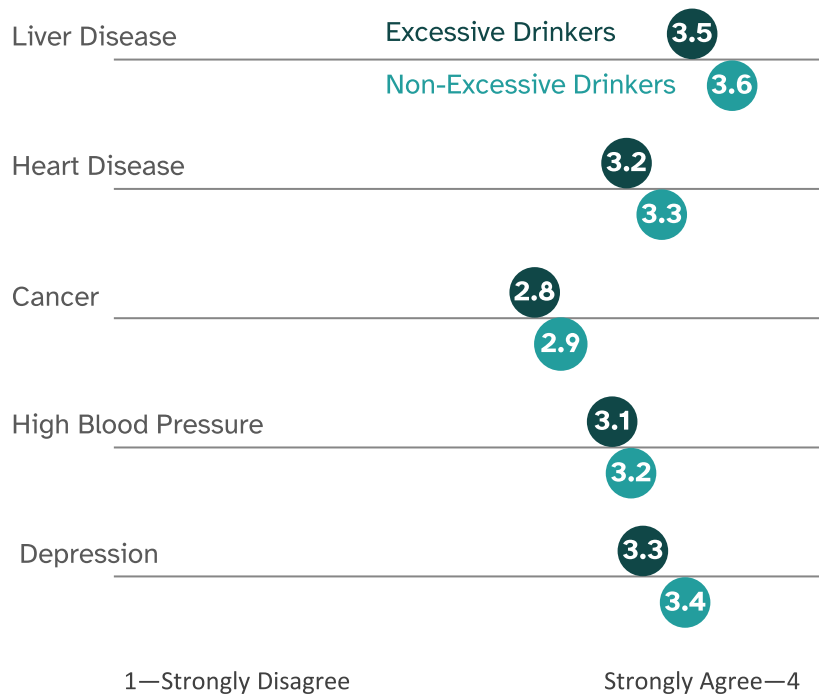


Overall $n = 1,199$

Exhibit 10

Comparison of negative health effects item means revealed significantly more non-excessive drinkers agreed that excessive alcohol use can lead to liver disease, heart disease, and depression.

EXCESSIVE ALCOHOL CAN LEAD TO ...



Overall *n* = 939
Excessive Drinker *n* = 321
Non-Excessive Drinker *n* = 618

Differences by Subgroups



Significantly **more women** agreed that **excessive alcohol use** can lead to liver disease, depression, and heart disease than men.



Those with current or previous problems with alcohol use were **significantly more likely to agree** that **excessive alcohol use** can lead to high blood pressure and depression than those who had not had problems with alcohol use.

n = 1,185–1,198

EVALUATION QUESTION 3

What are Oregonians' intentions to drink?

SHORT-TERM OUTCOME

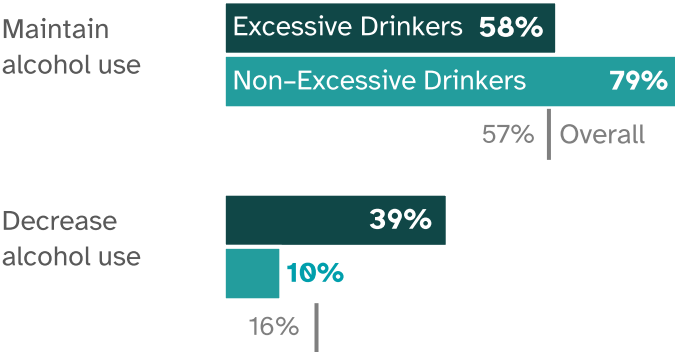
Intention to maintain alcohol use for non-excessive drinkers, or intention to decrease alcohol use for excessive drinkers.

Respondents were asked what they would likely do in the next month in terms of their alcohol use: drink more than they are drinking now, drink less than they are drinking now, drink the same amount as they are drinking now, or continue to abstain.

Exhibit 11

Overall, the majority of survey respondents planned to maintain their current drinking behavior over the next month. Though significantly more excessive drinkers planned to decrease their alcohol use than non-excessive drinkers, 58% planned to maintain their current drinking behavior.

IN NEXT MONTH INTEND TO . . .



Overall *n* = 1,198
Excessive Drinker *n* = 321
Non-Excessive Drinker *n* = 618

Differences by Subgroups



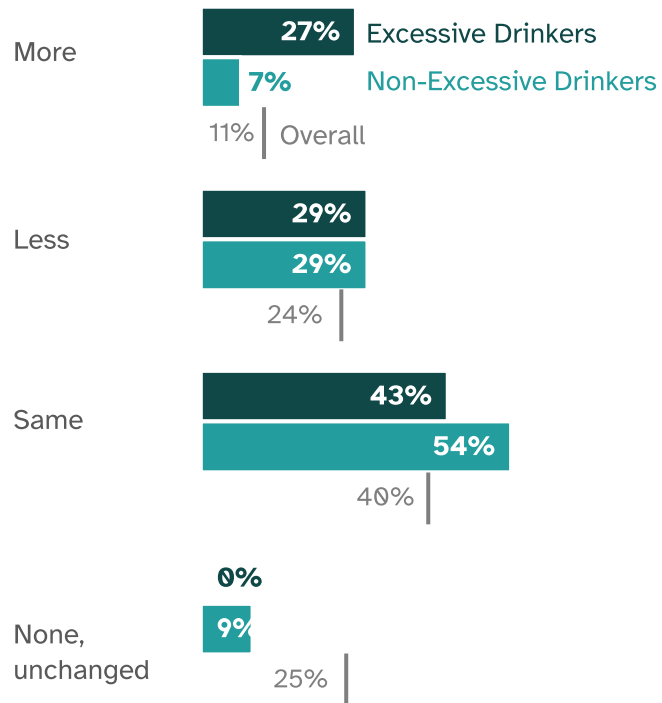
Those with current or past problems with alcohol use (**29%**) were significantly more likely to report an **intent to decrease their current alcohol consumption** than those without problems with alcohol use (**11%**). Those who did not have problems with alcohol use (**62%**) were significantly more likely to report an **intent to maintain their current alcohol consumption** than those with current and/or past problems with alcohol use (**42%**).

n = 1,197

Exhibit 12

A third of respondents' drinking changed since the pandemic, with significantly more excessive drinkers drinking more.

DRINKING SINCE PANDEMIC . .



Overall $n = 1,199$
Excessive Drinker $n = 321$
Non-Excessive Drinker $n = 618$

Differences by Subgroups



Those living in the Portland Metro Area (**13%**) were significantly more likely to report **drinking more since the start of the pandemic** than those living in the rest of the state (**9%**).



Those with current or past problems with alcohol use were significantly more likely to report either an **increase or a decrease in their drinking since the beginning of the pandemic** (**16% and 39%**) than who did not have problems with alcohol use (**9% and 19%**).

$n = 1,198-1,199$

EVALUATION QUESTION 4

What kind of conversations are Oregonians having about alcohol use?

SHORT-TERM OUTCOME

Baseline for people reporting having conversations about their own alcohol use.

SHORT-TERM OUTCOME

Baseline for people reporting having conversations about friends' or family members' alcohol use.

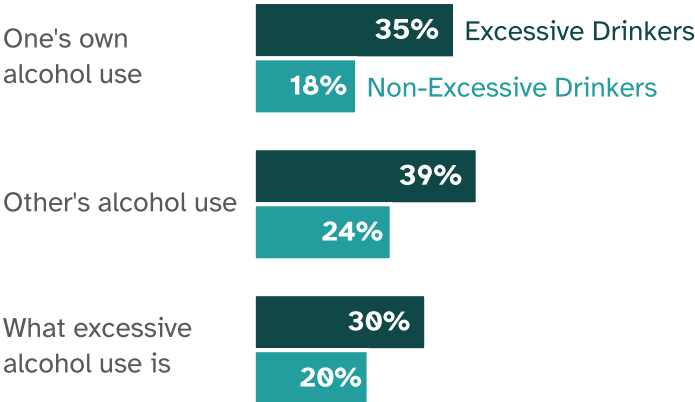
SHORT-TERM OUTCOME

Baseline for people reporting conversations about what excessive alcohol use is.

Exhibit 13

Overall, about a quarter of survey respondents reported having conversations about excessive alcohol use. Significantly more excessive drinkers had these conversations than non-excessive drinkers.

HAD CONVERSATIONS ABOUT . . .



Overall n = 1,193–1,199
Excessive Drinker n = 320–321
Non-Excessive Drinker n = 615–618

Differences by Subgroups



Significantly more women talked about **others' excessive alcohol use** and **what excessive alcohol use is** (33% and 26%) than did men (23% and 20%).



Significantly more respondents in the Portland metro area **talked about their own alcohol use** and **others' alcohol use** (25% and 34%) than those in the rest of the state (18% and 25%).



Those with current or past problems with alcohol use were significantly more likely to talk about their own alcohol use (42%), others' alcohol use (41%), and what excessive alcohol use is (35%) than those without problems with alcohol use (14%, 25%, and 20%).

n = 1,180–1,199

The following information was gathered as a baseline to compare the long-term effectiveness of future campaigns.

LONG-TERM OUTCOME

Awareness of alcohol prevalence in communities and microsystem.

LONG-TERM OUTCOME

Baseline for people reporting alcohol prevalence as problematic in certain social settings.

LONG-TERM OUTCOMES

Exhibit 14

Survey respondents tended to agree that alcohol was prevalent in the community and excessive use causes problems, but they did not agree as strongly that alcohol should have less of a community presence.



Overall n = 1,185-1,195

Exhibit 15

Significantly more non-excessive drinkers agreed that excessive alcohol use can cause problems in communities, have less of a presence in the community, whereas significantly more excessive drinkers believed that excessive alcohol use is not a problem if you are not harming others.



Differences by Subgroups



Significantly more women **believed that alcohol was prevalent** in their community, that **excessive alcohol use causes problems** in their community, and that **alcohol should have less of a presence in their community**. Women also disagreed significantly more with the idea that excessive alcohol use is okay if you are not harming other people.



Those with current or past problems with alcohol were significantly more likely to **believe that alcohol was everywhere in their community** than those who did not have problems with alcohol use.

$n = 1,168$ –1,194

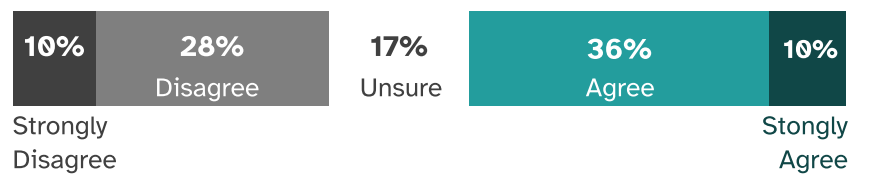
LONG-TERM OUTCOME

Belief that community level strategies can be effective at reducing excessive alcohol use.

Exhibit 16

Almost half of the respondents (46%) agreed that the problem of excessive alcohol use can be addressed at the community level, but 17% were unsure.

Excessive alcohol use is a problem that can be addressed at the community level (e.g., policies, laws, regulations)



Overall n = 1,195

APPENDIX C

POSTCAMPAIGN SURVEY FINDINGS



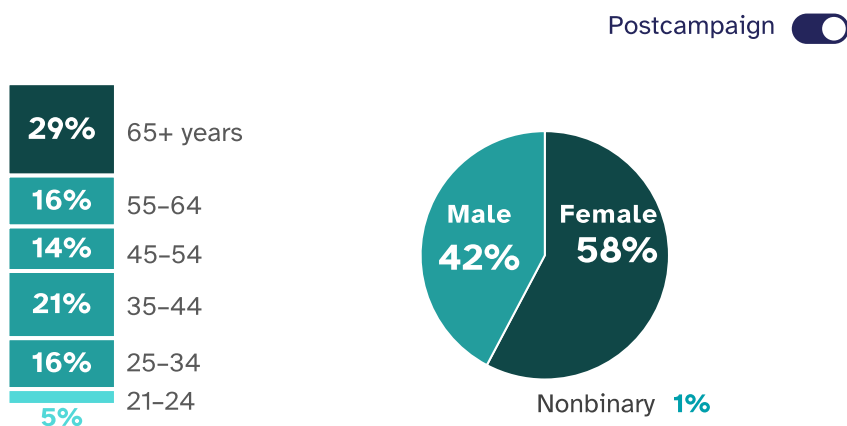
This section presents the postcampaign findings with significance differences reported by key subgroups (e.g., gender, region, problematic use).

Quotas were set up to ensure that respondent characteristics matched that of the Oregon population in terms of key demographic categories including age, sex, and geography (county of residence).

POSTCAMPAIGN SAMPLE DESCRIPTION

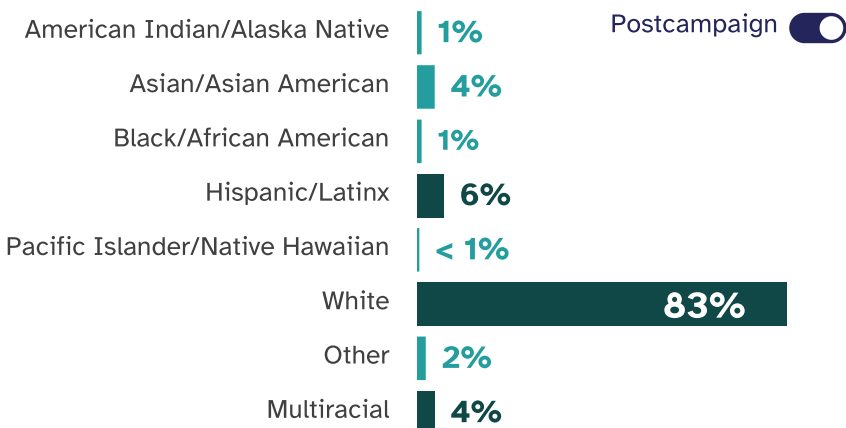
Exhibit 1

Among the 1,393 postcampaign survey respondents, the most common age group was 65+. In terms of gender and race/ethnicity the majority identified as female and White.



55% Rest of the state

45% Portland Metro Area



Respondents were asked a series of questions about their frequency of alcohol use and were categorized as excessive drinkers, non-excessive drinkers, or abstainers.

Additionally, respondents were asked if they believed they have ever had a problem with their own alcohol use. Respondents that chose Yes, currently, or Yes, in the past, were categorized as having problems at some point with alcohol use. Respondents who chose no were categorized as never having problems with alcohol use.

Definition of Alcohol Use

Exhibit 2

Half of postcampaign survey respondents were non-excessive drinkers and a third were excessive drinkers.

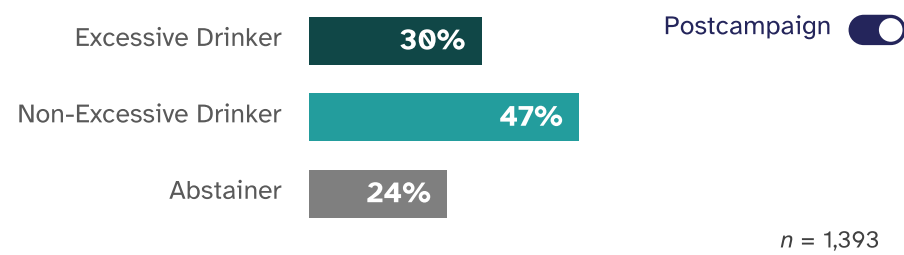


Exhibit 3

The majority of respondents reported never having problems with alcohol use, and a third had past or present problems.

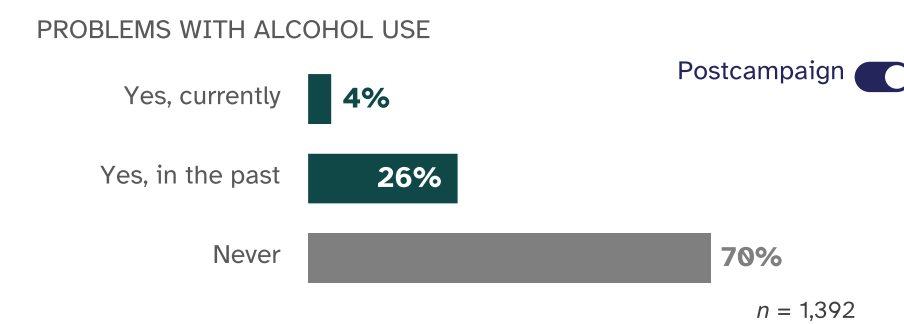
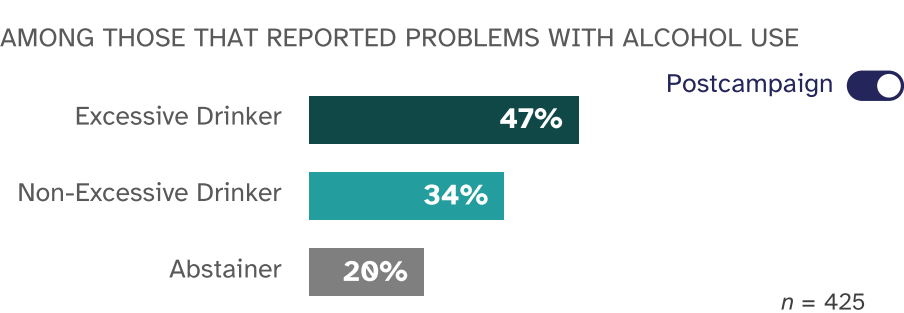


Exhibit 4

Of those who reported current or past problematic alcohol use, 47% were excessive users, 34% are non-excessive and 20% are abstainers.



EVALUATION QUESTION 1

How much do Oregonians know about excessive alcohol use?

SHORT-TERM OUTCOME

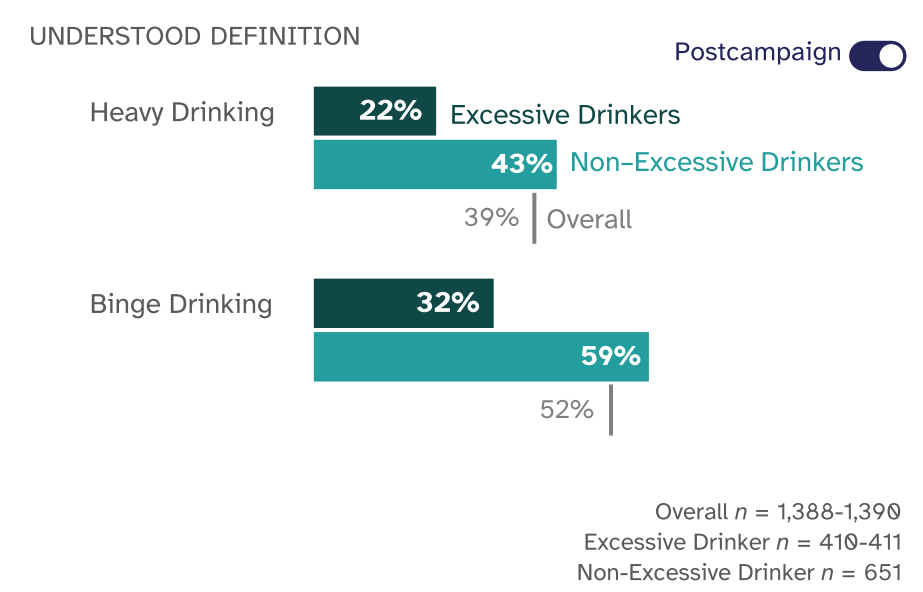
Knowledge of how excessive alcohol use is defined.

Respondents were given four scenarios and asked if each constituted excessive drinking. Scenarios included heavy drinking and binge drinking in men and women. Respondents were categorized as accurate at identifying heavy drinking and/or binge drinking if they answered each item correctly.

SHORT-TERM OUTCOMES

Exhibit 5

Overall, 39% of survey respondents understood how heavy drinking is defined and 52% understood how binge drinking is defined. Significantly more non-excessive drinkers understood these definitions than excessive drinkers.



Differences by Subgroups



Respondents who never had problems with alcohol use (41%) were significantly more accurate **defining heavy alcohol use and binge alcohol use (41% and 54%)** compared to those with current or past problems with alcohol use (34% and 48%).

n = 1,387-1,389

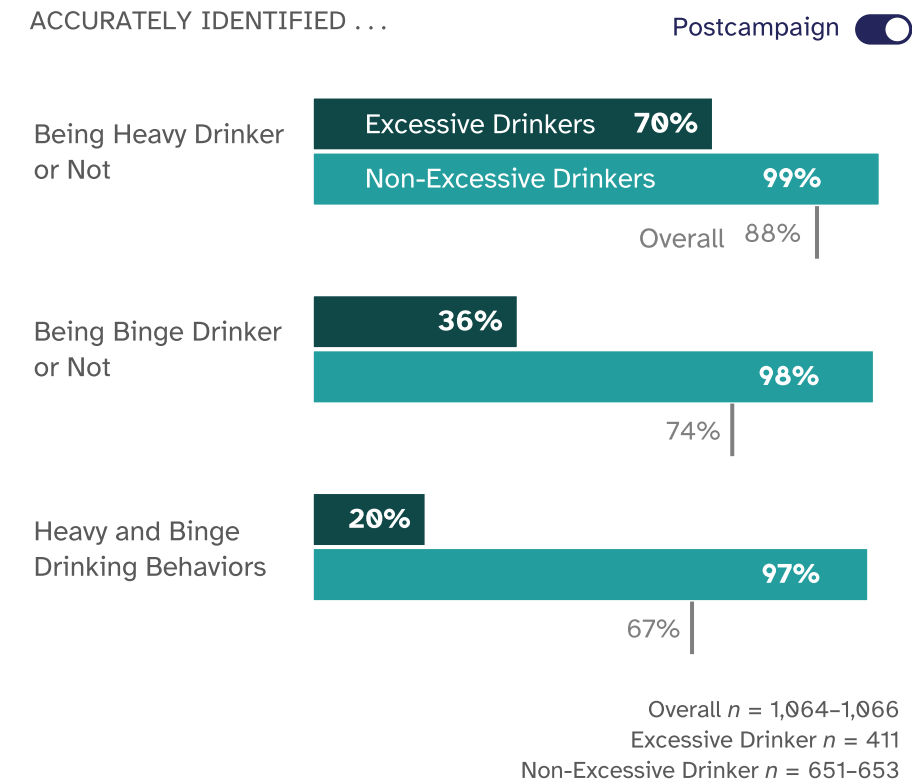
SHORT-TERM OUTCOME

Awareness among those who excessively drink that they may use alcohol excessively.

Respondents were asked if they would consider themselves a heavy drinker and/or a binge drinker. They were also asked to report how frequently they drink and if they engaged in binge drinking in the past 30 days. Using respondents' self-reported drinking behavior, they were categorized as identifying themselves accurately or not.

Exhibit 6

Overall, 67% of survey respondents accurately classified their own alcohol use and binge drinking frequency. Excessive drinkers were significantly less accurate than non-excessive drinkers (20% versus 97%).



Differences by Subgroups



Those not exposed to Rethink the Drink messaging were significantly more accurate at **identifying both heavy drinking and binge drinking in themselves (70%)** than respondents exposed to messaging (**63%**).

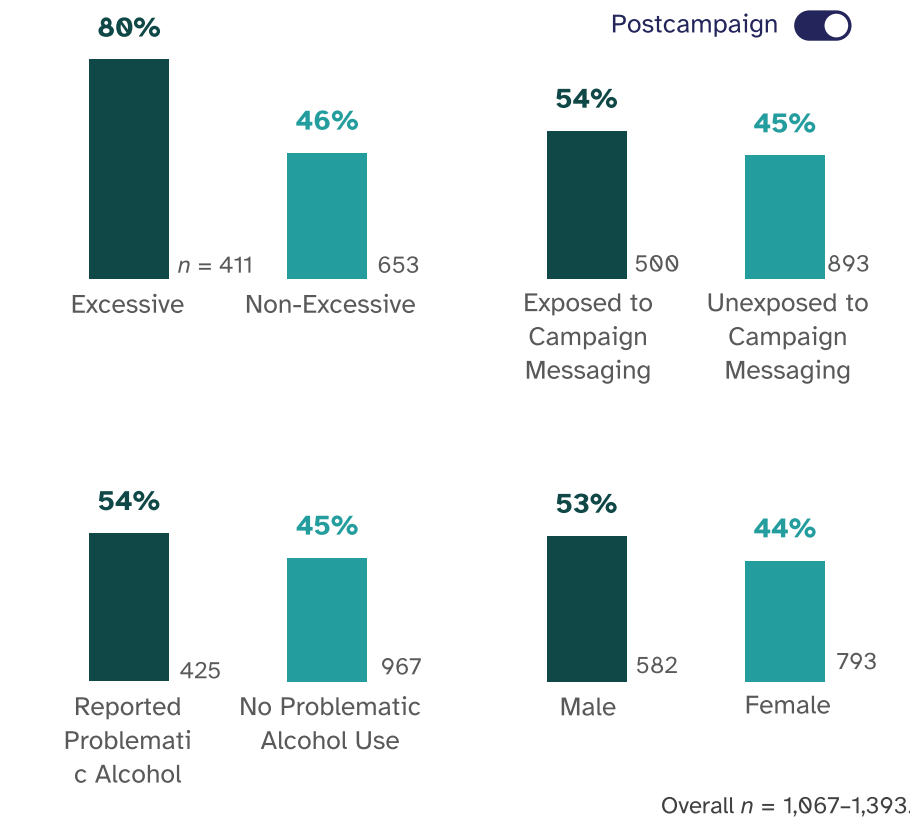


Those who reported never having problems with alcohol use were significantly more accurate at **identifying both heavy drinking and binge drinking in themselves (72%)** than those with current or past problems with alcohol use (**57%**).

n = 1,063-1,066

Respondents were also asked if they thought about their own alcohol use in the past 3 months to ascertain awareness of their own excessive alcohol use (specifically among excessive drinkers).

Exhibit 7
Overall, about half of the survey respondents (48%) reported thinking about their alcohol use within the past 3 months. Excessive drinkers and those exposed to Rethink the Drink messaging thought about their alcohol use significantly more than non-excessive drinkers and unexposed respondents.



Differences by Subgroups



Significantly more men (**53%**) reported **thinking about their alcohol use** compared to women (**44%**).



Significantly more respondents living in the Portland Metro Area (**53%**) reported **thinking about their alcohol use** than those living in the rest of the state (**44%**).



Significantly more respondents who reported past or current problems with alcohol use (**54%**) reported **thinking about their alcohol use** than those who have never had problems with alcohol use (**45%**).

n = 582-793

EVALUATION QUESTION 2

How aware are Oregonians about the health effects of excessive alcohol use?

SHORT-TERM OUTCOME

Awareness of negative health effects of excessive alcohol for individuals.

Exhibit 8

Overall, survey respondents understood the negative health effects of excessive alcohol use with 67% to 95% agreeing excessive alcohol use can negatively impact health. Cancer as a potential outcome of excessive alcohol use was the item respondents disagreed with the most (33%).

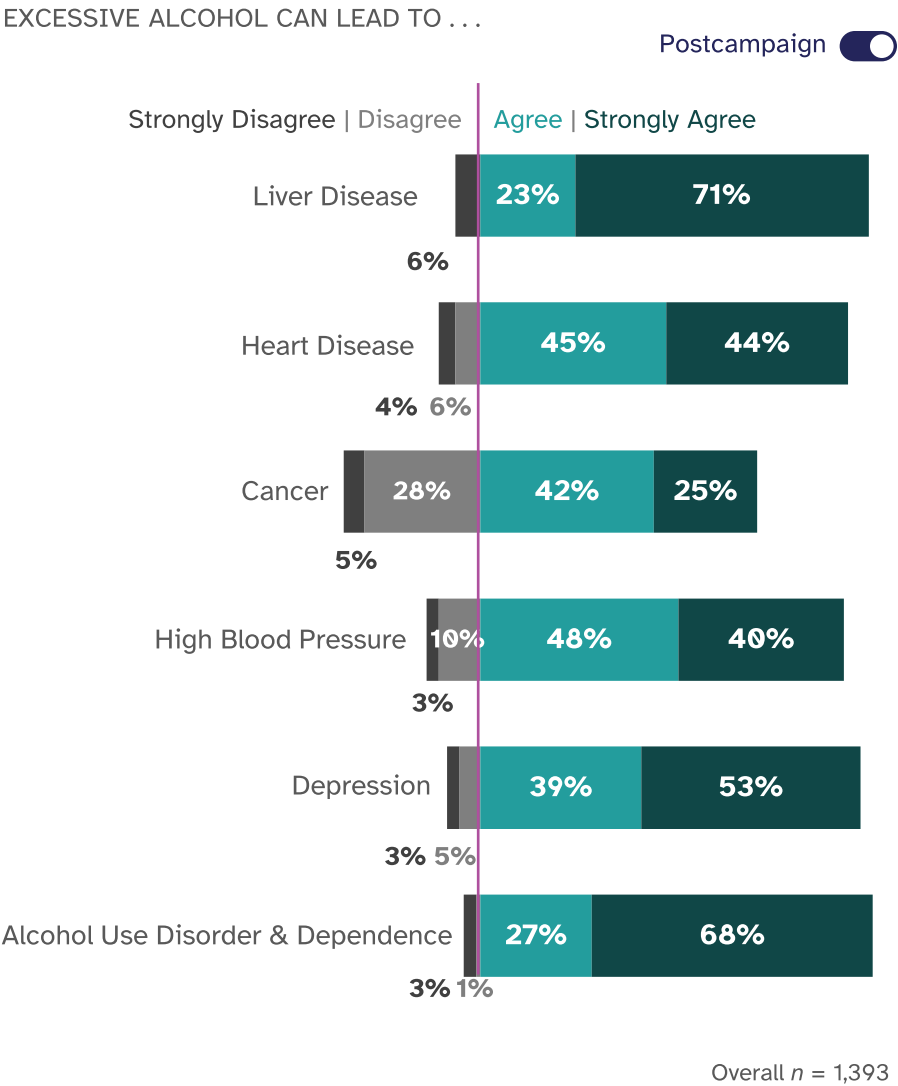
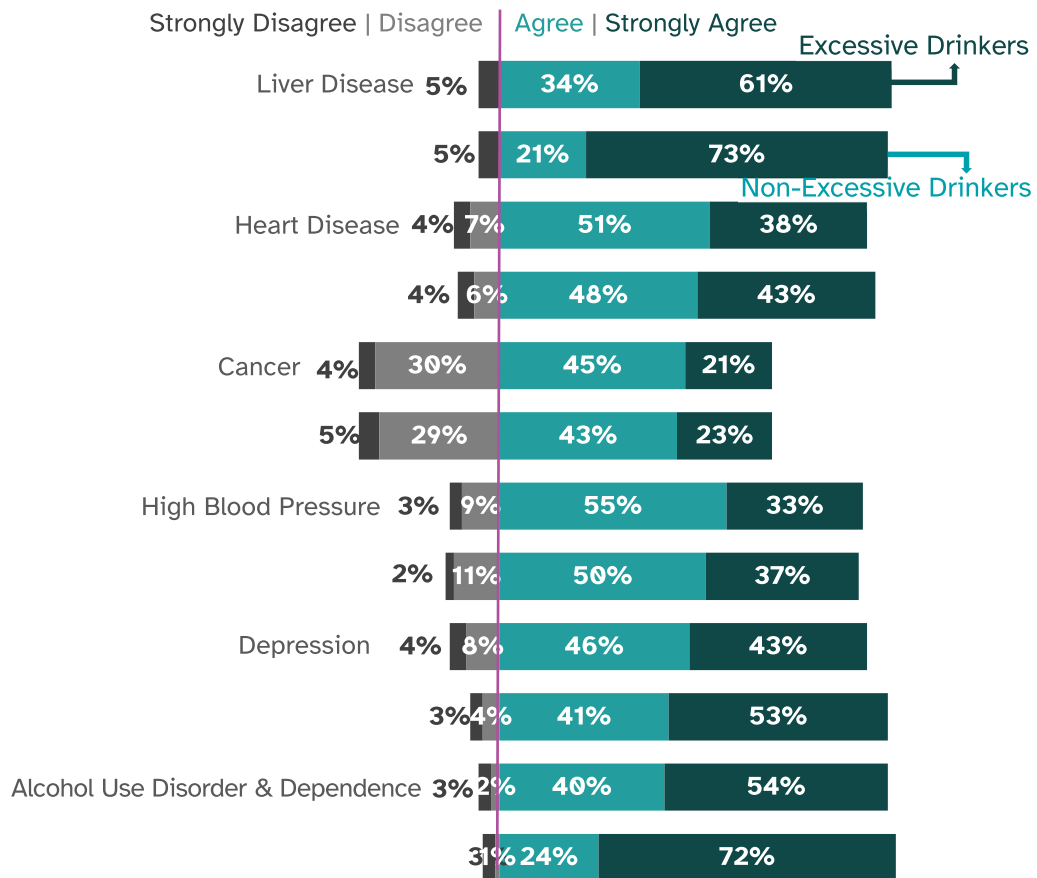


Exhibit 9

Significantly more non-excessive drinkers agreed that excessive alcohol use can lead to liver disease, depression, and alcohol use disorder or dependency.

EXCESSIVE ALCOHOL CAN LEAD TO . . .



Differences by Subgroups



Significantly **more respondents who were not exposed to Rethink the Drink messaging** agreed that **excessive alcohol use** can lead to depression than those exposed to messaging.



Significantly **more women** agreed that **excessive alcohol use** can lead to alcohol use disorder, liver disease, depression, and heart disease than men.

n = 1,375–1,393

EVALUATION QUESTION 3

What are Oregonians' intentions to drink?

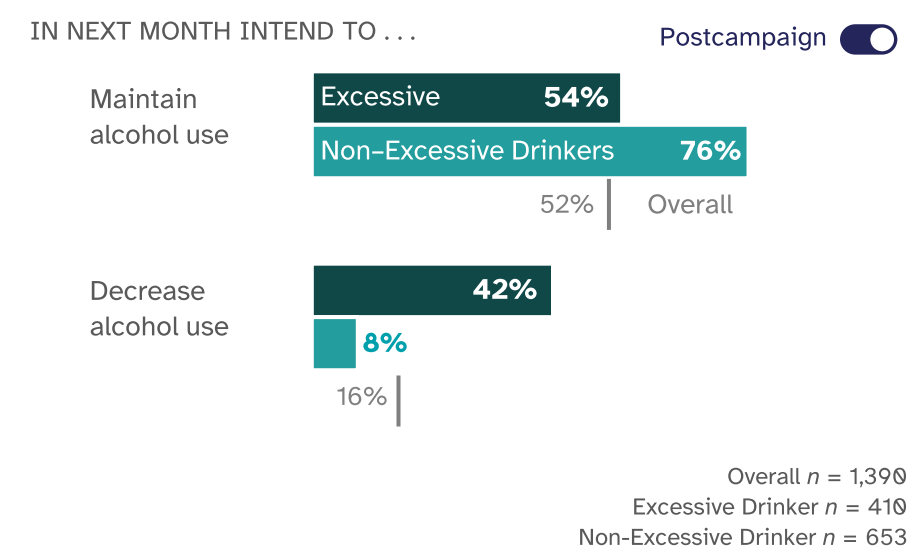
SHORT-TERM OUTCOME

Intention to maintain alcohol use for non-excessive drinkers, or intention to decrease alcohol use for excessive drinkers.

Respondents were asked what they would likely do in the next month in terms of their alcohol use: drink more than they are drinking now, drink less than they are drinking now, drink the same amount as they are drinking now, or continue to abstain.

Exhibit 10

Overall, the majority of survey respondents planned to maintain their current drinking behavior over the next month. Significantly more excessive drinkers and respondents exposed to campaign messaging planned to decrease their alcohol consumption than non-excessive drinkers and those not exposed to messaging.



Differences by Subgroups



Significantly more respondents living in the Portland Metro Area (**19%**) reported an **intent to decrease their current alcohol consumption** than those living in the rest of the state (**14%**).



Those with current or past problems with alcohol use (**30%**) were significantly more likely to report an **intent to decrease their current alcohol consumption** than those without problems with alcohol use (**10%**). Those who did not have problems with alcohol use (**57%**) were significantly more likely to report an **intent to maintain their current alcohol consumption** than those with current and/or past problems with alcohol use (**41%**).

n = 1,389-1,390

Exhibit 11

A third of respondents' drinking changed since the pandemic, with significantly more excessive drinkers drinking more.

DRINKING SINCE PANDEMIC . .

Postcampaign ☒



Overall $n = 1,393$
Excessive Drinker $n = 411$
Non-Excessive Drinker $n = 653$

Differences by Subgroups



Those living in the Portland Metro Area (**26%**) were significantly more likely to report **drinking less since the start of the pandemic** than those living in the rest of the state (**19%**).



Those with current or past problems with alcohol use were significantly more likely to report either an **increase or a decrease in their drinking since the beginning of the pandemic (18% and 36%)** than who did not have problems with alcohol use (**8% and 16%**).

$n = 1,392-1,393$

EVALUATION QUESTION 4

What kind of conversations are Oregonians having about alcohol use?

SHORT-TERM OUTCOME

People reporting having conversations about their own alcohol use.

SHORT-TERM OUTCOME

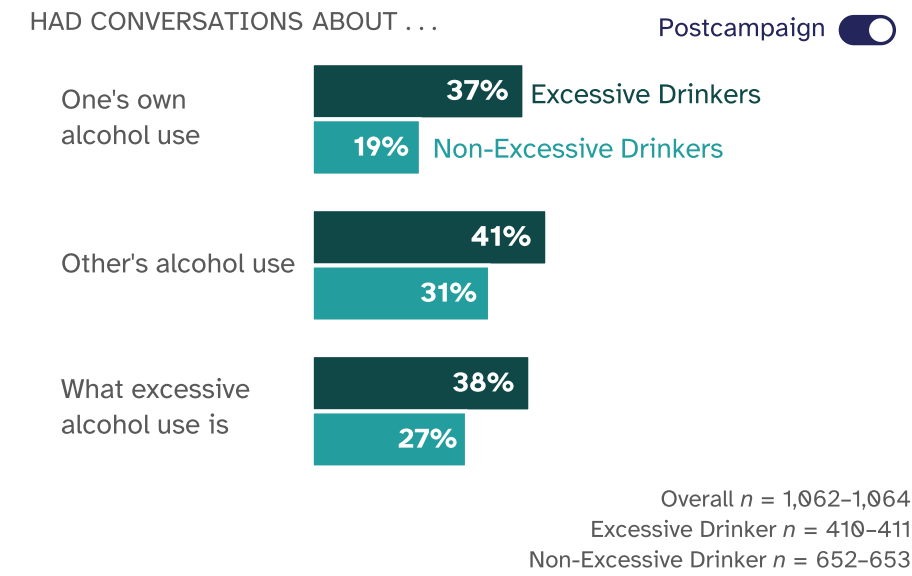
People reporting having conversations about friends' or family members' alcohol use.

SHORT-TERM OUTCOME

People reporting conversations about what excessive alcohol use is.

Exhibit 12

Overall, about a quarter of survey respondents reported having conversations about their own alcohol use and a third reported having conversations about others' alcohol use and what excessive alcohol use is. Significantly more excessive drinkers and exposed respondents had these conversations than non-excessive drinkers and unexposed respondents.



Differences by Subgroups



Those exposed to Rethink the Drink messaging

were significantly more likely to talk about their own alcohol use (27%), others' alcohol use (37%), and what excessive alcohol use is (37%) than unexposed respondents (20%, 30%, and 24%).



Significantly more men talked about **their own excessive alcohol use** (28%) than did women (19%).



Significantly more respondents in the Portland metro area **talked about their own alcohol use** and **others' alcohol use** (26% and 36%) than those living in the rest of the state (21% and 30%).



Those with current or past problems with alcohol use

were significantly more likely to talk about their own alcohol use (43%), others' alcohol use (44%), and what excessive alcohol use is (40%) than those without problems with alcohol use (14%, 27%, and 24%).

n = 1,373–1,393

HAD CONVERSATIONS ABOUT

Postcampaign ☒

One's own
alcohol use

27%

Exposed Campaign Messaging

20%

Unexposed

Other's alcohol use

37%

30%

What excessive
alcohol use is

37%

24%

Overall *n* = 1,391–1,393

Exposed *n* = 499–500

Unexposed *n* = 891–893

The following information was gathered as a baseline to compare the long-term effectiveness of future campaigns.

LONG-TERM OUTCOME

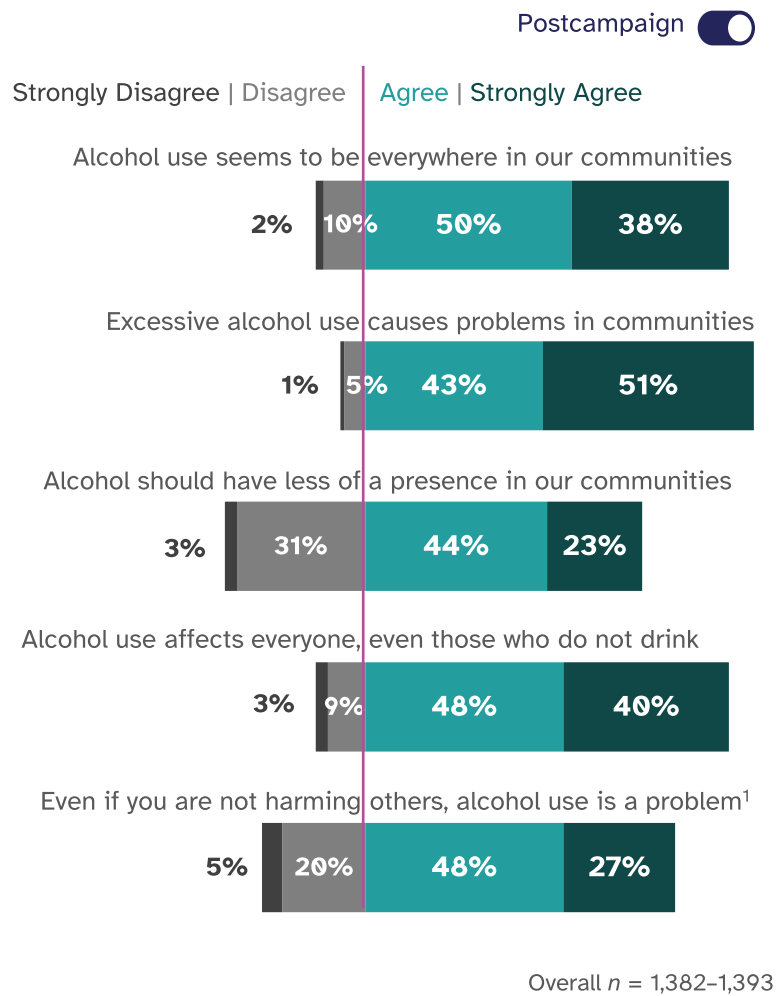
Awareness of alcohol prevalence in communities and microsystem.

LONG-TERM OUTCOME

People reporting alcohol prevalence as problematic in certain social settings.

LONG-TERM OUTCOMES

Exhibit 13
Survey respondents tended to agree that alcohol was prevalent in and excessive use causes problems for communities, but they did not agree as strongly that alcohol should have less of a community presence.



¹Responses presented in inverse for easier interpretation.
Original statement: *If you are not harming others, alcohol use is not a problem.*

Exhibit 14

Significantly more non-excessive drinkers agreed that alcohol should have less of a presence in the community and excessive use can cause problems for communities and all community members, whereas significantly more excessive drinkers believed that excessive alcohol use is not a problem if you are not harming others.



¹Responses presented in inverse for easier interpretation.
Original statement: *If you are not harming others, alcohol use is not a problem.*

Differences by Subgroups



Significantly more respondents exposed to campaign messaging **believed that alcohol should have less of a presence in the community** than those who were not exposed to campaign messaging.



Significantly more women **believed that alcohol affected everyone** in their community than men. Women also disagreed significantly more with the idea that excessive alcohol use is okay if you are not harming other people.



Those with current or past problems with alcohol were significantly more likely to **believe that alcohol was everywhere in their community** and **that excessive alcohol use is okay if you are not harming others** than those who did not have problems with alcohol use.

n = 1,168–1,194

LONG-TERM OUTCOME

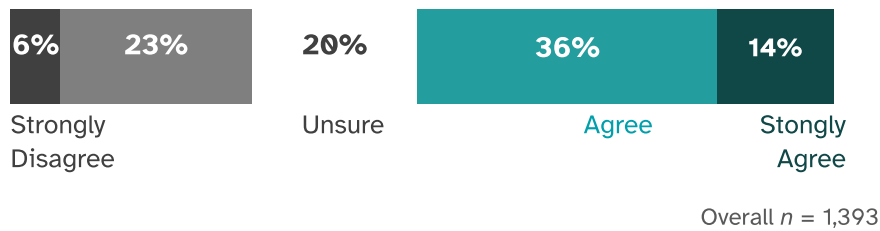
Belief that community level strategies can be effective at reducing excessive alcohol use.

Exhibit 15

Half of the respondents agreed that the problem of excessive alcohol use can be addressed at the community level, but 20% were unsure.

Excessive alcohol use is a problem that can be addressed at the community level (e.g., policies, laws, regulations)

Postcampaign ☒



Differences by Subgroups



Respondents exposed to campaign messaging agreed significantly more **that alcohol use is a problem that can be addressed at the community level** than those not exposed to campaign messaging.



Men agreed significantly more **that alcohol use is a problem that can be addressed at the community level** than did women.

n = 1,375–1,393



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