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Also known as pre-loading or prepartying, **pre-drinking** refers to the practice of consuming alcohol, prior to attending a subsequent event, where alcohol consumption often continues.



Pre-drinkers are **more frequent drinkers, consume more alcohol, and over a longer period of time** than those who do not pre-drink.

Pre-drinkers are more likely to **report risky drinking, and experience alcohol-related harm**, than those who do not pre-drink.

Pre-drinkers accounted for some **66.8% of bar-goers** in the Australian night-time economy in a multi-site study.

Pre-drinkers are **generally motivated by the perceived economic benefit** of consuming cheaper alcohol prior to 'going out'.

DEVELOPING THE INTERVENTION

We developed a brief, online intervention, based on principles of *self-determination theory* and the *theory of planned behavior*, and informed by perspectives on action phases that make the distinction between *motivational* and *volitional* phases of behavior.

The figure below outlines the theoretical basis for the intervention.

HEALTH BEHAVIOR:

MOTIVATIONAL & VOLITIONAL APPROACHES

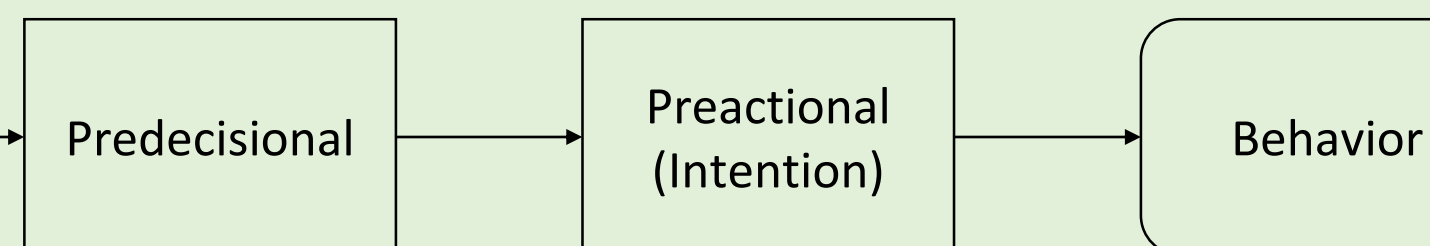
AUTONOMY SUPPORT/AUTONOMOUS MOTIVATION: Supporting individuals' *autonomy* promotes *autonomous motivation* to change behavior. We anticipated that individuals provided with autonomy support would exhibit autonomous motivation to reduce their pre-drinking alcohol consumption.

- 1. Acknowledge negative affect**
e.g., *While we understand that this goal may not be overly enjoyable or interesting...*
- 2. Provide meaningful rationales**
e.g., *It may be useful to think about the benefits of reducing your pre-drinking alcohol consumption.*
- 3. Offer choice**
e.g., *Whether or not you engage in these exercises is up to you – it's your choice.*
- 4. Nurture inner motivational resources**
e.g., *...think about how you could utilise your personal set of skills and qualities that might help you achieve this goal.*
- 5. Use non-controlling language**
e.g., *You may decide... It may be useful to... You can...*

Autonomy Support

Action Phases

Motivational



Volitional

Implementation Intention

e.g., *"If I finish an alcoholic beverage during a pre-drinking session, I will then set a timer for an hour before I open my next one."*

IMPLEMENTATION INTENTIONS: Often, individuals who form intentions to change behavior fail to do so, often due to issues with *self-regulation of behaviour* (e.g., they may forget, or not recognise an important opportunity, to act).

Implementation intentions increase the likelihood of an individual enacting their intended behaviour via the formation of specific cue-response (i.e., *if... then...*) plans. These plans may help individuals reduce their pre-drinking alcohol consumption.

THE INTERVENTION

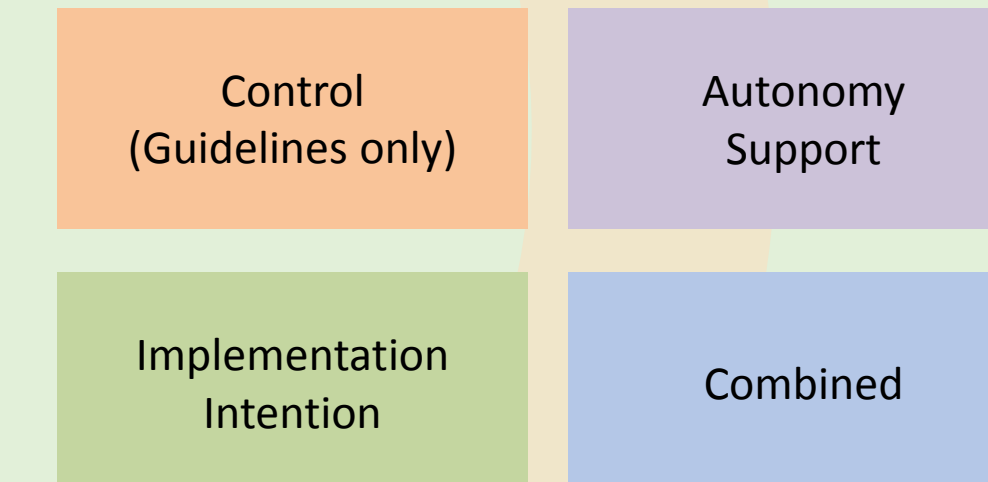


1. Participants complete a baseline assessment of pre-drinking alcohol consumption (using a pictorial guide), and alcohol-related harm:

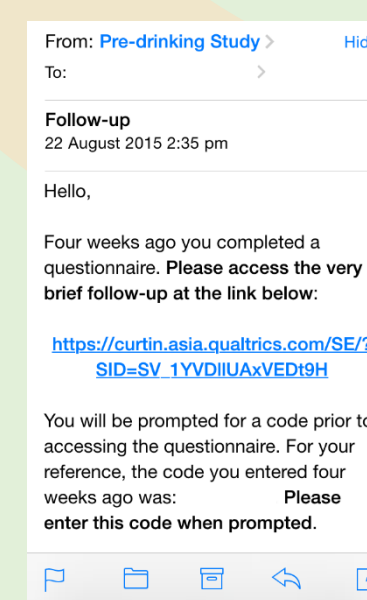
5. Participants list their pre-drinking alcohol consumption and experience of alcohol-related harm over the four week period:

How many standard drinks did you consume during pre-drinking sessions in the last four weeks?	Standard drinks consumed during pre-drinking sessions
Last week	
Two weeks ago	
Three weeks ago	
Four weeks ago	

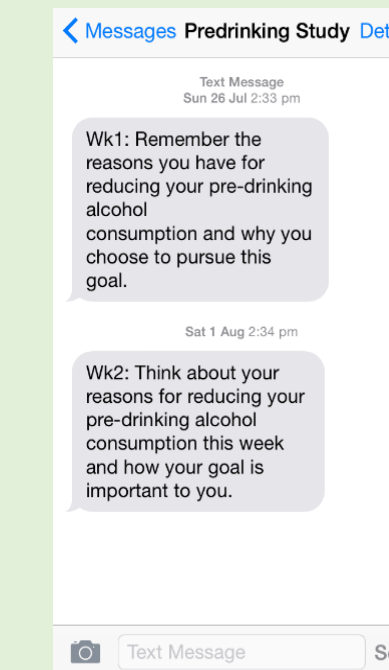
2. Participants are randomly allocated to one of four conditions where they receive their intervention component:



4. Four weeks later, participants receive a triggered email to complete the follow-up measurement



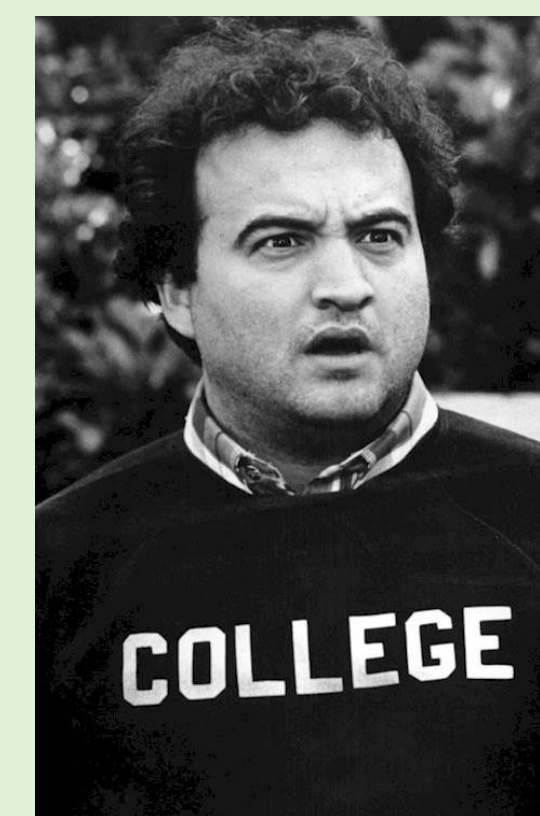
3. Participants complete the baseline measurement, triggering an email summary, and weekly condition-specific SMS prompts



1. John is shown guidelines for reducing the risk of harm attributable to alcohol consumption:

"...drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion."

"JOHN", A PRE-DRINKING UNDERGRADUATE



(John is in the combined condition)

2. A series of autonomy support prompts are displayed, to which John responds:

Thinking about how you might **meet the challenge** and utilise your **personal set of skills and qualities** to reduce your pre-drinking alcohol consumption can be useful. You may write about these skills and qualities and how you might use them below:

3. John generates/chooses his own implementation intentions, following a best practice approach:

Please choose from the options below, or write your plans in the text box available, following the format shown in the previous example (i.e., *if... then...*).

4. John completes the intervention. John takes note of the email summary of his responses, as well as the low-risk drinking guidelines for reference and awaits the follow-up email.

Given implementation intentions are strengthened by emphasising *autonomous rationales*, John should form implementation intentions consistent with his *autonomous motivation*, and be more likely to reduce his pre-drinking alcohol consumption

PRELIMINARY FINDINGS

A total of 45 participants (57.40% female; $M_{age} = 20.33$ years, $SD_{age} = 1.82$ years) have completed the baseline assessment, reporting an average of 8.17 ($SD = 4.83$) standard drinks in a typical pre-drinking session.

Below are a range of responses by participants to the autonomy support and implementation intention components of the intervention, with gender, age, and typical alcohol consumption during a pre-drinking session in parentheses

Facilitating autonomous motivation to through providing autonomy support:

Negative outcomes of pre-drinking

I'm more likely to be hungover the next day and have a low mood, feeling physically ill and tired, and unable to train.
F, 21, 7.2

Benefits of reducing pre-drinking alcohol consumption

I'll feel better, be more productive, and more likely to remember the event.
M, 18, 15

Methods and strategies to use

I might plan to be designated driver, so everyone gets home safe and on the cheap (i.e., no taxi).
F, 20, 2

Meeting the challenge using personal skills and qualities

I tend to be very effective when I do set goals. If I was to properly set a goal, it might lead me to following through.
M, 21, 20

Implementation intentions to help reduce pre-drinking alcohol consumption:

If I finish a drink during pre-drinks, then I will drink a glass of water to help limit my alcohol consumption
M, 19, 20

If someone wants me to pre-drink, then I will make sure I share a bottle with someone else – not just myself.
F, 21, 5

If I'm asked to go halves in a bottle of spirits, I will say "No thanks, I have my own drinks."
F, 21, 10

If I have a drink during a pre-drinking session, then I will wait another hour until I have another.
F, 19, 7

PRELIMINARY DISCUSSION

Pre-drinking research to date indicates a need for the development of a theory-based intervention to reduce pre-drinking alcohol consumption and associated risk of harm. Our intervention targets theoretical constructs that are known to influence excessive alcohol consumption. Baseline results indicate individuals are typically drinking well in excess of established guidelines to reduce the risk of alcohol-related harm, and are responding well to the intervention components. We are eagerly awaiting the next phase of follow-up data.

FURTHER READING:

Caudwell, K. M., & Hagger, M. S. (2014). Pre-drinking and alcohol-related harm in undergraduates: the influence of explicit motives and implicit alcohol identity. *Journal of Behavioral Medicine*, 1-11. doi:10.1007/s10865-014-9573-6

Caudwell, K. M., & Hagger, M. S. (2015). Predicting Alcohol Pre-Drinking in Australian Undergraduate Students Using an Integrated Theoretical Model. *Applied Psychology: Health and Well-Being*.

Hagger, M. S., & Luszczynska, A. (2014). Implementation Intention and Action Planning Interventions in Health Contexts: State of the Research and Proposals for the Way Forward. *Applied Psychology: Health and Well-Being*, 6(1), 1-47. doi:10.1111/aphw.12017

Hallett, J., McManus, A., Mayoock, B. R., Smith, J., & Howat, P. M. (2014). "Excessive Drinking - an inescapable part of university life?" A focus group study of Australian undergraduates. *Open Journal of Preventive Medicine*, Vol.04No.07, 14. doi:10.4236/ojpm.2014.7071

Koestner, R., Horberg, E., Gaudreau, P., Powers, T., Di Dio, P., Bryan, C., ... Salter, N. (2006). Bolstering implementation plans for the long haul: The benefits of simultaneously boosting self-concordance or self-efficacy. *Personality and Social Psychology Bulletin*, 32(11), 1547-1558. doi:10.1177/0146167206291782

Labhart, F., Graham, K., Wells, S., & Kuntsche, E. (2013). Drinking before going to licensed premises: An event-level analysis of predrinking, alcohol consumption, and adverse outcomes. *Alcoholism: Clinical and Experimental Research*, 37(2), 284-291. doi:10.1111/j.1530-0277.2012.01872.x

Labhart, F., Wells, S., Graham, K., & Kuntsche, E. (2014). Do individual and situational factors explain the link between predrinking and heavier alcohol consumption? An event-level study of types of beverage consumed and social context. *Alcohol and Alcoholism*, 49(3), 327-335. doi:10.1093/alcal/agu001

Miller, P. G., Droste, N., Groot, F., Palmer, D., Tindall, J., Busija, L., ... Wiggers, J. (2015). Correlates and motives of pre-drinking with intoxication and harm around licensed venues in two cities. *Drug and alcohol review*.