

Evaluation of the impact of febfast participation

Final report

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Final report

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Highlights from the Evaluation

Alcohol consumption patterns

- febfast attracts those with heavier alcohol consumption patterns. febfast participants tend to drink more often, and more on each occasion, compared with the Australian alcohol drinkers sample (referred to as the 'Australian drinkers sample').
- Long term risk of harm: febfast participants were more likely to drink at levels associated with long-term harm in the previous 3 months, with nearly two thirds (62.6 per cent) drinking at this level at least once per week compared with only one third (33.6 per cent) of the Australian drinkers sample.
- Short term risk of harm: febfast participants were also more likely to drink at levels putting them at risk of short-term harm once a week or more often (31.8 vs. 17.2 per cent of the Australian drinkers sample).

Characteristics of febfast participants

- Registration data show febfast 2011 participants were predominantly female, aged from their late 20s to their early 50s, and largely residing in Victoria. Most (84 per cent) participants were completing febfast for the first time.
- Survey data show febfast participants were more likely to be working, have completed university, and have a higher household income level compared to the Australian drinkers sample.
- Four in five febfast participants personally knew someone else who participated in febfast, while less than one in ten of the Australian drinkers sample reported the same.

Beliefs about alcohol (problems and benefits)

- The majority of both samples agreed that alcohol was a serious issue for the community, with febfast participants more likely to agree than the respondents of the Australian drinkers sample (93.4 vs. 90.2 per cent).
- febfast participants were less likely to believe that there were benefits associated with drinking alcohol than the Australian drinkers sample (49.2 vs. 54.7 per cent).
- Almost everyone in both samples believed there were health problems associated with drinking 'too much' alcohol.

Motivation to participate

- The most popular reasons to participate were related to personal benefits and health: 1) to give their body a break from alcohol; 2) the personal challenge of the event; and 3) to improve their health.
- Just over half were motivated to raise money for drug and alcohol services.
- One third took part to participate with friends, work colleagues, their partner or someone else.

Experience of participating in febfast

- More than 85 per cent reported experiencing one or more benefits during febfast. The top three benefits reported were saving money, sleeping better, and losing weight.
- Nearly four in five agreed that it was easier to take a break from drinking alcohol by doing febfast than on their own.
- More than three quarters felt it was not difficult to give up alcohol for the month.
- Seven in ten agreed that they were now more aware of the effect alcohol has on their health.

febfast and social circle

- Not drinking alcoholic beverages during febfast is noticed and commented on by others:
 - Four in five reported others commented on the fact they were not drinking
 - Three quarters felt they needed to explain why they were not drinking
 - Two in five were offered drinks when others knew they were not drinking
- Two thirds of respondents had more conversations about alcohol during febfast than they would normally.

Changes to frequency of alcohol consumption patterns following febfast

- Nearly two thirds of respondents agreed they now had more alcohol free days every week since completing febfast.
- Just over half of respondents reported reducing *how often* they drank alcoholic beverages following febfast. Nine in ten of those who reduced their frequency intended to maintain the changes.
- Those planning to maintain their reduced frequency were primarily motivated by: 1) concerns about the impact of alcohol on their health; 2) the desire to feel better; and 3) having broken the habit.
- Reducing the frequency of consumption following febfast was associated with a higher household income, having lighter current drinking patterns, a higher frequency of consumption prior to febfast, experiencing benefits during febfast, and being motivated for reasons related to their personal drinking patterns or health.

Changes to amount of alcohol consumed following febfast

- Since completing febfast, 70 per cent of respondents agree they are more likely to think about how much they want to drink on any occasion.
- Just under half of respondents report *drinking less* on each occasion following febfast and nearly all of those drinking less intend to maintain the changes.
- Experiencing benefits during febfast was meant that respondents were more likely to reduce the amount consumed on each occasion.
- Being motivated to participate with others was associated with a *decreased* likelihood of drinking less on each occasion following febfast.

Longevity of changes

- For many, changes to alcohol consumption following febfast appear to be sustained. More than a third of those reducing the frequency or amount of alcohol consumed after previous febfast events report that they maintained the change for at least one year.

Changes to smoking

- One in five febfast participants reported smoking cigarettes or other tobacco products at least once in the last 12 months.
- Nearly half of smokers said they reduced the amount of tobacco products consumed during febfast.
- More than two thirds of the group reducing their tobacco consumption reported that they maintained the change after the event.

Fundraising

- Almost one third of respondents indicated they did not ask anyone for sponsorship.
- The most common reason given for not seeking sponsorship related to their motivation to participate in febfast, which was generally for personal reasons rather than fundraising
- Raising funds for febfast was associated with being male, of a younger age, participating for the first time, being a lighter drinker, and being motivated by knowing someone with drug/alcohol issues or wanting to support the cause.
- More than a quarter of respondents raised over \$200. These participants were more likely to be heavier drinkers, aged 25-44, and participating for the first time.

Awareness of other alcohol abstaining fundraising programs

- One in six respondents in the Australian drinkers sample had heard of febfast.
- Awareness of other alcohol fundraisers was high among febfast participants. More than half had heard of Dry July and one quarter had heard of Ocober.

Intentions to participate in future

- More than two thirds of febfast participants intended to participate the following year.
- Nearly all (92.7 per cent) said they would recommend febfast to their friends or family.
- Nearly one third of the Australian drinkers sample indicated they were likely to participate in the future.

Barriers to participation among those who have never taken part

- Of the Australian drinkers sample, one in ten indicated they had considered taking part in febfast or a similar event.
- The top three barriers for those who had not taken part, but had considered it were: 1) not being sure how to get involved; 2) not getting around to registering; and 3) not thinking their drinking habits needed to change.
- The top three barriers for those who had not considered taking part were: 1) not being aware of the events; 2) not thinking their drinking habits needed to change; and 3) not being interested.
- More than half of the Australian drinkers sample said they would be more likely to take part in febfast if the beneficiary of money generated from fundraising could be given to a different cause. The most popular causes chosen were cancer, followed by mental health and cardiovascular health.

Background

What is febfast?

febfast is an annual health and charity event that encourages people to forgo alcohol in February while raising money to support young people experiencing alcohol and other drug related problems.

According to the febfast website, there are two main functions of the event: (1) to raise funds to support young people with alcohol and drug problems; and (2) to give participants a break from alcohol after the December/January holiday and festive season.

Participants can sign up for the event as individuals or in teams, and pay a \$25 registration fee. If people have an event they are celebrating during February, they can purchase a Time Out Certificate for \$25 that allows them to drink alcohol on a nominated date.

febfast uses social media to attract participants and keep them informed. Participants can establish an online fundraising page where they can personalise it by adding photos, a blog or video clips. Friends and family members can donate and offer messages of support and participants can nominate fundraising targets. There is a league table of the top individual and company fundraisers on the website. febfast is overseen by an eight member Board. It has celebrity endorsement from Sarah Wilson and gets considerable attention and airplay on commercial FM radio during February.

What is known about the impact of this event?

There is limited evidence for the effectiveness of short-term abstinence programs for individuals who consume alcoholic beverages yet don't necessarily fall into the category of alcohol dependent. Some studies have demonstrated an increase in consumption following a voluntary short-term abstinence from alcohol (Burish, Maisto et al. 1981), while other research found no effects on alcohol consumption after the abstinence period (Carey, Carey et al. 1988). However, both studies were of college-aged populations and it is not known whether other populations would respond to short-term abstinence programs in the same way.

The febfast organisation has undertaken participant evaluation surveys in previous years to explore the experience and impact of participation. The findings from these evaluation surveys indicate that many individuals reported enjoying health benefits during the event and some altered their drinking patterns in subsequent months. Qualitative research of the experiences of young febfast participants found that many changed their attitudes towards alcohol and reduced consumption as a result of participation (Kennedy 2010). The current study aims to build on this knowledge by surveying febfast participants from the 2011 program, investigating in detail the types of changes that occurred (e.g. changes to frequency of alcohol consumption, the amount of alcohol consumed, binge drinking behaviours and understanding of the harms associated with alcohol consumption).

Aim of evaluation

The aims of the evaluation were to understand:

- who took part in febfast and their reasons for participation
- the experience of participating in febfast
- the impact that taking part in febfast has on participants' alcohol awareness, health and subsequent drinking behaviours
- awareness of febfast and barriers to participation among a sample of Australian drinkers.

It is anticipated the results of this evaluation could be used to enhance the promotion and delivery of the program in future years, with the aim of increasing febfast participation rates.

Methods

Survey methodology

Two online surveys were conducted by VicHealth between June and July of 2011. This was four months after the febfast 2011 event.

febfast participant survey: The questionnaire for febfast participants was constructed using Survey Monkey. The sampling frame was all individuals registered for the event in 2011. Invitations to participate were sent by email from the febfast organisers. A reminder email was sent to all approached one week later. A small incentive was offered in the form of a prize draw for gold class cinema tickets. There were 1,330 surveys fully or partially completed (partially completed surveys were included in analysis), with a response rate of 19.5 per cent.

Australian drinkers survey: The survey of Australian alcohol drinkers was conducted using an online survey panel provided by a third party organisation, Research Now. The sampling frame was members of the online panel who lived in Australia who had consumed alcohol in the last 12 months. The sample reflected current Australian population distribution estimates of age, gender, and rural/metro. Respondents were offered a small incentive for their participation (\$1 each). There were 2,015 completed surveys available for analysis (partially completed surveys were not available), with a response rate of 14.3 per cent. In this report, participants in the Australian alcohol drinkers survey will be referred to as the 'Australian drinkers sample'.

Questionnaire overview

The questionnaire for the febfast and Australian drinkers surveys were based on questions used in previous studies (including the VicHealth Alcohol Survey, febfast participant evaluations) and newly designed items.

The questionnaires covered a number of topics, including:

febfast participant survey:

- Demographics
- Alcohol consumption patterns
 - a. Current consumption
 - b. Change in consumption after participating in febfast (type of change, duration of change in previous years)
- Smoking- frequency, change during febfast and after febfast
- Beliefs around the health risks and benefits risks associated with alcohol consumption
- Previous participation in febfast, how they found out about program, awareness of other people taking part, motivation for taking part
- Perceptions of febfast participation – changes to drinking behaviour, interactions with others
- Use of ‘Time Out Certificates’
- Likelihood of future participation
- Knowledge of and participation in other similar programs (e.g. Hello Sunday Morning, Dry July and Ocober)
- Awareness of promotion of the febfast event (awareness of sponsor, ambassadors, perceptions of brand, ease of registration, use of newsletters)

Australian Alcohol Drinkers survey:

- Demographics
- Alcohol consumption patterns
- Smoking – frequency
- Beliefs around the health risks and benefits risks associated with alcohol consumption
Awareness of febfast, awareness of other people taking part
- Previous participation in febfast
- Likelihood of future participation
- Barriers to participating in febfast
- Support for funds raised by febfast participants going to other charities (e.g. charities supporting cancers)
- Knowledge of and participation in other similar programs (e.g. Hello Sunday Morning, Dry July and Ocober)

Questionnaire pilot testing

Both questionnaires were pilot tested to refine questions and skip patterns prior to the survey. The febfast participant survey was pilot tested with a convenience sample (n=6) of prior febfast participants sourced through the author’s contacts, and the Australian alcohol drinkers survey with staff at VicHealth (n=4). Additionally, several individuals (n=5) assisted in testing the online survey before going live.

Analysis

No survey weightings were applied, as it was considered inappropriate to weight against population estimates given respondents represent a specific sampling frame (e.g. febfast participants, Australian drinkers). Data analysis was performed in Stata and included coding open-ended response questions and summary statistics of proportions and means. Chi-square analysis was used to analyse whether

outcomes of interest were distributed differently across demographic groups (gender, age, education, income), those with different drinking patterns (see explanation below), and for febfast participants, whether they had participated before 2011. Additional analysis has been performed where relevant. Associations were considered statistically significant if the p value was <0.05.

Respondents were categorised into two types of drinking patterns based on self-classifications of drinking type: 'lighter drinkers', included non-drinkers, ex-drinkers, occasional drinkers, and light drinkers, and 'heavier drinkers', included social drinkers, heavy drinkers, and binge drinkers. This classification showed good discrimination between those currently drinking at levels harmful for long-term risk (i.e. consuming more than two standard drinks in last three months) and short-term risk (more than four standard drinks for women and more than six standard drinks for men) weekly or more often (see Table 1).

Table 1: Self-classification and frequency of drinking at levels associated with long-term and short-term harm

Category	%						
In the last 3 months, how often did you have more than 2 standard drinks in a day?*	Non-drinker	Ex-drinker	Occasional drinker	Light drinker	Social drinker	Heavy drinker	Binge drinker
Never	65.4	45.5	31.2	12.4	3.8	0	1.4
Less than once per week	26.5	29.6	56.1	50.6	31.9	1.7	16.2
1-3 days per week	5.9	15.9	11.2	29.7	50.3	27.6	67.6
4+ days per week	2.1	9.1	1.5	7.3	14.1	70.7	14.9
	%						
How often would you have more than 4 (female) /6 (male) standard drinks in a day?*	Non-drinker	Ex-drinker	Occasional drinker	Light drinker	Social drinker	Heavy drinker	Binge drinker
Never	78.8	48.8	51.5	39.4	13.4	1.3	0
Less than once per week	13.9	34.9	42.3	52.7	55.0	15.5	33.8
1-3 days per week	4.4	7.0	5.5	7.2	28.5	49.8	58.1
4+ days per week	2.9	9.3	0.7	0.7	3.1	33.5	8.1

*The distributions for febfast participants and the Australian drinkers were similar, so these groups have been shown together

Representativeness of samples

Representativeness of the febfast participant sample was determined by comparing demographic characteristics to those available from the registration data of all participants registering for the 2011 event.

Survey participants were more likely to be female (74.5 per cent of the sample vs. 62.0 per cent of all 2011 participants), and were more likely to have participated more than once (22.4 per cent of the sample vs. 16.0 per cent of 2011 participants). Age was collected differently in the two surveys, with 10 year age ranges out by one year (e.g. 35-44 of the sample vs. 36-45 at registration). Distribution in age differed significantly ($p < 0.01$), with those aged over 55 slightly over-represented among survey participants. There was no difference between the proportions residing in Victoria relative to other states (62.4 of the sample vs. 62.1 per cent of 2011 participants).

To determine the representativeness of the Australian drinkers sample, their attitudes and alcohol consumption patterns were compared to those of the respondents to the VicHealth Alcohol CATI survey, conducted in 2009 with members of the Victorian public, featuring an identical consumption question and achieving a 57 per cent response rate (demographic characteristics of respondents to both surveys are nearly identical, as both used quota sampling techniques). Similar proportions of respondents felt that alcohol was a serious issue in the community (90.2 per cent of the online sample compared to 91 per cent of the CATI sample), however a larger percentage of the online sample had an average consumption that placed them at risk of short-term harm on each occasion (21.5 per cent of the online sample v. 16 per cent of the CATI sample). Additionally, the online sample were more likely to consume alcohol at levels above the recommended guidelines than participants in a large national survey (Australian Institute of Health and Welfare 2011).

Summary of findings

Demographic characteristics

Table 2 summarises the demographic characteristics of respondents of the febfast participant and Australian drinkers surveys, with the greatest proportion in each category shown in bold. Relative to the Australian drinkers sample, febfast participants were significantly more likely to be female, aged between 25 and 54, reside in Victoria, have a higher household income, be working and have completed university ($p < 0.001$). They were significantly more likely to have been born in Australia and be living in a nuclear family or share house ($p < 0.001$), and of those reporting living in households with children had significantly more children (1.86 vs. 1.74, $p < 0.05$).

Table 2: Comparison of the demographic characteristics of each sample

Category	N (1,330)*	%	N (2,015)	%
	febfast participant sample		Australian drinkers sample	
Gender	(1,279)		(2,015)	
Female	953	74.5	1009	50.1
Male	326	25.5	1006	49.9
Age	(1,216)		(2,015)	
18-24	60	4.9	279	13.9
25-34	318	26.1	296	14.7
35-44	344	28.2	365	18.1
45-54	315	25.8	294	14.6
55-64	147	12.1	378	18.8
65-74	31	2.5	362	18.0
75+	1	0.1	41	2.0
Household income	(1,215)		(2,015)	
<40,000	41	3.4	510	25.3
40,000-<80,000	244	20.1	548	27.2
80,000-<120,000	312	25.7	420	20.8
120,000+	445	36.6	219	10.9
Don't know/unsure	24	2.0	59	2.9
Rather not say	149	12.3	259	12.9
Highest level of education	(1,220)		(2,015)	
Some high school or less	33	2.7	307	15.2
Completed high school	111	9.1	398	19.8
TAFE/certificate/diploma	192	15.7	646	32.1
University	880	72.1	651	32.3
Other	4	0.3	13	0.7
Working	(1,214)		(2,015)	
Yes	1,108	83.3	1,015	50.4
No	222	16.7	1,000	49.6
Country of birth	(1,214)		(2,015)	
Australia	1005	82.8	1455	72.2
Elsewhere	209	17.2	560	27.8

Household	(1,216)		(2,015)	
Home with parent(s)/guardian(s)	61	5.0	199	9.9
Couple without children	344	28.3	620	30.8
Couple with children including 18+#	443	36.4	652	32.4
One parent family#	50	4.1	81	4.0
Group or share household	112	9.2	128	6.4
One person household	155	12.8	245	12.2
Something else	50	4.1	73	3.6
Don't know	1	0.1	17	0.8
Mean number of children in household (if # for Household)	(484)	S.E.	(733)	S.E.
	1.86	0.04	1.74	0.03
State	(1,211)	%	(2,015)	%
ACT	25	2.1	14	0.7
NSW	204	16.9	689	34.2
NT	17	1.4	4	0.2
QLD	81	6.7	355	17.6
SA	32	2.6	163	8.1
TAS	26	2.2	22	1.1
VIC	756	62.4	576	28.6
WA	70	5.8	192	9.5

* febfast participants weren't required to answer all questions, so numbers in different categories do not always add up to full sample.

Consumption of alcohol

Table 3 shows the frequency and amount of alcohol consumed by respondents to each survey. Few members of each population had not consumed any alcoholic beverages in the previous 12 months, which is a consequence of the sampling frames used for the surveys. febfast Participants consumed alcohol significantly more often and in greater amounts than the Australian drinkers, with febfast participants more likely to drink three to four or five to six times per week, and to drink more on each occasion ($p < 0.001$). This difference was substantial, even though the 12 month period included the febfast event and any subsequent changes occurring afterwards.

febfast participants were also more likely to consume alcohol at levels associated with both long-term harm ($p < 0.001$) and short-term harm ($p < 0.001$), with just under a third (31.8 per cent) reporting drinking at levels classed as 'binge drinking' at least once per week compared to 17.2 per cent of the Australian drinkers.

Table 3: Comparison of the drinking behaviours

Category	N (1,330)	%	N (2,015)	%
	febfast participant sample		Australian drinkers sample	
Had any alcoholic drink in last 12 months	(1,327)		(2,015)	
Yes	1320	99.5	2013	99.9
No/Don't know	7	0.6	2	0.1
Frequency of alcoholic drink consumption in previous 12 months*	(1,315)	%	(2,011)	%
Less than once per week	101	7.7	815	40.5
1-2 times per week	397	30.2	558	27.8
3-4 times per week	462	35.1	296	14.7
5+ times per week	355	27.0	342	17.0
On a day that you have an alcoholic drink, how much do you usually have?*	(1,297)	%	(1,981)	%
1-2 drinks	497	38.3	1067	53.9
3-4 drinks	488	37.6	490	24.7
5-6 drinks	165	12.7	225	11.4
7 or more drinks	147	11.3	199	10.1
In last 3 months, how often had more than 2 standard drinks?*	(1,296)	%	(2,002)	%
Never	65	5.0	447	22.2
Less than once per week	419	32.3	881	44.0
1-3 times per week	594	45.8	461	23.0
4+ times per week	218	16.8	213	10.6
How often would you have more than 4 (for women) or 6 (for men) standard drinks in a day?*	(1,262)	%	(1,987)	%
Never	186	14.7	828	41.7
Less than once per week	675	53.5	818	41.2
1-3 times per week	341	27.0	263	13.2
4+ times per week	60	4.8	78	4.0

*data only presented for participants who responded that they consumed any alcohol drinks in the previous 12 months
†respondents provided with visual guide illustrating standard drinks

Alcohol consumption patterns

Type of alcoholic drink and location of consumption

Respondents to each survey were asked what type of alcoholic beverage they usually consumed, shown in Table 4. The vast majority of febfast participants reported drinking bottled wine, with the next greatest proportions drinking regular strength beer or spirits. In the Australian drinkers sample, wine was the most popular choice, followed by spirits, then regular strength beer. febfast participants were significantly more likely to drink bottled wine, regular strength beer and cider than the Australian drinkers sample, and significantly less likely to drink cask wine, other types of beer (mid-strength, low-strength or home-brewed), spirits and pre-mixed spirits in bottles or cans and fortified wine ($p < 0.005$).

Table 4: Type of alcohol consumed

Category	N (1,330)	%	N (2,015)	%
	febfast participant sample		Australian drinkers sample	
Type of alcohol usually consumed**	(1,323)*		(2,013)*	
Cask wine	54	4.1	277	13.8
Bottled wine	1149	86.9	1194	59.3
Regular strength beer	456	34.5	582	28.9
Mid strength beer	84	6.4	264	13.1
Low alcohol beer	87	6.6	280	13.9
Home-brewed beer	25	1.9	64	3.2
Spirits	352	26.6	753	37.4
Pre-mixed spirits (can or bottle)	99	7.5	428	21.2
Cider	200	15.1	202	10.0
Fortified wine	58	4.4	152	7.6

*data only presented for participants who responded that they consumed any alcohol drinks in the previous 12 months

**respondents could choose more than one response

Respondents were also asked the location where they usually drank alcoholic beverages (see Table 5). febfast participants most commonly reported drinking in their own home, followed by at a restaurant/café and at a friend's house. The Australian drinkers were also most likely to drink in their own home; however the second most likely location was at a friend's house followed by a restaurant/café. febfast participants were significantly more likely to drink in their own home, at a friend's house, at a party, at a restaurant/café, at a pub/club and their workplace than the Australian drinkers respondents, and significantly less likely to drink in a car ($p < 0.05$)

Table 5: Place where alcohol usually consumed

Category	N (1,330)	%	N (2,015)	%
	febfast participant sample		Australian drinkers sample	
Place where alcohol usually consumed**	(1,323)*		(2,013)*	
In own/partner's home	1189	89.9	1634	81.2
Friend's house	784	59.3	861	42.8
Party at someone's house	510	38.6	592	29.4
Rave/dance party	40	3.0	81	4.0
Restaurant/café	910	68.8	785	39.0
Licensed premises (pub, club)	639	48.3	762	37.9
School, TAFE, university	7	0.5	18	0.9
Workplace	118	8.9	50	2.5
Public places (park, beach)	17	1.3	40	2.0
Car	1	0.1	18	0.9
Somewhere else	16	1.2	22	1.1

*data only presented for participants who responded that they consumed any alcohol drinks in the previous 12 months

**respondents could choose more than one response

Consumption of tobacco

Table 6 shows the proportions of each group who smoked tobacco. febfast respondents were significantly less likely to smoke compared to the Australian drinkers sample.

Table 6: Comparison of the use of tobacco

Category	N (1,330)	%	N (2,015)	%
	febfast participant sample		Australian drinkers sample	
How often smoke cigarettes, pipes, or other tobacco products?	(1,241)		(2,015)	
Daily	57	4.6	301	14.9
At least weekly (but not daily)	34	2.7	50	2.5
Less often than weekly	32	2.6	42	2.1
Not at all, have smoked in last 12m	117	9.4	111	5.5
Not at all, not smoked in last 12m	1001	80.7	1511	75.0

Attitudes towards alcohol

Three variables measured attitudes and behaviours related to alcohol (see Table 7). febfast participants were less likely to refuse alcohol when it was offered to them ($p < 0.001$). They were more likely to agree that alcohol is a serious issue for our community ($p < 0.001$), and were also more likely to classify themselves on the heavier spectrum of drinking style ($p < 0.001$).

Table 7: Comparison of attitudes to drinking alcohol

Category	N (1,330)	%	N (2,015)	%
	febfast participant sample		Australian drinkers sample	
How often do you refuse alcohol when it's offered to you?*	(1,296)	%	(2,013)	%
Never	22	1.7	73	3.6
Rarely	402	31.0	403	20.0
Sometimes	790	61.0	1066	53.0
Most of the time/Always	82	6.3	464	23.1
Don't know	0	0.0	7	0.4
Alcohol is a serious issue for community	(1,328)	%	(2,015)	%
Strongly disagree	5	0.4	11	0.6
Disagree	64	4.8	157	7.8
Agree	643	48.4	1052	52.2
Strongly agree	597	45.0	765	38.0
Don't know	19	1.4	30	1.5
At this present time do you consider yourself....?	(1,270)		(2,015)	
A non-drinker	26	2.1	115	5.7
An ex-drinker	12	0.9	33	1.6
An occasional drinker	148	11.7	707	35.1
A light drinker	301	23.7	454	22.5
A social drinker	602	47.4	580	28.8
A heavy drinker	137	10.8	96	4.8
A binge drinker	44	3.5	30	1.5

*data only presented for participants who responded that they consumed any alcohol drinks in the previous 12 months

Experience of participating in febfast

The following sections present analysis of the febfast participant survey only.

Previous participation in febfast

Table 8 shows previous participation. Most survey participants participated for the first time in 2011. There was no association between having participated more than once and gender, income, education, or self-classified drinking type, however age was associated with repeated participation, with those aged 45-54 and 55+ more likely to have participated more than once ($p < 0.01$).

Table 8: Proportion previously participating in febfast

Category	N	%
Have you participated in febfast more than once?	(1,238)	
Yes	298	24.1
No	940	75.9
<i>(if more than once)</i> How many times participated (including 2011)?	(296)	
1	11	3.7
2	215	72.6
3	53	17.9
4+	17	4.7
Not sure	3	1.0

Reason for participation

Respondents were asked the reasons why they participated in febfast, and were able to choose more than one response. Reasons are presented in Table 9 in descending order, with percentages representing the proportion of all febfast respondents.

Table 9: Reasons for participating in febfast

Category	N (1,330)*	%
Why did you participate in febfast? **		
To give my body a break from alcohol for one month	1,025	77.1
As a personal challenge	849	63.8
Improve my health	765	57.5
Raise money for drug and alcohol services	728	54.7
To help me to get out of drinking habits (i.e. to kick-start a change to my alcohol consumption)	526	39.6
Lose weight	464	34.9
To be a role model to others	224	16.8
A friend/family member has experienced alcohol/drug problems	185	13.9
Save money	180	13.5
To participate with friends	173	13.0
To participate with work colleagues	162	12.2
To participate with partner	144	10.8
To cut back on my smoking	25	1.9

Participate with or challenged by someone else	10	0.8
Other	39	2.6
No response given	53	4.0

*presented as a proportion of all respondents

**respondents could choose more than one response

One third of respondents (33.6 per cent) said they participated with friends, work colleagues, their partner, or with someone else that they knew, indicating that the majority of participants take part on their own. There was no association between participating with others and demographic characteristics, self-classified drinking style, or having completed febfast before.

Chi-square analysis was performed on the characteristics associated with specific motivations. febfast participants wanting to “give my body a break” were significantly more likely to be aged 25-44 ($p<0.05$), have a higher income (over \$120K, $p<0.05$), have completed febfast more than once ($p<0.05$) and be a heavier drinker ($p<0.001$).

Respondents motivated by the desire to “get out of drinking habits” were significantly more likely to have a higher income (more than \$120K, $p<0.05$), be aged 35-54 ($p<0.05$), and classify themselves as heavier drinkers ($p<0.01$). Being motivated to participate by a desire to lose weight or to improve health was only associated with being a heavier drinker ($p<0.001$).

Perceptions of participation

How easy was febfast to complete?

More than three quarters of respondents found that giving up alcohol for one month was not difficult, however one quarter reported that it was difficult or very difficult (see Table 10). Younger participants were more likely to find the experience difficult compared to those aged 45 or older, as were those with heavier drinking patterns ($p<0.001$). There was no association between finding the experience difficult and other demographic characteristics.

Table 10: How easy/difficult did you find it to take a month off from drinking alcohol?

Category	N (1,285)	%
Ease of taking a month off alcohol		
Very easy	229	17.8
Easy	425	33.1
Neither easy or difficult	317	24.7
Difficult	265	20.6
Very difficult	49	3.8

Those responding that febfast was either difficult or very difficult were asked to provide more detail about what they found to be most difficult. The responses were coded into one or more categories, which are presented in Table 11. The most common reason related to the difficulty of attending social events without drinking, often being sole person not drinking alcohol. For example:

“Alcohol is a significant part of Australian culture. Even just simple family or friend dinners, have alcohol available and offered and a lot of people don’t understand why you won’t have ‘just one’ drink. It’s hard because it’s everywhere all the time and you get used to associating alcohol with certain situations, especially social interactions.”

Some respondents indicated they altered their social lives due to the perceived difficulties they may have faced not drinking. For example, one respondent stated *“I found it very hard not to drink when going out to dinner with friends so avoided social occasions in February”*.

The next most common difficulty reported was breaking the habit of normal consumption patterns. Responses in this category included comments like *“Breaking a very much loved habit”* and *“Breaking habits - Friday night 6 pack after a week of work.”*

Table 11: What was difficult about completing febfast?

Category	N (314) **	%
What was difficult?*		
Social situations	172	54.8
Breaking the habit	72	22.9
Dealing with stress, unwinding without alcohol	49	15.6
Enjoy having a drink, missed drinking	31	9.9
Lack of support/pressure to drink	25	8.0
Difficult circumstances without alcohol	7	2.2
Other	29	9.2

*responses could be coded into more than one category

** participants who reported febfast was difficult or very difficult

Taking time out from febfast

febfast participants are given the opportunity to purchase ‘Time Out Certificates’ for \$25, which allows them to drink alcohol for one calendar day. Over a quarter of respondents purchased at least one Time Out Certificate and a further small group didn’t complete febfast (drank alcohol without using a Time Out Certificate). Time Out Certificate users purchased an average of 1.7 certificates, with up to seven certificates purchased.

Females, participants aged 25-44, and those who had not participated in febfast previously more likely to purchase certificates ($p < 0.05$), and those classifying themselves as heavier drinkers were more likely to purchase certificates as well as not complete the event ($p < 0.01$).

Participants using a Time Out Certificate were asked to give details of the first two certificates used, and a summary of the results relating to the first certificate described is listed in Table 12. Almost one quarter purchased certificates retrospectively, indicating they may not have been planning to drink. Most purchased their own Time Out Certificates, however one in five had certificates purchased for them. While using the Time Out Certificate, more than half reported having three to four drinks, however more than 40 per cent drank at risky levels.

Table 12: Were Time Out Certificates used while completing febfast?

Category	N	%
Time Out Certificates used?	(1,284)	
None used	872	67.9
One or more used	353	27.5
Didn't complete febfast (drank alcohol without Time Out or finished before end of month)	59	4.6
Time Out Certificates planned?	(329)	%
Planned	219	66.6
Unplanned	76	23.1
Don't know/can't remember	34	10.3
Who purchased the Time Out certificate?	(321)	%
Respondent purchased	219	68.2
Someone else purchased	63	19.6
Don't know/can't remember	39	12.2
How much did you drink while using the Time Out?	(329)	%
1-2 drinks	84	25.5
3-4 drinks	112	34.0
5-6 drinks	67	20.4
7 or more drinks	66	20.1

febfast and interactions with others

There were several questions exploring how respondent's febfast experience impacted upon others. Responses to the questions (detailed in Table 13) reflect the strong drinking culture in Australia. The majority of respondents reported that their abstinence from alcohol was commented upon by others and felt a need to explain their actions. Four in ten respondents noted they were offered alcohol even though others knew they were choosing not to drink. Finally, nearly two thirds of participants agreed or strongly agreed that they had more conversations about alcohol with their friends and family while participating in febfast.

Table 13: febfast and interactions with others

Category	N	%
"During febfast, people commented on the fact that I wasn't drinking alcohol"	(1,273)	%
Never	51	4.0
Rarely	208	16.3
Sometimes	623	48.9
Most of the time	299	23.5
Always	88	6.9
Don't know	4	0.3
"During febfast, I felt I had to explain to other people why I wasn't drinking alcohol"	(1,270)	%
Never	72	5.7
Rarely	215	16.9
Sometimes	565	44.5
Most of the time	321	25.3

Always	97	7.6
Don't know	0	0
“During febfast, other people offered me drinks even when they knew I wasn't drinking alcohol”	(1,269)	%
Never	349	27.5
Rarely	406	32.0
Sometimes	392	30.9
Most of the time	88	6.9
Always	32	2.5
Don't know	2	0.2
“During febfast, I had more conversations ABOUT ALCOHOL with friends and family than I normally would”	(1,264)	%
Strongly disagree	23	1.8
Disagree	336	26.6
Agree	700	55.4
Strongly agree	142	11.2
Don't know	63	5.0

Benefits experienced while participating in febfast

Most participants reported experiencing some benefits during febfast, with over 85 per cent reporting at least one benefit (see Table 14). The most commonly reported benefit was saving money, followed by outcomes and behaviours related to health – better sleep, weight loss and improved overall health.

Table 14: Benefits experienced during febfast

Category	N (1,330)	%**
“Did you experience any of the following benefits while you were participating in febfast?”*		
Saved money	694	52.2
Slept better	539	40.5
Lost weight	506	38.1
Overall health improved	470	35.3
Exercised more	356	26.8
More productive on weekends	352	26.5
Skin improved	292	22.0
Diet improved	256	19.3
More time for leisure activities/hobbies	203	15.3
More productive at work	194	14.6
Nicer to be around	115	8.7
Relationships with my partner/family improved	107	8.1
No benefit selected / 'other' response no change	178	13.4

*respondents could choose more than one response

**Percentages of those saying yes of all survey respondents, including missing.

The impact of participation on subsequent drinking behaviours

febfast participants were asked whether they had made any changes to their drinking behaviours since the event.

Table 15 shows the proportions making changes to both the frequency of consumption and the amount consumed on each occasion, and whether they intend to maintain the changes. More than half (51.3 per cent) reported drinking less often than before they completed febfast, and the majority (91.3 per cent) intended to maintain the changes. Almost half (49.1 per cent) reported reducing the amount of alcohol they consumed on days that they did drink, and almost all (94.5 per cent) intended to maintain the changes.

Table 15: Changes to alcohol consumption since participating in febfast

Category	N (1,330)	%		
febfast participant sample				
Changes to how often have an alcoholic drink	(1,246)	%		
Drink less often	639	51.3		
Drink more often	11	0.9		
No changes	547	43.9		
Don't know/ not sure	49	3.9		
Frequency of alcoholic drink consumption... *	Before febfast (636)		Since febfast (636)	
Less than once per week	23	3.6	116	18.2
1-2 times per week	89	14.0	216	34.0
3-4 times per week	167	26.3	223	35.1
5+ times per week	357	56.1	81	12.7

* for those who reduced their frequency

Intend to maintain reduced frequency [^]	(635)	%
Yes	580	91.3
No	14	2.2
Don't know	41	6.5

[^] for those who reduced consumption

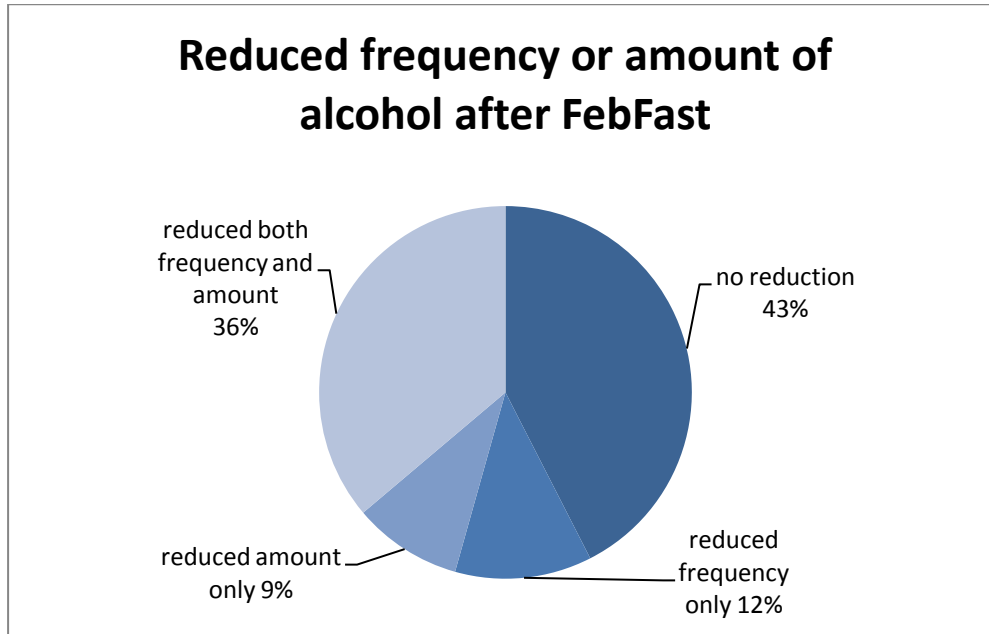
Category	N (1,330)	%
febfast participant sample		
Changes to the number of standard drinks consumed when drinking	(1,237)	%
Less drinks	607	49.1
More drinks	7	0.6
No changes	562	45.4
Don't know/ not sure	61	4.9

Intend to maintain reduced amount [^]	(601)	%
Yes	568	94.5
No	2	0.3
Don't know	31	5.2

[^] for those who reduced consumption

Chi-square analysis was used to determine the factors associated with reducing alcohol consumption following febfast. Figure 1 demonstrates that not all participants reducing the *frequency* of consumption also reduced the *amount* consumed on each occasion. For this reason, analysis was conducted separately for reduced *frequency* of consumption, and reduced *amount* consumed on any occasion.

Figure 1: Proportion who reduced the amount of alcohol consumed following febfast



Factors associated with reducing frequency of consumption

Reducing frequency of alcohol consumed following febfast was associated with having a higher income and lighter current drinking patterns ($p < 0.05$), but no other demographic factors (age, gender, education and having completed febfast more than once) were significantly associated.

Further analysis explored whether the factors related to the experience of completing febfast was associated with reducing frequency of consumption. Reporting that febfast was easy to complete was not associated with reducing frequency, however those experiencing benefits while completing febfast were more likely to reduce their frequency ($p < 0.001$), with each individual benefit significantly associated with a reduced frequency ($p < 0.01$).

Individual's motivations for participating in febfast were also found to be associated with whether or not they reduced their frequency of consumption. Those motivated by the desire to break their drinking habits, to give their body a break from alcohol, improve health, save money, lose weight, or for the personal challenge were significantly more likely to reduce the frequency of consumption ($p < 0.05$). Other motivations were not significantly associated with reducing frequency (included knowing a friend or family member experienced drug/alcohol problems, fundraising, wanting to reduce smoking, be a role model, or participate with others).

Reasons for planning to maintain a reduced frequency

Those who planned to maintain their reduced frequency were asked for their reason in an open-ended question. Responses were coded and are presented in Table 16. While more than a third did not give a reason, one in five gave reasons related to their health, such as *“I feel better knowing that I'm not harming my body.”* The next most common reason related to generally feeling better, such as *“Because I've realised since stopping how often drinking was contributing to my not feeling well”*.

The third most common response related to breaking the habit, which is illustrated by the following comment *“It's a habit to drink more often. I've broken the habit so hope that it doesn't work its way back into my life.”*

Table 16: Reasons given for planning to maintain a reduced frequency, coded responses

Coding category	N (1,330)	%
Reasons for planning to maintain reduced consumption**	(580)*	
Health	123	21.2
Feeling better (more energy, sleeping better etc)	94	16.2
Broken habit (no need to drink)	77	13.3
Maintain or lose weight	23	4.0
Save money	19	3.3
Other	28	4.8
No answer given	271	38.5

*Responses presented only for individuals who 1) reduced the frequency of their consumption and 2) intended to maintain the change to their frequency of consumption

** more than one category possible

Consumption patterns for participant who didn't reduce frequency after febfast

More than half of respondents did not reduce the frequency of consuming alcohol following febfast. Although this group was not specifically asked for their consumption patterns prior to participating, their average frequency of consumption can be determined from the question asking for overall frequency in the last 12 months (on the assumption that their patterns did not change for other reasons). Table 17 shows the consumption frequency for those who made reductions compared to those who did not. The results indicate that those with higher frequency of consumption were the most likely to make changes following febfast (<0.001), however caution should be taken in interpreting results as the frequencies are taken from different questions.

Table 17: Comparison of frequency of consumption for those who didn't reduce frequency, compared to those who did

Frequency of alcoholic drink consumption (prior to febfast)	No change in frequency since febfast* (676)		Reduced frequency since febfast** (636)	
Less than once per week	52	7.7	23	3.6
1-2 times per week	205	33.3	89	14.0
3-4 times per week	218	32.3	167	26.3
5+ times per week	201	29.7	537	56.1

*frequency of consumption prior to febfast

** frequency of consumption in the last 12 months

Reduced amount consumed on one occasion

Analysis was also performed on the factors associated with reducing the *amount* of alcohol consumed per drinking occasion. There were no significant associations between reducing the amount and any demographic or drinking characteristics (age, gender, education, income, having previously completed febfast, self-classification of drinking behaviours, or finding the febfast experience to be easy).

However, experiencing one or more benefits from completing febfast was associated with reducing the amount consumed ($p < 0.001$), with each individual benefit significantly associated with reduced frequency except being motivated to save money, which was not associated with a reduction.

Similar to reducing frequency, several motivations for participation were associated with reducing the amount consumed (i.e. to break drinking habits, give their body a break, improve health, lose weight, or as a personal challenge), while other motivations (friend or family member experienced drug/alcohol problems, fundraising, wanting to reduce smoking, to be a role model, and the desire to save money) were not associated. However, being motivated to participate with others was associated with a *decreased* likelihood of reducing the amount consumed ($p < 0.01$).

Changes to tobacco consumption

Smokers were asked whether they changed their smoking habits during and after completing febfast (see Table 18). Nearly half (46.5 per cent) indicated they had reduced the amount of tobacco products consumed during febfast. When considering just those who reduced their consumption during febfast, more than two thirds (68.8 per cent, $n=75$) reported maintaining the change after February.

Table 18: Tobacco product consumption during and since febfast

Reduced how often smoked cigarettes, pipes, or other tobacco products?	During febfast (241)		After febfast (240)	
		%		%
Yes	109	45.2	81	33.8
No	112	46.5	129	53.8
Don't know	20	8.8	30	12.5

Longevity of changes to alcohol consumption following febfast

The online febfast survey was undertaken four months after the completion of febfast 2011. The survey did not ask participants how long they had maintained any changes to their drinking habits since the 2011 event. To provide some indication of changes to drinking behaviour, those who had completed febfast in previous years (22.4 per cent of the sample) were asked to reflect on changes to alcohol consumption that occurred after the first year they participated in febfast (see Table 19).

Approximately half of the previous participants indicated they had reduced the frequency of drinking following their first febfast. Of this group, more than a third reported that they had maintained changes to their alcohol consumption for at least a year. A large proportion (43.6 per cent) also reported reducing the amount they consumed when they drank alcohol following their first febfast, with nearly half of those indicating they were either still maintaining or had maintained the reduction for over a year.

Table 19: Changes to alcohol consumption occurring after the first febfast, for those completing febfast more than once

Category	N (1,330)	%
	febfast participant sample	
Changes to how often an alcoholic drink consumed (in first year participated)	(298)	%
Drink less often	148	49.7
Drink more often	5	1.7
No changes	129	43.3
Don't know/ not sure	16	5.4

Length of time change lasted for [^]	(148)	%
<1 month	2	1.4
1-2 months	33	22.3
3-6 months	44	29.7
7-12 months	9	6.1
1+ year	5	3.4
Still maintaining	50	33.8
Can't recall	5	3.4

[^] for those who reduced consumption

Changes to the number of standard drinks consumed when drinking (in first year participated)	(296)	%
Less drinks	129	43.6
More drinks	6	2.0
No changes	129	43.6
Don't know/ not sure	32	10.8

Length of time change lasted for [^]	(129)	%
<1 month	2	1.6
1-2 months	22	17.1
3-6 months	31	24.0
7-12 months	13	10.1
1+ year	5	3.9
Still maintaining	52	40.3
Can't recall	4	3.1

[^] for those who reduced consumption

Personal reflection on the impact of febfast on drinking behaviours

A number of items in the survey explored the impact of participation on drinking behaviour by asking respondents to rate their agreement with various statements (see Table 20).

Approximately four in five participants agree that febfast was an easier way to give up alcohol for one month than trying alone. The majority agreed that as a result of participating in febfast, they now considered how much they wanted to drink, took more alcohol-free days, and believed that febfast influenced their awareness of the impact of alcohol on their health.

Given the potential importance of alcohol-free days in reducing long-term harm from alcohol, chi-square analysis was performed to determine whether demographic characteristics and alcohol consumption patterns were associated with taking more alcohol-free days each week, however no significant associations were found.

Table 20: Reflections on the effect of participating in febfast

Category	N (1,330)	%
	febfast participant sample	
“It is easier to take a break from drinking alcohol through participating in febfast than it would be to take the same break from alcohol on my own”	(1267)	%
Strongly disagree	46	3.6
Disagree	195	15.4
Agree	598	47.2
Strongly agree	385	30.4
Don't know	43	3.4
“As a result of participating in febfast, I am more likely to consider how much I want to drink on any one occasion”	(1226)	%
Strongly disagree	33	2.6
Disagree	280	22.1
Agree	706	55.8
Strongly agree	179	14.1
Don't know	68	5.4
“As a result of participating in febfast, I am more likely to have more alcohol-free days every week”	(1236)	%
Strongly disagree	26	2.1
Disagree	346	27.4
Agree	621	49.2
Strongly agree	204	16.2
Don't know	66	5.2
“As a result of participating in febfast, I am more aware of the effect drinking alcohol has on my health”	(1267)	%
Strongly disagree	27	2.1
Disagree	313	24.7
Agree	671	53.0
Strongly agree	210	16.6
Don't know	46	3.6

Health beliefs about alcohol

Both survey groups were asked whether they believed there was any health benefits or problems associated with drinking alcohol. febfast participants were less likely to believe that there were benefits ($p < 0.001$) than the Australian drinkers sample, however there was no significant difference between the groups regarding beliefs about health problems. The responses are shown below in Table 21.

Table 21: Health beliefs about alcohol

Category	N (1,330)	%	N (2,015)	%
	febfast participant sample		Australian drinkers sample	
<i>“Do you think there are any benefits to a person’s health from drinking alcohol?”</i>	(1,235)	%	(2,015)	%
Yes	607	49.2	1103	54.7
No	628	50.9	912	45.3
<i>“Do you think there are any health problems associated with drinking “too much” alcohol?”</i>	(1,235)	%	(2,015)	%
Yes	1210	98.5	1976	98.1
No	19	1.6	39	1.9

Learning about alcohol through febfast

febfast participants were asked whether there was any new information they learn about the harm and impact of alcohol on health and wellbeing through participating in febfast. Those who reported learning new information were asked to provide detail. Responses were coded and are shown in Table 22. Most commonly, respondents mentioned a general issue related to the long-term and/or short-term effects of alcohol. These comments tended to be quite general, such as:

“The amount of alcohol related deaths and injuries weekly/monthly around Australia and the high risk age groups. It really shocked me”

The second most popular response related to learning about alcohol-related harm firsthand through the experience of not drinking for the month, such as:

“How much clearer I felt when not regularly ‘medicating’ myself with alcohol”

The third most common response was about gaining awareness about their drinking behaviour through the process of participation. For example, one participant commented:

“... I also faced up to the roles drinking plays in my life, how important it had seemingly become, that I lied to people and myself or hid how much I drank...”

Table 22: New information obtained through febfast

Category	N (1,330)	%
	febfast participant sample	
New information learnt through febfast	(1,228)	
Yes	181	14.7
No	906	73.8
Don’t know	141	11.5
What was learnt?*	(181)	%
Health risks associated with alcohol	58	32.0
Firsthand experience of the harm associated with alcohol	24	13.3
Other (such as “stats”, reference to general information from newsletters)	19	10.5

Reflected on their own drinking	14	7.8
Alcohol harm among young people	14	7.8
That it's possible to drink less	8	4.4
Standard drinks or amount harmful	7	3.9
Alcohol related services	5	2.8
No response given	45	24.9

* responses could be coded in more than one category

Awareness of febfast and other alcohol related fundraising events

Awareness of febfast

Participants were asked whether their friends and family were familiar with febfast when they mentioned the event. Nearly half reported that the majority of people knew about the event.

Category	(1330)	%
	febfast participant sample	
“When you explained to your friends and family about your involvement in febfast, did you have to explain the concept to them or did they already know?”	(1,275)	
Majority of people knew	553	43.4
Majority of people did not know	334	26.2
Mixed response	388	30.4

Awareness of febfast and other events

There was high awareness of other similar fundraisers among febfast participants (see Table 23), with the greatest proportion aware of Dry July. Awareness of fundraisers among the Australian drinkers sample was lower, however one in eight had heard of either febfast or Dry July. Small proportions of both groups had also completed other fundraising events. A small proportion of the Australian drinkers sample had previously participated in febfast (2.5 per cent).

Table 23: Awareness of and participation in other fundraisers

Category	N (1,330)	%	N (2,015)	%
	febfast participant sample		Australian drinkers sample	
Heard of event	(1,330)	**	(2,015)	
Hello Sunday Morning	90	6.8	77	3.8
Ocober	346	26.0	133	6.6
Dry July	721	54.2	328	16.3
febfast	1330	100.0	324	16.1
Participated in event*	(1,330)	**	(2,015)	
Hello Sunday Morning	9	0.7	19	0.9
Ocober	31	2.3	19	0.9
Dry July	69	5.2	35	1.7
febfast	1330	100.0	51	2.5

*The question sequence differed in each survey due to programming differences. Australian drinkers were only asked whether they participated in an event if they had heard of the event, while all febfast participants were asked about participation in each event. Data presented here are re-coded, so all participants who reported participating in a given event are also coded to show they heard of the event.

**Percentages of those saying yes of all survey respondents, including missing responses for that question.

Do people in social circle participate in febfast?

The overwhelming majority of febfast participants (81.1 per cent) reported knowing at least one person (partner, family members, friends, work colleagues, team members) who had also participated, while a significantly smaller fraction (7.8 per cent) of the Australian drinkers sample reported the same ($p < 0.001$) (see Table 24). Among the Australian drinkers sample, those who reported having previously participated in febfast were also significantly more likely to know another participant (80.4 vs. 6.0 per cent respectively, $p < 0.001$), so responses in Table 24 are only shown for those who had not completed febfast (i.e. comparing those who participated to only those who have not).

Table 24: Know of others participating in febfast?

Category	N (1,330)	%	N (2,015)	%
	febfast participant sample		Australian drinkers sample	
Any of the following people participated?	(1,330)		(1,964)*	
Partner	304	22.8	9	0.5
Family members	214	16.1	25	1.3
Friends	715	53.8	79	4.0
Work colleagues	612	46.1	47	2.4
People from sports team/club	88	6.6	6	0.3

*Percentages are of all survey respondents who hadn't completed febfast; however this question was only asked if the respondent said they had heard of and/or participated in febfast

Unofficial participation rates

febfast participants were also asked whether they knew of anyone 'unofficially' doing febfast – that is, giving up alcohol during febfast without officially registering for the event. This proportion was surprisingly high, with 45.2 per cent of respondents indicating they know of at least one unofficial participant, with an average of 2.1 participants known (CI 2.0-2.2). This equates to an average of nearly one participant unofficially doing febfast for each survey respondent (mean of 0.9 persons per febfast respondent, CI 0.81-0.95).

How did people hear about febfast?

febfast participants were asked how they first heard about the event. More than a third heard about the event from a friend or family member and nearly a quarter from their workplace or a colleague, further indicating the importance of word of mouth in recruiting future participants. Similarly, those in the Australian drinkers sample who had heard of febfast (but not participated), were most likely to have heard from a friend or family member, followed closely by the radio and television.

Table 25: Hearing about febfast

Category	N (1,330)	%	N (2,015)	%
	febfast participant sample		Australian drinkers sample	
How did you first hear about febfast?	(1,228)		(273)*	
Friend or family member	429	34.9	67	24.5
Workplace/colleague	303	24.7	22	8.1
Radio	136	11.1	66	24.2
Website	119	9.7	8	2.9
Newspaper	112	9.1	21	7.7
Television	42	3.4	64	23.4

Email	23	1.9	0	0.0
Facebook	23	1.9	9	3.3
Other participant	32	2.6	7	2.6
Twitter	9	0.7	2	0.7

* question only asked to those who had heard of and/or participated in febfast. Only the results for those who had heard but not participated shown here

Perceptions of participation – newsletters, fundraising and registration

febfast participants were asked for their views on a number of aspects of the event, including newsletters, fundraising, sponsorship and registration fees. Table 26 shows the proportions who read the e-newsletters, how thoroughly they perused the material and how useful they found the content. Most commonly participants reported the content was somewhat useful.

Table 26: Use and usefulness of newsletters

Category	N (1,330)	%
febfast participant sample		
How many e-newsletters were read?	(1,231)	%
Every newsletter	185	15.0
Most newsletters	403	32.7
A few newsletters	473	38.4
None of the newsletters	147	11.9
Didn't receive newsletters	23	1.9
How thoroughly did you read e-newsletters?*	(1,058)	%
Most of the articles in detail	103	9.7
Read some, skimmed other parts	569	53.8
Skimmed most of newsletter	386	36.5
Content helpful in motivating you?*	(1,058)	
Very useful	112	10.6
Somewhat useful	689	65.1
Not useful at all	133	12.6
Don't recall	124	11.7
Health content useful?*	(1,056)	
Very useful	130	12.3
Somewhat useful	708	67.1
Not useful at all	61	5.8
Don't recall	157	14.9

*asked of those indicating they read at least a few of the newsletters

The responses for the questions relating to fundraising, registration and fees are shown in Table 27. Almost one third of respondents indicated they didn't ask anyone for sponsorship.

Respondents who did not ask others to sponsor them were asked to give more detail on the reasons for not seeking support. Their answers were coded and are presented in Table 27. Over a third of participants reported that they participated in febfast for personal reasons, with responses such as *"I don't want to advertise or make a big thing out of something that's a personal commitment"* and *"It was my personal challenge - I was not doing it to raise funds."*

The second most common response was that the participant was not comfortable asking for sponsorship, illustrated by the following comment: *"I didn't feel like begging people for money"*. The third most common response was the belief that the respondent's payment (through the registration fee, time out fees and in some cases, an additional donation) was a sufficient contribution, for example: *"... I was content to provide the registration fee."*

Table 27: Sponsorship for febfast

Category	N	%
	febfast participant sample	
Did you ask people to sponsor your febfast?	(1,220)	%
Yes	833	68.3
No	383	31.4
Don't know	4	0.3
Why didn't you ask for sponsorship?***	(383)*	%
febfast done for self, fundraising not the aim	142	37.1
Not comfortable asking	104	27.2
My donation was enough	45	11.8
Too many other causes	38	9.9
Too much hassle, no time, too busy, not interested	38	9.9
Was not confident of success, didn't want pressure	9	2.4
Fundraised for febfast in previous year	8	2.1
Encouraging others to participate more important	7	1.8
Didn't want to admit had a problem	6	1.6
Other (including didn't know how, not motivated by cause)	24	6.3
No response given	45	11.7

* asked only of those who didn't ask others to sponsor them (as distinct from participants who didn't raise any funds)

** responses could be coded in more than one category

Participants were asked about the amount that they fundraised and their perceptions of the registration and registration and Time Out Certificate purchase processes. The results are presented in

Table 28. The largest group of respondents did not raise any funds at all. This proportion was smaller than the group not seeking sponsorship, suggesting that some people were sponsored despite not directly requesting support. There was majority support for the registration and Time Out fees, with over four in five believing the pricing of the fees were just right or too low.

Table 28: Fundraising, registration and fees

Category	N (1,330)	%
	febfast participant sample	
How much money did you raise in 2011?	(1,220)	%
No funds raised	337	27.6
\$1-50	185	15.2
\$51-100	144	11.8
\$100-200	155	12.7
\$200-500	193	15.8
\$501-1000	93	7.6
\$1000+	30	2.5
Don't know/can't recall	83	6.8
Registration process was easy to use?	(1,205)	
Strongly disagree	6	0.5
Disagree	31	2.6
Agree	688	57.1
Strongly agree	457	37.9
Don't know	23	1.9
Registration fee (\$25) was...	(1,220)	
Too much	98	8.0
Too little	28	2.3
Just right	1017	83.4
Shouldn't have one	77	6.3
Time Out Certificate fee (\$25) was...	(1,207)	
Too much	109	9.0
Too little	142	11.8
Just right	834	69.1
Shouldn't have one	122	10.1

Analysis was performed to determine what factors were associated with raising funds (as distinct from asking for sponsorship). Those who raised funds were more likely to be male, of a younger age (the proportion not raising funds increased as age group increased), and classifying themselves as lighter drinkers ($p < 0.05$). Those raising funds were more likely to be completing febfast for the first time ($p < 0.05$). Two motivations for participation were also associated with raising funds: being motivated by knowing a friend or family member with drug/alcohol issues, and being motivated to raise funds for drug and alcohol services. There was no association between raising funds and income, level of education, and being motivated to participate for other reasons.

Additional analysis identified the characteristics associated with raising more than \$200 compared to those raising less or none. There was no association between raising more than \$200 and gender, income or education, but there was an association between age (with those aged 25-44 most likely to raise the higher amount ($p < 0.05$)), and self-classification as a heavier drinker ($p = 0.001$). Those who were participating for the first time were also more likely to raise more than \$200. Four motivations were also associated with raising more funds: wanting to save money, wanting to take a break,

knowing a friend or family member with drug/alcohol issues, and being motivated to raise funds for drug and alcohol services ($p < 0.05$).

Future participation

Intentions to participate in febfast in the future were asked of both febfast participants and the Australian drinkers sample, albeit in different ways (see Table 29). febfast participants were asked “Will you participate in febfast in 2012?” while the Australian drinkers sample were asked “How likely is it that you will participate in febfast (or a similar event) in the future?” Additionally, febfast participants were asked whether they would recommend the fundraiser to their friends and family. Although nearly all said they would recommend the event to others, a smaller proportion said they intended to participate in 2012. Less than one third of the Australian drinkers sample indicated they were somewhat or very likely to participate in the future.

Among Australian drinkers, intending to participate in the future was associated with having participated previously (once or more), being female, being younger (aged 18-34, $p < 0.001$), but not with income, level of education, or self-classified drinking patterns.

Among febfast participants, intending to participate in 2012 was associated with having participated more than once, an older age (> 45), experiencing benefits during febfast, and reporting febfast to be easy ($p < 0.001$), but not with gender, income, level of education, or self-classified drinking patterns.

Table 29: Future participation

Category	N (1,330)	%	N (2,015)	%
	febfast participant sample		Australian drinkers sample	
Recommend febfast to friend/family?	(1,239)	%		
Yes	1149	92.7		
No	17	1.4		
Not sure/undecided	73	5.9		
Future participation- in 2012	(1,257)			
Yes	860	68.4		
No	43	3.4		
Not sure/undecided	354	28.2		
Future participation in febfast or similar			(2,015)	
Very unlikely			629	31.2
Somewhat unlikely			529	26.3
Somewhat likely			507	25.2
Very likely			149	7.4
Not sure			201	10.0

Would different fundraising beneficiaries affect the likelihood of future participation?

Participants in the Australian drinkers survey were asked whether they would be *more likely* to participate in febfast if the funds raised were given to a different charity (as opposed to the current charity that provides money to young people affected by drugs and alcohol). More than half of respondents replied favourably to most scenarios (see Table 30). The most popular scenario was to raise money for cancer related services (55.9 per cent somewhat or very likely). The least popular charity scenario was raising money for social services.

Table 30: Likelihood of participating with different fundraising beneficiaries

Beneficiary	N (2,015)	%
	Australian drinkers sample	
Breast Cancer (e.g. National Breast Cancer Foundation)	(2,015)	%
Very or somewhat more likely to participate	1046	51.9
Cancer (e.g. Cancer Council)		
Very or somewhat more likely to participate	1126	55.9
Mental health and depression (e.g. beyondblue)		
Very or somewhat more likely to participate	1071	53.2
Cardiovascular health (e.g. Heart Foundation)		
Very or somewhat more likely to participate	1053	52.3
Social services (e.g. Salvation Army)		
Very or somewhat more likely to participate	868	43.1

Barriers to participation for those who had never taken part

Barriers to participating in febfast were explored by asking Australian drinkers who *had not already* taken part in febfast whether they had 'ever considered taking part in a fundraising event involving a short-term break from drinking alcohol (like febfast)'. Only a small proportion (11.7 per cent) indicated that they had considered taking part. Depending on their response, respondents were then asked why they had not considered taking part, or if they had considered it, why they had not gone ahead. The questions were closed-response, with responses to the 'other' category back-coded where possible. The results are presented in Table 31.

Those indicating they had considered taking part were most likely to report not being sure how to get involved, not getting around to registering, and not thinking their drinking habits needed to change. Those who had never considered taking part were most likely to cite not being aware of that type of event, not thinking their drinking habits needed to change and not being interested.

Table 31: Barriers to participation

Category	(1,964)	%
Ever considered taking part in feebfast or similar fundraiser?		
Yes	229	11.7
No	1555	79.2
Don't know	180	9.2

	If NO- not considered taking part/ don't know		If YES- has considered taking part	
	(1735)	%	(229)	%
Was not aware of events like this	1139	65.7	23	10.0
Don't think my current drinking habits need to change	522	30.1	41	17.9
Not interested	427	24.6	6	2.6
Not keen on fundraising	125	7.2	11	4.8
Wasn't sure how to get involved	97	5.6	84	36.7
Not interested in fundraising cause	73	4.2	4	1.8
Doesn't drink enough alcohol to make it worthwhile	67	3.9	3	1.3
Too difficult to give up alcohol for a month	60	3.5	18	7.9
Don't know	51	2.9	20	8.7
Too many social events in February	49	2.8	20	8.7
Didn't get around to registering	29	1.7	57	24.9
No support from my family/friends	28	1.6	9	3.9
Doesn't think fundraiser is useful	9	0.5	-	-
Too many fundraisers/too committed	6	0.4	-	-
Has done a similar event	-	-	9	3.9

* multiple responses possible

Discussion

This evaluation found that participating in febfast is a highly beneficial experience. The event appears to work for the following reasons: it gives people a legitimate reason not to drink alcohol in a way that is easily achievable (i.e. time limit, short month, unlimited Time Outs available for a fee), and it allows them to personally experience the numerous benefits of drinking less for their health, wellbeing and finances. Adherence is encouraged by public commitment through registration and seeking sponsorship.

The effects of participation are substantial. Aside from personally experiencing the benefits of lowered consumption, participation raises awareness about the short and long-term health effects of alcohol and allows participants a chance to reflect on their own drinking behaviour, the consumption patterns in their social groups, and the role of alcohol in society. This awareness leads to more conversations around alcohol consumption with their social group, showing the potential to raise awareness more widely.

The combination of raised awareness and personal benefits experienced contributes to substantial changes in alcohol consumption and for those who smoke, tobacco consumption, following the event. In many cases these changes appear to be longer-term.

The success of this event in raising awareness and reducing harmful consumption of alcohol is likely to be of interest to those working in public health prevention, as febfast attracts those who are at the heavier end of the 'normal' drinking spectrum, yet are not specifically targeted in alcohol awareness or harm-reduction campaigns.

Study limitations

The study design was cross-sectional, and as such we are unable to state with absolute confidence that participants' alcohol consumption reduced as a result of febfast. This is because estimates of alcohol consumption patterns were self-reported and relied on recall and therefore may be prone to bias. A quasi-experimental study design, featuring a comparison group and pre/post measurements of alcohol consumption, would reduce the potential for bias.

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