GROUP COHESION AMONG SOCIAL DRINKING GROUPS AT NIGHTCLUBS AND RISK FROM ALCOHOL AND OTHER DRUG USE

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INTRODUCTION

- Electronic music dance events (EMDEs) at nightclubs attract young adults who engage in high risk behavior, such as heavy drinking and drug use.
- Although prior studies show that young adults implement protective strategies with their peer group when drinking, evidence shows risk behaviors may increase when protective strategies are perceived to be in place.
- Being part of a more cohesive peer drinking group could lead to a false sense of security and letting down one's guard, which could lead to more risk taking.

Hypotheses:

1) Club patrons who perceive greater group cohesion implement fewer protective strategies to keep themselves and group members safe from problems related to alcohol and other drug (AOD) use.

2) Patrons with greater group cohesion use more AOD.

METHODS

- Patrons arriving in 324 groups (815 individuals), from seven clubs in San Francisco, CA hosting EMDEs, across 30 different evenings.
- 44.2% female; mean age = 27.7; *SD* = 6.0
- Data are prior to any intervention delivery.

Procedures

- Brief interviews, self-administered surveys on tablets at entry and exit
- Breath tests for alcohol at club entrance and exit
- Oral fluid tests for drugs at exit

Measures

- **Primary outcome measures:** ***Use of protective strategies****:*
  - *Actions to keep oneself safe* (e.g., limit or refrain from drug/alcohol use) – 7 actions (Y/N); items summed to create index
  - *Actions to keep group members safe* (e.g., encouraged friends to take steps to sober up such as drinking water) – 5 possible actions (Y/N); items summed to create index
  - *Actions in response to group AOD problems* (e.g., suggested leaving the club) – 4 actions (Y/N); items summed to create index

RESULTS

Table 1: *Descriptive analyses of key variables (N=815)*

Variable	Percentage/ Mean (SD)
Group cohesion	
Close-knit group	1.98 (1.15)
Members help each other	1.64 (1.11)
Share same views	2.07 (1.00)
Would help if sick	1.50 (0.93)
Members can be trusted	1.53 (0.91)
Members would lend money in emergency	1.82 (1.05)
Overall scale	1.77 (0.80)
Individual-level actions	
Number of protective actions taken to keep self safe	2.77 (1.64)
Number of protective actions taken to keep group safe	1.78 (1.02)
Number of actions in response to group AOD problems	1.36 (0.73)
Group-level actions	
Group mean score of actions taken to keep self safe	2.74 (1.24)
Group mean score of actions taken to keep group safe	1.78 (0.81)
Highest group member score of actions taken to keep self safe	3.70 (1.62)
Highest group member score of actions taken to keep group safe	2.27 (1.12)
Alcohol and drug use at exit	
Positive for alcohol use	78.9%
Intoxicated or impaired	58.3%
BAC – Mean (SD)	0.07 (0.06)
Positive for any drugs	34.6%
Positive for THC	21.7%
Positive for cocaine	12.4%

- Table 1 presents descriptive analyses for key variables. Most participants (78.9%) consumed alcohol during the evening, with over half legally intoxicated (BAC ≥.08) or impaired (BAC ≥ .05 and ≤ .08) at exit. About one-third (34.6%) tested positive for drugs at exit.
- On average, patrons reported low levels of group cohesion and low use of protective strategies (See Table 1).
- Mixed model regressions (Table 2) were conducted to account for nesting of participants by club, event, and group. Group cohesion was examined as a predictor after controlling for individual and group characteristics, and past 30-day drinking/drug use at clubs.
- Findings partially confirm the hypotheses. Patrons who perceive greater group cohesion engage in fewer protective strategies to keep themselves and their group safe during the night, and those who perceive greater group cohesion implement fewer actions in response to group AOD problems.
- Group cohesion was unrelated to AOD use.

Table 2. *Multiple regression models examining group cohesion as a predictor of individual-level and group-level protective actions and AOD use (N=815)*

	b	*SE*	*t*	*p*
Individual-level actions				
Protective actions to keep self safe	**-0.268**	**0.110**	**-2.432**	**0.016**
Protective actions to keep group safe	-0.101	0.081	-1.247	0.214
Actions in response to group AOD problems	**-0.779**	**0.233**	**-3.350**	**0.007**
Group-level actions				
Group mean score of actions taken to keep self safe	**-0.541**	**0.157**	**-3.447**	**0.001**
Group mean score of actions taken to keep group safe	-0.172	0.107	-1.611	0.109
Highest group member score of actions taken to keep self safe	**-0.666**	**0.195**	**-3.419**	**0.001**
Highest group member score of actions taken to keep group safe	**-0.306**	**0.144**	**-2.128**	**0.035**
AOD use				
BAC	0.003	0.004	0.849	0.397
THC	-0.083	0.098	-0.841	0.401
Cocaine	0.059	0.111	0.529	0.597

METHODS, CONT.

- *Group level*: 1) group mean score of the number of actions taken to keep oneself safe, 2) group mean score of the number of actions taken to keep the group safe, 3) highest group member score of the number of actions taken to keep oneself safe, and 4) highest group member score of the number of actions taken to keep the group safe
- **Secondary outcome measures:**
  - ***Drug use***: Oral fluid samples at exit using the Quantisal collection device (Immunalysis Corporation, Pomona, CA). Cocaine and THC values examined.
  - ***Alcohol use***: Breath tests at club entry and exit using Mark V Alcovisor breathalyzer (PAS Systems International, Fredericksburg, VA) to estimate blood alcohol concentration (BAC).
- **Group cohesion**: Perceptions of group cohesion (e.g., people in the group are willing to help each other) – 6 items adapted from Sampson et al. (1997). 1 = *Strongly disagree* to 5 = *Strongly agree*. Items were averaged to create a scale (Cronbach's $\alpha = .87$).
- **Controls:**
  - ***Group***: percentage of the group that was White, African-American, Hispanic, and female, average age of the group, and group size
  - ***Individual***: gender, ethnicity, age and past 30-day drinking/drug use at clubs

CONCLUSIONS

- Findings suggest that prevention strategies should consider how to incorporate the influences of group cohesion as part of efforts to actively engage in group safety strategies and vigilance in club settings.
- Strategies focusing simply on building group camaraderie may be ineffective, as safety strategies should be addressed in the context of group familiarity.

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