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ALCOHOL: EMERGING — PATTERNS, PROBLEMS — AND PREVENTION

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There is increasing interest in the negative consequences of risky patterns of alcohol consumption. Traditionally, attention to the harms stemming from alcohol use has largely focused on middle-aged alcohol-dependent males. However, evidence has indicated that many, if not most, of the harms associated with alcohol actually derive from the non-dependent, but risky, drinker. While these drinkers are predominately young and male, the number of young female risky drinkers is rising.

This new way of looking at alcohol-related problems is reflected in the recent revision of the National Health and Medical Research Council's (NHMRC) drinking guidelines.¹ The new drinking guidelines identify two levels of risk: short-term risk (acute) and long-term risk (chronic). Accordingly, the NHMRC has identified two different levels of consumption at which a drinker can consume alcohol before significantly elevating their level of risk for either acute or chronic harms (see Table 1).

Table 1: NHMRC guidelines for short-term (acute) and long-term (chronic) levels of drinking

Short-term (acute) risk	Low-risk	Risky (Standard drinks)	High-risk
Males	Up to 6 (on any one day, no more than 3 days per week)	7 to 10 (on any one day)	11 or more (on any one day)
Females	Up to 4 (on any one day, no more than 3 days per week)	5 to 6 (on any one day)	7 or more (on any one day)
Long-term (chronic) risk	Low-risk	Risky (Standard drinks)	High-risk
Males On average day	Up to 4 (per day)	5 to 6 (per day)	7 or more (per day)
Overall weekly level	Up to 28 (per week)	29 to 42 (per week)	43 or more (per week)
Females On average day	Up to 2 (per day)	3 to 4 (per day)	5 or more (per day)
Overall weekly level	Up to 14 (per week)	15 to 28 (per week)	29 or more (per week)

There is growing interest in who drinks, how much they drink, the settings in which they drink and the impact that these various factors have on any negative consequences of their drinking. Two areas of attention, both in Australia and internationally, are the changing

patterns of young people's drinking and the scope that exists in the workplace for prevention and early intervention. Both of these areas are briefly highlighted below.

Youth Drinking

In Australia, there is considerable concern about the levels and patterns of youth drinking. There is also controversy over whether and when young people should be able to start drinking alcohol, and under what types of circumstances, with what types of controls (e.g. parental supervision).

Regardless of these controversies, the majority of teenage Australians in the 15-17 year old age group consume alcohol, as shown by data from the Australian Government Department of Health and Ageing's National Alcohol Campaign Evaluation Surveys 2000 – 2002² (see Figure 1).

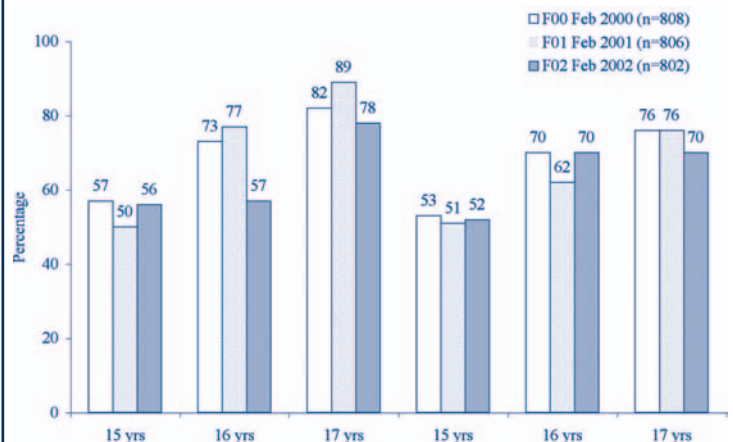
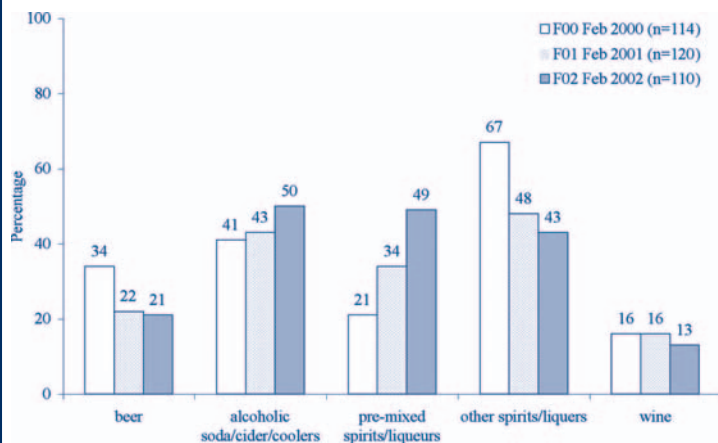


Figure 1. The prevalence of 15 - 17 year olds consuming alcohol in the last three months by age and gender

In addition, significant levels of higher risk drinking occur amongst young Australian males and females. More than four fifths (81.5%) of alcohol consumed by 14-17 year olds is consumed at risky or high risk levels for acute harm,³ and 20.5% of 14-19 year olds drink at risky or high risk levels for acute harm at least monthly.⁴ That is, a substantial proportion of young Australians engage in higher risk drinking, and it is a common rather than an infrequent occurrence.

Of particular note is the recent observation of substantial changes in the patterns of alcohol consumption by young females. As shown in Figure 2 below, increases of between 25% and 150% have been found for consumption of alcoholic sodas, ciders, coolers, and pre-mixed spirits and liqueurs over a period of only three years.² Such rapid and large shifts in product preference are unusual and warrant close attention.



*Base: Drank within the last three months and drank at higher risk levels on their last drinking occasion (i.e. 5 or more standard drinks)

Figure 2. Beverage categories consumed by female drinkers consuming alcohol at higher risk level on their last drinking occasion

These levels and patterns of alcohol use by young people raise questions about the scope for effective prevention and early intervention strategies. While some moderate success has been achieved in school based alcohol interventions using intensive strategies,⁵ questions arise regarding the potential for alternative and complementary strategies.

One such strategy may be to focus on interventions that target the 15-17 year olds in the workplace. This group is noted to be in a key life-path transition phase (and as such are particularly amenable/susceptible to a wide range of influences), to have newly acquired disposable income, and to be accessible through mechanisms not previously available i.e., workplace interventions.

Recent Research on Workplace and Alcohol Use

There is very little Australian research concerning prevalence of alcohol use in the Australian workplace,⁶ or the relationship between the Australian work environment and alcohol use.⁷

In order to address this issue, NCETA and the Research Centre for Injury Studies (RCIS) recently analysed data collected as part of the 2001 National Drug Strategy Household Survey, to identify the alcohol consumption patterns of the Australian workforce (as defined by NHMRC risk levels) and to determine if these consumption patterns were associated with aspects of workplace culture. A total of 13,582 Australians, working for pay on a full-time or part-time basis, completed the survey.

The alcohol consumption patterns of Australian workers were found to vary considerably according to industry classification. In particular, the hospitality industry had the largest percentage of workers who reported short or long-term risk drinking. While 13.9% of all respondents reported drinking at short-term risky or high-risk levels, 24.1% of respondents employed in the hospitality industry reported drinking at these levels. Similarly, while 9.7% of all respondents reported drinking at long-term risky or high-risk levels, 13.7% of respondents employed in the hospitality industry reported drinking at these levels.

Several possible reasons may account for this pattern:

- within the hospitality industry alcohol is readily available
- a culture of alcohol promotion exists within the hospitality industry
- the hospitality industry traditionally attracts younger workers (across all industries, younger workers were more likely to engage in at-risk alcohol consumption).

The hospitality industry is one that traditionally attracts young workers. Many new entrants to the workforce gain their first work experiences within this industry, either through full- or part-time work. It is a concern that large numbers of adolescents begin their working life in industries that have a culture of alcohol promotion and use. Drinking is essentially a learned behaviour⁸ and the workplace is one setting in which adolescent new entrants 'learn' how to drink by observing others.

For example, a recent longitudinal survey of adolescent new entrants to the construction industry identified that the behaviour and expectations of co-workers and supervisors were important determinants of new entrants' alcohol consumption during work-related hours (in particular, drinking with colleagues after work).⁹ This research indicates that the workplace plays an important role in shaping adolescents' alcohol consumption patterns. Thus, the workplace has potential as a setting for intervention strategies that aim to minimise risks of alcohol-related harm among young people through primary prevention strategies. However, rather than taking a primary prevention approach, many workplace interventions, such as employee assistance programs and drug testing, adopt a secondary prevention approach by focusing on the identification and treatment of individual employees with alcohol-related problems.

From a public health perspective, the workplace offers considerable scope as a setting for primary prevention strategies that adopt a harm minimisation approach. Primary prevention strategies such as education, training and health promotion programs are likely to have a much greater impact on minimising alcohol-related harm in the workplace. Not only do they target individual employees, but they also provide a strategy for dealing with non-alcohol dependent employees whose drinking behaviour

may also pose a safety risk to others.

The benefits of workplace primary prevention strategies may extend beyond workplace boundaries to the general community. The harm minimisation messages and strategies that employees adopt from workplace primary prevention are also likely to transfer to friends and family outside of the work environment.

To be effective, workplace primary prevention programs such as education, training and health promotion need to acknowledge and incorporate strategies that deal with existing workplace cultures and norms regarding alcohol use. A recent evaluation of the effectiveness of workplace drug and alcohol safety training delivered to adolescent apprentices¹⁰ indicated that this type of training was effective in influencing apprentices' alcohol-related attitudes, beliefs and behaviours⁹. However, behavioural changes (such as a reduction in alcohol use with workmates after work) were restricted to apprentices employed in workplaces where the pre-existing culture was less tolerant of alcohol use during work-related hours than the workplaces of other apprentices.¹⁰

In summary, changing patterns of risky drinking, in particular the consumption patterns of young people, indicate a need for new and innovative approaches that target alcohol-related harms. A young person's entry into the workforce represents an important and influential phase of their life and has substantial untapped potential for meeting the challenge of reducing alcohol-related harms.

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