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# Socio cultural arena of alcoholism in Australia: what do we know?

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# Socio cultural arena of alcoholism in Australia: what do we know?

## **Abstract**

After caffeine, ethanol is probably the most commonly used recreational drug worldwide. However, there is significant variation in the consumption of alcohol between individuals. Alcohol is freely available throughout most of the world, although some communities prohibit its consumption on religious grounds. The World Health Organization (WHO, 2002) reported that in established market economies, 10.3% of the disease burden as quantified by disability-adjusted life years (DALYs) was attributable to alcohol in 2000. This is comparable to the disease burden caused by tobacco (11.7% of DALYs) but significantly more than that due to unprescribed drugs (2.3% of DALYs). However, these figures are conservative because they take into account the potential benefits of alcohol and focus on the effects of alcohol on health.

## **Keywords**

do, we, know, arena, alcoholism, socio, australia, cultural

## **Disciplines**

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# SOCIO CULTURAL ARENA OF ALCOHOLISM IN AUSTRALIA : WHAT DO WE KNOW?

Nagesh Brahmavar Pai\*

After caffeine, ethanol is probably the most commonly used recreational drug worldwide. However, there is significant variation in the consumption of alcohol between individuals. Alcohol is freely available throughout most of the world, although some communities prohibit its consumption on religious grounds. The World Health Organization (WHO, 2002) reported that in established market economies, 10.3% of the disease burden as quantified by disability-adjusted life years (DALYs) was attributable to alcohol in 2000. This is comparable to the disease burden caused by tobacco (11.7% of DALYs) but significantly more than that due to unprescribed drugs (2.3% of DALYs). However, these figures are conservative because they take into account the potential benefits of alcohol and focus on the effects of alcohol on health. The social problems due to alcohol misuse impose at least as much burden as the effects of alcohol on health. Alcohol misuse results in crime and anti-social behaviour, inefficiency in the workforce, and difficulties for the families of alcohol abusers. The global burden of disease (GBD) due to alcohol is increasing in terms of both mortality and disability. In Australia, alcohol use is part of every-day activities in many people's lives (Laslett et al., 2010). The most commonly used recreational drug (Miller et al., 2010), it is legal, widely promoted and marketed and socially accepted (Roche et al., 2009). Alcohol consumption often occurs communally on sociable occasions and is typically prevalent at significant life event occasions, including births, deaths, graduations and marriage (Roche et al., 2009). This is despite alcohol being a key factor affecting the health of Australians (National Preventative Health Taskforce, 2009) and a major contributor to preventable disease, illness and death. Alcohol is also associated with social harms that cost in excess of \$15 billion per year (Roche et al., 2009), with serious longterm health effects, disease, hospitalizations, accidents, violence, homicides and suicides (Miller et al., 2010). Alcohol is ranked in the top four risk factors in the global burden of disease (Rehm et al., 2006), and is estimated to be responsible for 3.3% of the total burden of disease in Australia (Begg et al., 2007). In spite of these considerable harms, the relationship between population-level alcohol consumption and health is a contentious one (Britton et al., 2003).

## Australian Adolescents

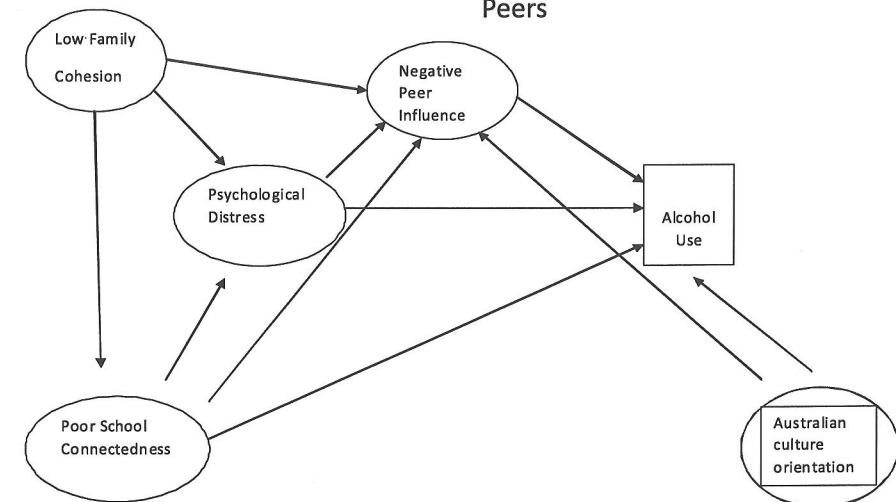
Underage consumption of alcohol is a major problem in Australia. The Australian School Students Alcohol and Drugs Survey (White and Hayman, 2006) recently established that by the age of 12, around 73% of students had tried alcohol; this increased steadily to around 80% by the age of 13, 86% by the age of 14 and 91% by the age of 15. The proportion of students reporting drinking in the week prior to the survey increased with age, from 10% of 12 year olds to 27% of 14 year olds and 49% of 17 year olds. These figures are concerning because underage alcohol consumption is associated with injuries, risky sexual behaviour, mental health problems and anti-social behaviour (Bonomo et al., 2001). Regular alcohol consumption or binge drinking during adolescence also predicts heavier alcohol consumption, binge drinking and poor health outcomes in early and middle adulthood (Jefferis et al., 2005; Pitkänen et al., 2008).

## Crime & Alcoholism

The annual social cost of alcohol-related harm for 2004/2005 has been estimated at \$15,318 million, second only to tobacco for all drug-related costs. Alcohol-related crime accounted for 15% of all alcohol-related harm at an estimated cost of \$1612 million (Collins and Lapsley, 2008). Individual characteristics, including age, gender, ethnicity, poverty and unemployment, have been found to be associated with both alcohol consumption and crime (Williams, 2001; Australian Institute of Health and Welfare, 2005). Historically, attempts to reduce alcohol-related harm have targeted individual-level risk factors. Wealthier communities having more alcohol-related crime is also consistent with international evidence showing wealthier countries have greater per capita alcohol consumption (Rehm et al., 2009). One potential means of limiting the alcohol crime associated with socioeconomic status is to increase the price of alcohol—a strategy known to decrease average alcohol consumption across a population (Chisholm et al., 2004). Mass media, and alcohol advertising in particular, has been shown to influence the alcohol-related attitudes and behaviours of young people (Anderson et al., 2009a). As a result, there has been considerable focus on alcohol advertising among both researchers and policy makers in an effort to improve the regulation of unacceptable advertising practices. There is some evidence that rural and urban cultures in Australia vary in their attitudes towards alcohol in terms of quantity, frequency and setting of consumption, and in definitions of problematic, safe and normal levels of alcohol consumption (Room and Makela, 2000). Social networks have been found to influence drinking behaviour more than external factors such as price (Norstrom, 1995). Actions by individuals will not change the value of the resource and those within the community who try to reduce alcohol use are likely to experience lower standing in the community, including social exclusion, and this is fundamental to the creation and maintenance of cultural capital (Sewell, 1992; Lin, 2001). Extensive community level actions that become part of local social processes are likely to be most effective in changing drinking practices. In Australia, drinking continues to be valued and supported in rural communities because it is integral to community life. Actions by individuals will not change the value of the resource and those within the community who try to reduce alcohol use are likely to experience lower standing in the community, including social exclusion, and this is fundamental to the creation and maintenance of cultural capital (Sewell, 1992; Lin, 2001)

### Socio-structural understanding of Alcoholism in Australia

Proximal Process Cultural at Home and School	Individual Factor	Proximal Process with Peers	Outcome
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