

A Study of Attitudes and Behaviours of Drinkers at Risk

Research Report



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A Study of Attitudes and Behaviours of Drinkers at Risk

Research Report

Prepared for:
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Contents

1. Executive Summary, and Recommendations on Communication Issues	1
1.1 Summary	1
1.2 Recommendations on Communication Issues	2
2. Introduction	5
2.1 Background	5
2.2 Research Objectives	5
2.3 Research Methodology	6
2.3.1 Research Technique	6
2.3.2 Scope of the Study	6
2.3.3 Study Rationale	7
2.4 Discussion and Interview Procedure	8
2.5 Recruitment Procedure	9
2.6 Analysis and Reporting	9
3. Key Findings	11
3.1 The Role of Alcohol in Australian Culture	11
3.1.1 Drinking alcohol is not only an accepted part of Australian culture but it is often seen as intrinsic to the culture	11
3.1.2 Drinking is completely integrated into Australian culture	12
3.1.3 Drinking is liberating and empowering	13
3.1.4 Getting drunk is a badge of being an adult	14
3.1.5 Alcohol has particular symbolism within Australian culture	14
3.1.6 Alcohol is a currency	14
3.1.7 Alcohol manufacturers and retailers are known to be heavily involved in sponsorship of sporting pursuits and cultural activities	15
3.2 Attitudes towards the use of alcohol change with age and stage in life cycle	15
3.2.1 Internal non-physical changes: notably increased emotional maturity	15
3.2.2 Internal physical changes: process of physical ageing	16
3.2.3 External changes: changes in life cycle and lifestyle	16
3.2.4 More specific trends emerge in specific age groups	17
3.3 Drinking Behaviour and Patterns	19
3.3.1 Drinking alcohol is accepted as a sociable activity	19
3.3.2 Female drinking patterns	21
3.3.3 The drinking environment and the atmosphere influences alcohol consumption	22

3.4	Types of Alcohol Consumed	23
3.4.1	Beer	23
3.4.2	Wine	24
3.4.3	Mixed drinks (pre-mixed or OTC)	25
3.4.4	Spirits	25
3.4.5	Liqueur/dessert wine	25
3.4.6	Myths and Legends about alcohol	25
3.5	The Role of Price	26
3.5.1	Price as a constraint	26
3.5.2	Price as an incentive	26
3.6	Promotions and Brands	27
3.7	Perceptions of Risk to Health	29
3.7.1	'High-risk' Drinking	29
3.7.2	There was no real definition of 'Medium-risk'	31
3.7.3	Perceptions of 'Low-risk' drinking	32
3.7.4	Perceived effects of excessive drinking	32
3.8	The Issue of Behaviour Modification	34
3.8.1	Occasions when drinking behaviour is modified or moderated	35
3.8.2	Moderation techniques	36
3.9	'Binge' versus Regular Heavy Drinking	38
3.9.1	Binge drinking	38
3.9.2	Regular heavy drinking	39
3.10	Awareness of and Attitudes to Guidelines and Standard Drinks	39
3.10.1	Awareness and knowledge	39
3.10.2	Informational barriers	40
3.10.3	Practical barriers	40
3.10.4	Social and psychological barriers	41
4.	Appendix Discussion Guide: Australian Alcohol Guidelines	42
4.1	General drinking behaviour	42
4.2	Explore the communications environment for the introduction of the Australian Alcohol Guidelines	43

1. Executive Summary, and Recommendations on Communication Issues

1.1 Summary

Drinking alcohol is **intrinsic to Australian culture** and the activity is seen as both normal, sociable and expected. Alcohol is in widespread use and appeals to people of all ages and in all walks of life.

People expect to drink alcohol in a **wide range of situations** and on a **wide range of occasions**. For chronic regular drinkers, that is ‘anywhere’, ‘anytime’, ‘any excuse’, any day that ends in ‘y’. For episodic drinkers, justification to drink is readily available.

Alcohol is perceived to be **liberating and empowering**. Getting drunk is a badge of being an adult and drinking is one of the significant ‘rites of passage’ into adulthood. Getting drunk and making a fool of yourself is part of the freedom that goes with having made the decision to drink alcohol. (See Section 3.1)

Attitudes towards the use of alcohol change with **age and stage in the life** cycle – as do the patterns in which alcohol is consumed. Broad life cycle trends in attitude and behaviour include:

- Internal, non physical changes, notably increased emotional maturity;
- Internal physical changes, notably the process of ageing;
- External changes in the life cycle that impact on lifestyle, particularly for those with young families; and
- In addition, particular age groups are characterised by typical consumption patterns of behaviour: underage drinkers, 18-24 year olds, 25-50 year olds, over 50 year olds. (See Section 3.2).

The **company and the occasion** often determine what is consumed and how much (e.g. after work/at work, work lunches, happy hour, drinking with mates, drinking before, during and after sport, drinking with your partner, drinking with friends and neighbours, drinking on holidays). The **drinking environment and the atmosphere** also influence the amount of alcohol consumed. (See Section 3.3).

Price is both a **constraint and an incentive** (when things are ‘on special’). Promotional activity is also very influential on drinker behaviour. (See Section 3.5)

Perceptions of risk **correspond with drinkers’ own behaviour**. Heavy drinkers are more lenient in their definition of risky drinking. Risk was also seen as being related to attitudes towards drinking. ‘High-risk’ behaviour included perceived alcoholism and alcohol dependency, exposure to danger, negative psycho-social behaviour and ignorance or lack of understanding about the potency of alcohol. There was no specific definition of ‘medium-risk’ drinking. ‘Low-risk’ drinking is often the converse of the behaviour that distinguishes high-risk. The physical, psychological and social effects of excessive drinking were well known. (See Section 3.7).

Effects on health are mainly the concern of people **over 50 years of age**. Health is not a concern for younger drinkers who would see drinking as a problem only for people who have a pre-existing medical condition. When the subject of alcohol and health is raised, liver damage emerges as the best known problem. (See Section 3.7).

Behaviour modification is relevant when **planning to drive** and in certain other **important situations or occasions**. Everyone knows at least some modification tactics and strategies without necessarily wanting to adopt them. (See Section 3.8).

Binge drinking is associated with, but probably not confined to young people. Many adults drink excessively on occasions but do not see this as binge drinking or as a problem. Some people have come to believe that binge drinking may be more harmful than regular heavy drinking. (See Section 3.9).

Young drinkers are more familiar than older drinkers with information about what constitutes a 'standard drink'. Evidence suggests that drinkers only see the necessity to modify their behaviour according to standard drink guidelines when they are driving. There are a number of **barriers to understanding and observing any guidelines for drinking alcohol**, except in the driving situation. (See Section 3.10).

1.2 Recommendations on Communication Issues

It is important to acknowledge that drinking culture is **extremely strong and entrenched**. Achieving attitude and behaviour change will be extremely difficult and needs to be looked at as a **long term goal**.

In terms of any behavioural change goals, expect minimal changes. The steps towards behavioural change will involve:

- **Increasing awareness** of the issues involved and placing drinking on the **social issues agenda**. This is a more realistic initial communication goal and strategy; and
- **Providing information** on harmful drinking levels and associated health risks.

Some specific issues include:

- Health risks are not readily associated with drinking in the same way that they are with illicit drugs and tobacco;
- Convey that there are Australian Guidelines for the drinking of alcohol;
- Convey that 'binge drinking' is not just a young persons' behaviour;
- In regard to binge drinking, consider conveying that large amounts of alcohol cause a 'shock to the body'. Drinkers think about this in retrospect; and
- Consider majoring on one or two main guidelines as behaviour guides rather than a large number (eg: have one/two alcohol free days, limit your daily drinking by x amount.) This would make it easier for drinkers to consider and possibly adopt a small behaviour change.

Consider **different messages for different target groups**:

- Segment target groups by age/life stage/drinking type and consider developing specific messages/strategies accordingly;
- The heavier the drinker the less likelihood of behavioural change and the higher the threshold perception for health effects. Accept that some drinkers will never change;

- Establish realistic goals for drinkers, so that a small change in drinking behaviour (in the appropriate direction) is possible rather than asking for too great a change;
- Older drinkers are less aware of standard drinks messages; and
- For older drinkers, reinforce their existing concerns about their health, but at the same time provide ways in which they can minimise negative health outcomes from their drinking.

Some **general messages/strategies**:

- Communicate examples of health consequences (eg: case histories);
- Communicate the broader health risks (eg: social consequences, work consequences). These could be a good 'hook';
- Communicate moderation techniques (ie: what can be done to minimise health risk and drink less excessively); and
- Distinguish health risks from drink driving risks, and perhaps use drink driving risks as a 'springboard' into health risks (ie: accept that drink driving is a prime concern.. 'but did you know...').

2. Introduction

2.1 Background

Guidelines to help Australians drink alcohol at levels which minimise the risk of harm to their health have been established by the National Health and Medical Research Council (NHMRC) since 1986. The guidelines have recently been revised to reflect the focus by the National Alcohol Strategy on patterns rather than levels of alcohol consumption. The guidelines aim to:

- Enable Australians to make informed choices about their drinking;
- Enable health professionals to provide evidence-based advice on drinking and health; and
- Promote individual and population health and minimise harm from alcohol.

The guidelines set levels for low-risk drinking. Low-risk levels define a level of drinking at which there is only a minimal risk of harm and, for some, the likelihood of health benefits. Risky levels are those at which risk of harm is significantly increased beyond any possible benefits. High-risk drinking levels are those at which there is substantial risk of serious harm, and above which risk continues to increase rapidly.

Analysis of the National Drug Strategy Household Survey data indicates that drinkers consuming harmful levels of alcohol for long term risk are more likely to be: males from lower socio-economic backgrounds, males with professional qualifications and females 20-39 years. Others drinking at risk include: unmarried, divorced or separated individuals.

Elliott & Shanahan (E&S) Research were commissioned to provide developmental research data on the behaviour, perceptions and attitudes of Australian drinkers who are currently consuming alcohol at hazardous and harmful levels. This information will help underpin the development of potential strategies for communicating with these at risk drinkers in order to help reduce risk to their health.

2.2 Research Objectives

The main aim of the study was **to explore the behaviour, perceptions and attitudes of Australian drinkers who are currently consuming alcohol at hazardous and harmful levels and to identify potential strategies** for communicating with these consumers in order to reduce this risk.

Within this broad aim, the study examined the patterns of consumption and behaviours of drinkers who are currently consuming alcohol at hazardous and harmful levels, specifically:

- Locations where heavy drinkers are purchasing alcohol and consuming it;
- Perceptions of the role of price in influencing purchase and consumption of alcoholic beverages among high-risk drinkers;
- Perceptions of the impact of marketing and promotion of particular brands of alcohol among high-risk drinkers;
- Levels of knowledge and awareness of a 'standard drink';
- Perceptions of low-risk, risky and high-risk levels of alcohol consumption;

- Current attitudes, perceptions and behaviours in relation to the issue of consumption of alcohol to levels deemed to be harmful or hazardous;
- Gaps in knowledge about the negative impact of harmful consumption of alcohol on health and psycho-social well-being;
- What type of alcohol moderation techniques are being used, if any?
- Reasons for the use of alcohol moderation techniques; and
- Possible channels for communication of the effects and consequences of levels of harmful consumption of alcohol for men and women identified as most at risk of harm.

It should be noted that while the above areas were used as stimulus for discussion the study was very much consumer oriented and encouraged drinkers to raise those issues to do with the topic which they considered to be important.

2.3 Research Methodology

2.3.1 Research Technique

It was suggested that the qualitative research technique used for this study be the group discussion technique. Group discussions were recommended because of their heuristic nature. The aim was to **identify** and **understand** rather than to enumerate. The group discussions, especially as they were relatively non-directive, allowed participants to explore issues raised by any individual. This process also revealed the **intensity of feelings** about various issues. The client's needs were also important and a discussion guide ensured all aspects not spontaneously discussed could be prompted by the moderator.

Our approach to group discussion sessions was to be as non-directive as possible, introducing a topic at the outset, allowing freedom of discussion, intervening where necessary for elaboration or introducing a new issue/topic.

The group discussions were **exploratory and diagnostic** in nature, and allowed emotional, as well as, rational considerations of the issue to be covered.

2.3.2 Scope of the Study

The study involved a series of **twenty-four (24) group discussions** with consumers and covered four (4) geographical locations (e.g. Sydney, Brisbane, Griffith, and Ballarat). Each group contained between 8-10 participants.

While the group discussions were segmented by age, gender, and drinking patterns it was suggested that **lifestyle and lifestyle factors** should have a bearing on the group composition (e.g. singles, young married, young/middle families, empty nesters, divorced/separated). In essence, the groups contained the following:

- **18-24 year olds:** Predominantly singles, living with parents or sharing with friends; and
- **25-50+ year olds:** Groups with high-risk drinkers included a mixture of singles (especially for the 25-34 year olds), married (with and without children), and separated/divorced male and female drinkers, as well as, a range of socio-economic backgrounds, and those with and without professional qualifications. Groups with low-risk drinkers were predominantly married/de-facto couples.

The group structure was as outlined in the table below:

Consumer Patterns of Alcohol Use

Age	Low-risk		High-risk				Total
	Male	Female	Male		Female		
			Episodic	Regular	Episodic	Regular	
18-24 years	1	1	1	1	1	1	6
25-34 years	1	1	1	1	1	1	6
35-50 years	1	1	1	1	1	1	6
50+ years	1	1	1	1	1	1	6
Total	4	4	4	4	4	4	24

2.3.3 Study Rationale

In developing the research approach, past research experience¹ on alcohol use, as well as, the Research Brief were used to guide the study structure.

By segmenting the discussion groups by age, gender, drinking patterns and geographic location we were better able to determine if, and where, attitudes differ. The study design was developed according to timing and budget constraints, but ensuring a broad cross section of Australian drinkers were included in the study.

Location: The study included four (4) geographical locations across three (3) Australian States. **Sydney** represents the largest population centre and contains a diverse range of attitudes, as well as, representation from a range of different cultural and ethnic backgrounds. **Brisbane** was included to allow for Queensland representation and possible differing attitudes to alcohol consumption due to climate and lifestyle considerations.

Two **regional/rural centres** were included (Ballarat, Victoria; and Griffith, NSW) which allowed for representation of another State and ensured that issues impacting on regional (Ballarat) and rural (Griffith) residents were thoroughly explored.

Gender: The groups were deliberately segmented by gender. It is our experience that a more honest response is obtained when this is done, and it enables a clearer understanding of different concerns if, and where, they exist. The differing guidelines for men and women also warranted separation of the genders in the group discussions. Moreover, from past research in this area, gender differences have been found among drinkers in relation to their attitudes and behaviours².

Age: Four age groups (18-24 years; 25-34 years; 35-50 years; 50+ years) were included to enable a clear analysis by age group. These age breaks allowed for young drinkers (under 34 years) to be adequately represented and ensured that attitudinal, perceptual and behavioural

1 E&S Research (1993). *A Study of Attitudes and Behaviours related to Responsible Drinking Guidelines*. Prepared for Alcohol Policy Unit, Department of the Chief Minister, Northern Territory.

E&S Research (1992). *A Study of Perceptions of Health Risk Levels of Alcohol Consumption*. Prepared for Health Advancement Unit, Department of Health, Housing and Community Services.

2 E&S Research (1999). *Developmental Research for a National Alcohol Campaign*. Prepared for Research & Marketing Group, Population Health Division, Department of Health and Aged Care.

differences were uncovered. The drinking patterns of older drinkers are likely to be more entrenched and accordingly it was thought important to identify and understand their reaction to drinking.

However, within the age splits we also broadly allowed for different lifestage and lifecycle segments. The youngest age group included singles and the remaining segments included a range of singles/married and separated/divorced drinkers. Based on previous research by E&S Research on the issues facing separating parents³, we know that many in this target group show high-risk drinking patterns.

Drinking Patterns: We segmented the **high-risk drinkers** according to the frequency with which they consume alcohol to hazardous or harmful levels. Episodic high-risk drinkers were those who consume more than 7 drinks on a single occasion for men, and 5 drinks on a single occasion for women. Regular high-risk drinkers were those who exhibit chronic and consistent high-risk alcohol consumption patterns, that is, more than 7 drinks per day for men and more than 5 drinks per day for women.

Groups of **low-risk drinkers** included non-drinkers and moderate drinkers. Moderate drinkers were defined in the Brief as those who consume at least 3 drinks on a single occasion. While we included non-drinkers in the low-risk drinking groups, we biased these groups towards the more moderate drinkers as we hypothesised that non-drinkers would have fewer barriers to adhering to the guidelines and issues regarding them.

Socio-economic and Cultural Backgrounds: Groups included community members from a diverse range of socio-economic strata and culturally and linguistically diverse backgrounds. As reported in the National Strategy Survey Data (AIHW, 2001), those consuming alcohol at harmful levels for long-term risk are more likely to be males from lower socio-economic backgrounds and males without professional qualifications. The groups with high-risk drinkers included strong representation of these males.

2.4 Discussion and Interview Procedure

A discussion and interview guide was developed in consultation with the Research and Marketing Group. The discussion and interview guides reflected the objectives of the study.

All group discussions and interviews were conducted by the E&S Research team. E&S Research believe that in qualitative research experienced staff are important particularly in terms of moderating and analysis. The role of the researcher is an important one in this situation. He or she is actively observing, hypothesising, falsifying, and verifying, based on his/her skill with the procedures and techniques.

The moderator's or interviewer's role is to ensure that there is coverage of all relevant issues, and where points are not raised spontaneously to put them forward for consideration. Participants are encouraged to raise those issues most salient to them, and to discuss in their own terms of reference.

Discussions were moderated by Patrick Shanahan, Maggie Wilkins and Nicole Hurt. Fieldwork was undertaken between 3 April and 2 May, 2002.

³ E&S Research (2001). *Developmental research on the issues associated with separating and divorcing parents' responsibilities towards their children*. Family Law and Legal Assistance Division, Attorney General's Department.

2.5 Recruitment Procedure

The recruitment procedures at E&S Research are IQCA (Interviewer Quality Control Australia) accredited and adhere to guidelines detailed by the Market Research Society of Australia (MRSA). A screening questionnaire was devised to ensure study participants met the specifications required.

2.6 Analysis and Reporting

Following completion of the fieldwork, an analysis was made of the comments raised in the group discussions and interviews. A preliminary verbal de-brief was given to the Department at the conclusion of fieldwork.

It should be noted that as this study is exploratory and diagnostic in nature; no attempt was made to attach numbers to the findings. Rather, they are indicative of attitudes and behaviours of the target groups towards the issue of consuming alcohol. Verbatim quotations are included to illustrate and support the points made.

3. Key Findings

3.1 The Role of Alcohol in Australian Culture

3.1.1 Drinking alcohol is not only an accepted part of Australian culture but it is often seen as intrinsic to the culture

Drinking alcohol is seen as both a normal and a sociable activity. The reasons behind the widespread use and acceptance of alcohol are **varied and complex** but help to give perspective to some of the problems likely to be encountered in trying to encourage drinkers to drink less.

Alcohol is an integral part of Australia’s history, reputation, and ‘image’ (both locally and internationally). It is also part of the popular culture (images of alcohol or allusions to alcohol are heavily featured in books, movies, anecdotes, jokes and normal conversation).

Alcohol is perceived as being **widespread in use, accepted and welcomed** by people in all walks of life, across all segments of society, and all age groups. Drinking is seen as a popular activity, a habit, and a normal component of everyday living.

Alcohol is an accepted **social lubricant** which makes it easier to communicate, can act as a conversation starter, helps create atmosphere and promotes social interaction – hence the concept of a ‘drinking mate’ (someone who you may only relate to within the context of the pub or club).

“It’s a sociable drug and there’s nothing wrong with that”

“It brings people together”

“You can easily go through four, five or six bottles over dinner with friends”

“Alcohol can be a relaxant or a stress reliever.”

“You’ve been working hard and it’s an instant way to relax.”

“If you’re shy, you’ll talk to anyone after two drinks.”

“I find alcohol is just such a good leveller. It helps bind people in social situations.”

“I drink to have a good time. You get light headed and it’s fun. I’m a boring person so I need it to have fun.”

Drinking is an enjoyable and pleasurable activity that **adds to the quality of life** (and for some people, one of a limited number of pleasurable activities in their life). Significantly, drinking is seen as having become more civilised: partly due to changes in licensing laws (older drinkers recalled the era of the ‘6 o’clock swill’) and partly due to changes in consumption habits (less beer and more wine consumed, more drinking in restaurants etc).

Drinking alcohol is an activity that starts at a very young age for many people and continues throughout life. Many were introduced to drinking by their family.

“All my family ran hotels so I grew up with drinking. My old man took me to the pub when I was a kid.”

“My drinking has stayed the same. Coming from an Italian family my mother always had nice alcohol, even when I was a kid.”

“I do drink at home as well as socially. My parents drink quite a lot, from about 14 years onwards I was allowed to have a glass of wine with our meal.”

3.1.2 Drinking is completely integrated into Australian culture

Drinking is completely **integrated into Australian culture** so people expect to drink in a wide range of situations and on a wide variety of occasions (both at home and away from home). There is a myriad of situations which involve alcohol; for example:

- At home with meals;
- At home before going out;
- At home while watching television (have a beer while watching football);
- At home or someone else’s house for parties, barbecues etc.;
- At most social functions/activities;
- At celebratory venues for occasions like weddings, birthdays, football final wins;
- At pubs or community-based clubs;
- At bars and nightclubs;
- At restaurants;
- With workmates at the pub after work or at the office after work;
- After sport; and
- At family occasions (birthdays, Christmas etc.).

“I guess the same thing, socially drinking and going out with friends to see some bands or something. If there’s music, you usually have some drinks there, or around at someone’s place, with takeaways... You tend to have a drink at a friend’s place or out rather than at home unless you have friends over.”

“Basically out on a date and socialising. If I’ve been working pretty hard it’s good to have a beer that’s nice and refreshing. You enjoy it, it quenches your thirst and you can sit down at the end of the day, after you’ve had a hard long day, and just shut everything out and enjoy it.”

“I quite often do it for fun. When I say that it’s basically on the weekend – we go out and try different types of cocktails and everything else, and the same cocktail at different places will sometimes be different. I guess that’s what starts us.”

“Wine for dinner is quite nice, you don’t always drink beer. If you’re going out for dinner or to a dinner party, you have a nice wine to complement the food. With food and fine dining, wine is the go.”

“I played a game of football last Saturday and had quite a few drinks after that – just somewhere local. Then I went into the city and had a few more drinks in there. I think I got home somewhere around the region of 6.”

For chronic regular drinkers it is ‘anywhere’, ‘anytime’, ‘any excuse’, ‘any day that ends in ‘y’. For episodic drinkers, the justification to drink is readily available.

“Anything social, weddings, when the girls get together ... any excuse.”

“There’s always some drink somewhere that needs to be drunk. It’s a nice thing to do and helps you enjoy life.”

“I generally don’t drink during the week but I look forward to special occasions and there are lots of occasions when I can make an exception!”

3.1.3 Drinking is liberating and empowering

One of the main perceived benefits of drinking alcohol is that it is liberating and empowering. It enables us to be someone we’re not. It takes us out of ourselves. The immediate effect of drinking alcohol is **to relax, lessen inhibitions and promote a sense of freedom and well being**. This effect is usually pleasurable.

“You relax more and can respond more, especially if you’re a quiet person.”

“My husband comes home after work and has two scotches and Coke and that helps him feel OK.”

“I ran the karaoke one night and I made sure I had six stiff drinks before that.”

“My husband runs the trivia nights and always has a couple of drinks before.”

On occasions, it’s acceptable and even part of the social ritual to make a fool of yourself. On special occasions, it is even **expected that you might drink too much and lose control**. When drinkers express embarrassment about their behaviour when they have drunk too much, there is often a degree of ambivalence about whether they are genuinely embarrassed or not. Attitudes to having a hangover are also ambivalent because a hangover can be interpreted as a reminder of having had a good time.

Risky (especially episodic) drinkers admit that their **mood** dictates how much they drink but some try to diffuse this by saying that they also need to be ‘in the mood’ to drink at all.

“You may think ‘I don’t feel like this’ and put it aside. You plan to get off your face and you don’t feel like it.”

“Some days you could go through three slabs between four guys but the next day you’d be flat out getting through one slab between four.”

Alcohol is known to be misused on occasions. It is sometimes an attempt to **escape** from problems, or an **anaesthetic** when problems become overwhelming. Again, it involves one’s ability to exercise choice – what to drink and how much.

“Some people use it to avoid problems if something’s gone wrong or as a way of dealing with problems.”

“It’s a bonding thing.

“It comes back to the different reasons why you drink. Sometimes it’s just purely as a stress relief. Like going to get drunk makes you forget about things. That’s a major factor if you’re going out with mates.

LIKE AN ESCAPE?

Yes. It’s an easy way of dealing with things. If you’re going out with mates and having a few drinks it joins everybody together at that point in time.

It can be used as an excuse for something you do. An excuse to get away from your pecking woman.”

3.1.4 Getting drunk is a badge of being an adult

For young people, drinking is one of the ‘rites of passage’ that signify entry into adulthood. It is a badge of being an adult and allows the drinker to exercise the **choice to get drunk**. Many younger people admitted to drinking to get drunk. This was said to particularly be the case when they were adolescent drinkers.

“I’m very aware whether I’m drinking just a few drinks or drinking to get plastered.”

“I still drink to get drunk.”

“I found that I was trying to get drunk as much as I could when I was younger but now that I’m older not so much.”

3.1.5 Alcohol has particular symbolism within Australian culture

There is considerable **pressure and expectation to drink**. This finding is probably best exemplified with the point that non-drinkers are regarded by drinkers with either sympathy or suspicion. There is not the stigma associated with drinking that accompanies smoking or drug taking. In fact, the reverse appears true because of its ubiquitous nature within Australian culture.

“Non drinkers don’t blend in.”

“I find I get quite nervous if I go out with people from work and someone isn’t drinking. It’s OK if everyone else is pissed but the non drinker will remember everything.”

“It’s just socially acceptable. That’s just what people do”.

“You can go and get blind drunk and not be called a junkie, but if you go out and pop whatever, take heaps of drugs then you’re a druggie. It’s more socially accepted to go out and get pissed.”

“I’d drink probably say on average four times a week and I’ve never been called an alcoholic. But I know if I was out there say smoking marijuana every second day or four days a week, people would be calling me a junkie without a doubt. I don’t know what it is, I think it’s because the government gets a bit of cash off alcohol, they don’t mind it. The popping pills, sniffing lines and smoking weed and things like that on TV every night – it’s good to see, but it’s not going to happen.”

3.1.6 Alcohol is a currency

Alcohol is also used as a **form of currency**. For example, when mates come over to help build, repair or maintain some part of the house or car, it is common to repay that help with a carton of beer. Similarly, for a housewarming, general gift or in appreciation of someone’s hospitality, it is common to give bottles of wine, champagne or liqueurs.

3.1.7 Alcohol manufacturers and retailers are known to be heavily involved in sponsorship of sporting pursuits and cultural activities

The sponsorship of events either sporting or cultural, by alcohol manufacturers was said to be commonplace and there is little, if any, apparent questioning of their involvement. Similarly, alcohol was considered to be widely and heavily advertised which, for the most part, **reinforces existing behaviour and drinking patterns.**

3.2 Attitudes towards the use of alcohol change with age and stage in life cycle

Drinkers acknowledge that their drinking habits change according to the stage they have reached in their life cycle. Broad trends that can be identified are detailed below.

3.2.1 Internal non-physical changes: notably increased emotional maturity

Emotional maturity is one factor that effects attitudes towards alcohol and patterns of alcohol use. As drinkers grow older and more mature they become **more sedate in their habits** and appear to moderate in all aspects of their life, including their alcohol use. There was a belief that they have ‘been there, done that’ so there is little motivation to do so again.

There was also thought to be less pressure (especially for males) to drink to excess and the culture of drinking changes in that there is less drinking to get drunk. Many recall with a mixture of pride and horror the things they did under the influence of alcohol when young.

Other factors thought to impact on alcohol use as a result of **maturation changes** were: knowing your limits; increased self confidence so that there is not the need to drink or drink to excess as a means of belonging or being accepted; and becoming more informed about the potential effects of alcohol and less likely to believe the myths about alcohol (‘hair of the dog’ etc.).

“I grew up but it takes a while to learn your limits.”

“I’ve learned I can’t drink shots of Southern Comfort or vodka or Bundy, the ones that hit you later.”

“Everyone goes through the stage of going out to get drunk. All young ones have to get it out of their system.”

“I used to binge drink at the keg at Manly Surf Club and they were fun and idyllic times and all part of growing up but part of the reason I went to London was to get away from that scene.”

“I remember one night I walked home on the train line. God knows how I got home.”

“Now drinking with mates is casual, it’s not a race to get drunk.”

“From the park to the pub. Definitely more spirits I think when I was younger because the main objective was to get drunk in the shortest possible time. Now I sort of more enjoy sitting down and having a drink.”

3.2.2 Internal physical changes: process of physical ageing

The process of physical ageing also impacts on drinking habits and patterns. Drinkers acknowledge that **with increasing age, the effects of alcohol on the body become more salient**. The body was thought to be telling some drinkers to slow down, as it is not able to recover as quickly or easily from (excessive) drinking. More debilitating hangovers were testament to this. This was not necessarily perceived as a real health issue, more an age-related issue.

Some drinkers as they get older attempt to reduce the ill-effects of alcohol use by: switching the types of drinks they consume (i.e. give up or reduce beer consumption in favour of wine or spirits) or they change from red to white wine or vice versa in order to aid digestion and gain health benefits. The desire to lose weight is a motivator to some to moderate alcohol use.

Health concerns as an effect on alcohol consumption patterns and attitudes only appear to emerge among 50+ year olds. Even then only some general health concerns are mentioned. For some older drinkers, specific health concerns have emerged but these concerns are usually as a result of a doctor's diagnosis and advice about, for example, a heart condition or high blood sugar level.

“As a young digger I drank every spirit known to man but not anymore. I used to go helter skelter like there was no tomorrow but now the old tummy tells me not to, and recovery time takes longer.”

“The older you get, it gets worse. I used to be able to have four or five of the mixed drinks but now one or two gives me a headache.”

3.2.3 External changes: changes in life cycle and lifestyle

Life cycle changes and its subsequent effect on lifestyle were also found to have an impact on the attitudes and behaviours of risky drinkers. **Drinking habits change as drinkers move through the life cycle**. External changes particularly impact on parents of young families. For drinkers below the age of 50, external changes are probably much more influential than any health concerns.

Some of the main changes that occur as people move through the life cycle are those evident from young singles to **married/defacto couples with or without children**. For this group, dinner with friends at home or at a restaurant takes the place of nightclubbing, dancing or partying. Some drinkers, especially those who are young parents, have probably moved from a high-risk to a lower risk category due to lifestyle changes rather than deliberate choice.

For women, **motherhood is a major factor in deterring or reducing alcohol consumption** often for many years. Pregnancy, breast feeding and the physical effects of alcohol after childbirth, child care responsibility when children are young, are all barriers thought to encourage women to moderate alcohol consumption.

For men, greater responsibilities come with marriage and having children and this effects alcohol consumption patterns. The sleep-in after a big night no longer is a reality for many men. They now need to get up early to meet their child care and household responsibilities (e.g. get children breakfast, mow the lawn on the weekends etc.).

Many parents also mentioned having changed their consumption habits because of the issue of **affordability**. For example, they cited the high cost of shouting a round of drinks, paying for

nightclubs, and taxis etc. and the high cost of stocking up for home consumption at retail prices. These factors can lead to ‘cutting down’ either by not going out as often or by not keeping much alcohol at home.

“I probably have less big nights now I’m in a relationship. I used to have at least two big nights a week about 5 years ago where I’d have at least 10 to 12 drinks. I probably only have one of those a week now where I have say 10 drinks. Occasionally if there’s functions during the week it might be a big week but I don’t think there’d be too many occasions now where I’d have more than one.”

“After you’ve had kids you want to drink more but you can’t, you sit on a bottle of wine all night. One heavy night takes a month to get over now.”

“It’s mainly financial but also responsibility. You don’t like the kids to see you like that. There’s nothing worse than when your kid says ‘Mum, you’ve had too much’.”

“You can’t stay up late and get up late when you have to get up for the kids.”

“I love a beer but when you’ve got kids there’s nothing worse than being woken up at 5am if you’ve had too many so I drink more Goldies now.”

“When the kids were at school we couldn’t afford wine so we only drank at Christmas and at parties.”

For working men and women (particularly those with white collar occupations) the pressure to perform at work may mean a perceived necessity to be moderate on week nights.

3.2.4 More specific trends emerge in specific age groups

Underage Drinking: Many respondents recalled the pattern of ‘gay abandon’ in their consumption of alcohol when they were underage. Underage drinking is characterised by: **covert drinking where the primary aim is to get drunk and to get drunk quickly.** Underage drinking usually involves loss of control, outrageous behaviour, and increased risk taking behaviour.

“I used to have some nasty nights on the bourbon when I was an apprentice but no more.”

“When I was young, Mum said to watch out for people who might put stuff in my drink and I thought ‘Hope they do!’”

“When I was younger I wouldn’t eat all day, have 3 beers to get the full effect. I had so many Christmas Eve’s when I was young where I’m home by 8 o’clock throwing up.”

18-24 year olds: In this age group drinking no longer needs to be covert as drinking can legally take place in public environments. Clubbing and pubbing are recognised in youth culture as important recreations and alcohol is an important part of socialising. Youth culture particularly **encourages drinking.** For example, those who have experienced university recall pub crawls, others admit pressure to ‘scull’ drinks, become involved in drinking games etc. For many young people, the behaviour of drinking as much as you can prevails on many occasions.

Indeed, for young people, drinking is **a form of recreation in itself** and this is especially true for males. For males, drinking with mates is an important activity which promotes mateship and bonding with peers.

Venues at which alcohol is sold are **important meeting places** for young people. The attractions include the music, the opportunity to meet new people, the potential for ‘pick ups’ etc. and the opportunity to consume alcohol with like-minded people.

Health is not a consideration in this age group. Vomiting and hangovers occur but are not seen as health issues. However, drink driving is a concern.

“I drink beer most of the time and I tend to go a bit harder if I’m out with my friends than if I’m with my partner. When I’m with my partner I tend to be a bit more moderate in the amount of drink that I consume. If I’m out with friends I won’t really monitor the quantity of alcohol I’m drinking, I just drink until the night ends. If it’s a short night it might only be a couple of drinks but it can be 10 or 12 or 14 drinks as the night drags on but you’re aware of how much alcohol you drink if you’re with your partner.”

“Yeah there’s a fair bit to drinking patterns. I think when you go to someone’s house you take bottled stuff with you. When you’re at a sporting event usually just a shit load of beer, as much as you can get into you.”

As quick as you can at the start, at a pub across the road from the venue.

Two hours before the game I get tanked because the stuff at the ground is really expensive.”

“It’s not a matter of not realising, it’s a matter of not caring. It’s not relevant as long as you’re there to have a good time. You don’t go out to drink eight beers and then go home, it’s not going to work.

You just drink while the bar is open until they close it.”

“When I was a young fellow I used to drink to get pissed. I don’t drink to get pissed now I drink and end up pissed. I know I have to work the next morning but it often doesn’t stop me and I get home and go ‘Oh that’s going to be trouble’.

I don’t think I’ve had the competition ‘who can drink you under the table’ like when you were young. You just sat there drinking, you hardly ever talked. It was a competition.

IT HAS CHANGED?

Yes you don’t get so paralytic.

When you were 17 drinking was tough but it’s not tough now because we’re allowed to do it, in fact we’re encouraged.”

25 to 50 year olds: Some singles still maintain the drinking patterns more typical of a younger age group. Others enter and develop relationships and this may curb their drinking activity (but not always). Getting married and in particular, having children also influences drinking patterns (See also Section 3.2.3).

Among 25-50 year olds drinking is generally done at home or at friends’ places (e.g. dinners, casual entertaining such as barbecues). Restaurant outings are also occasions where alcohol is consumed. After work drinking (for blue and white collar occupations) still occurs for some.

Drinking patterns in this age group are likely to become **less episodic and more regular.**

50+ years: Drinkers in this age group are typified by a **more sedentary lifestyle.** Drinking generally occurs at home, at restaurants or clubs (particularly those linked to recreational activity like golf and bowls). After work drinking occurs but only in some occupations.

Drinking choices change among this age group. For example, some opt for light not heavy beer, others chose wine over beer. Significantly, retired people can fall into two categories: lighter drinking than in the past or heavier drinking than in the past. Nevertheless, life crises (marriage breakup, job loss etc.) can precipitate heavy drinking episodes.

Health considerations of various types and degrees appear to increase with age. **Health concerns become more salient** for those who have had a health ‘scare’ (e.g. heart attack).

“Nowadays it revolves around golf. We always have a drink at the nineteenth hole.”

“When I was young, I drank a lot at parties but now I like my evening glass of wine. I can go without it but I want it.”

“Now that we’re retired, we drink more and our life is more relaxed and more social. Happy hour rolls around. Before, life was too busy to enjoy a drink.”

3.3 Drinking Behaviour and Patterns

3.3.1 Drinking alcohol is accepted as a sociable activity

Drinking alcohol is accepted as a sociable activity so the company and the occasion often influence what is consumed and how much. Drinkers report that drinking alcohol in the company of other people especially **large groups** (like parties or groups of workmates) tends to be heavier because of the influence of atmosphere, peer or group pressure etc. Drinking alcohol in groups is often contagious.

“I have particular drinks with particular people. We go to the Slip Inn or the Establishment with my friends and we mostly drink mixed drinks.”

I usually only drink when I go out with my friends. Usually I drink cocktails if I go out with my fiancée.”

“If you’re with a large group you usually drink a lot.”

“I’m usually a once a week drinker. I usually do it pretty good. We start at a country pub where the drinks are pretty cheap and I’ll drink heaps and heaps of beer there and once we go out (to a nightclub or pub in town) because I’ve saved money, I’ll usually drink spirits. I go out with a guy who’s a footy head so there’s heaps of people sitting around talking about the football from the day and when we’re drunk enough we’ll all chip in and get a taxi into town.”

“I think when it’s a busy night and you’re with some of your friends and when you buy a round, your drinking is taken care of. I turn up to the pub where I play trivia on Tuesday night and try and buy a round for whoever is at the table. It’s usually 4 or 5 people fairly early on, anybody who doesn’t have a drink I’ll buy a drink for and then I’ll sit down and I won’t have to go to the bar for about an hour and a half because there’ll be 4 or 5 people owing me a drink. So straight away in the first hour and a half or two hours there’s six drinks. I actually very rarely drink the same, I drink beer most of the time, but I very rarely drink the same beer twice in row so I just change beers.”

Some of the situations that influence drinking behaviour include:

- **After work/at work** (especially on Friday night). In some industries, drinking is seen as part of the job (sales, hospitality, advertising, law). The culture of the workplace dictates

the pattern of drinking (e.g. if colleagues or mates encourage it or if free alcohol is provided). Some people modify their consumption in front of the boss and/or work colleagues;

“We have an open bar at work on Friday nights. I usually go there and stock up. It’s the best wine and full spirits. It’s a law firm.”

“On Anzac Day just gone, we had a thing at work where drinks were subsidised by the social club – I had about 3 or 4 at work over the space of 2 hours and then continued after work and probably had another 5 drinks.”

“My boyfriend’s work basically has an open bar with wine and beer. It’s not that rare that he’ll come home after having 5 or 6 beers at work.”

“Champagne blows your head off. We went to a work thing with free champagne with mammoth strawberries in the bottom of the glass. I can’t remember getting home.”

- **Work lunches.** Significant rituals surround important birthdays, farewells, visits from former workmates. The culture of each particular workplace and the people dictate the type of drinking pattern;

“We have a lot of lunches at work which started at 12.30 and can continue all night. That happens once a month and it’s huge.”

- **‘Happy Hour’.** This is a well known ‘official’ ritual at pubs which encourages drinking to the point where drinking can be excessive. At home, older, retired people look forward to their own informal Happy Hour shared with their partner, friends or neighbours, as a way of relaxing, celebrating retirement and ‘punctuating’ the day. Unlike the Happy Hour in licensed premises, this type of drinking is not thought to be excessive;

“Happy hours and all that you try and pump as many as you can down. That’s what I do because it’s cheap as well. You go to a party you got free grog you definitely drink a lot more as well. I probably drink the same amount as well when I go out by myself and buy it.

Tastes better when it’s free.

Just tastes better.”

- **Drinking with mates.** This can occur at any time but especially Friday night and weekends. Trivia nights at the pub and Thursday night drinking are also becoming more popular and an opportunity to catch up with friends. Heavy drinking seems more likely in peer groups as people feel relaxed and less inhibited, they know they have peer support if needed and receive peer encouragement to keep drinking. Among friends, the role and ritual of ‘shouts’ is important;

“Also expectations from mates when they go and buy rounds. They don’t look and see you have half a drink they buy another one and put it in front of you and it’s bad to have like two and a half glasses sitting there so you’ve got to keep up.”

“The peer pressure is there, isn’t it? Sort of like ‘Come on mate’. If a mate says ‘Do you want a drink?’ and you say ‘Oh no’ and it’s someone who regularly drinks – and you hear on the odd occasion ‘I’m taking it easy.’ I just think good on you. A lot of other people go ‘Oh come on. What’s wrong with you? Get one in you. I’ll buy you one’ and they’re trying to keep it together for their new girlfriend they’ve just met.”

“Your mates know what to expect. They know you’ll be legless at the end of the night and you don’t feel bad about leaving them either.

More relaxed. You don't have to worry about them, they're your mates they see it all the time."

"Sometimes that can be the biggest problem – if you're with a group of friends who are on a bender and they want company, and you're not in the mood and you make a decision that's not the path you want to go down, you can sometimes find it difficult to withdraw"

- **Before, after and during sport.** At participator sports (mainly males), drinking tends to occur after the event. At spectator sports (mainly males) drinking occurs before, during and after the game. This frequently involves heavy drinking. The football or cricket were provided as examples of situations where alcohol consumption is excessive. Some sports also have an inherent culture of heavy drinking (e.g. football, surf clubs);

"As young men playing football in the country it was normal to tank up after a game."

"My husband and I are big race-goers. We go to the races at least once a month, sometimes twice a month. It's always a big champagne drinking extravaganza. My husband doesn't drink, he just bets. I take a few girlfriends and we've been known not to have seen a horse!"

- **Drinking with your partner.** This is less likely to be heavy drinking. It is perceived as civilised and companionable ('sundowners', pre-dinner drinks, drinks at dinner, drinks at a restaurant). It is an opportunity to relate, relax, unwind, and provides a stimulant and an accompaniment to conversation;

"A glass of red before dinner is civilised and gets you in the mood but no more or we get no dinner."

- **Drinking with friends and/or neighbours.** Drinking in this situation can be heavy or light and depends on the type of people and the neighbourhood 'micro culture'. The occasion also determines the degree of consumption. For example, celebratory occasions seem more likely to produce heavy drinking. However, regular drinking patterns and rituals can develop over time; and

"At my birthday a couple of weeks ago I was drinking 2 at one stage. I didn't even count how much I'd had."

- **Drinking on holidays.** Drinking tends to be more excessive as holidays provide an opportunity to 'let your hair down' and responsibilities are lessened (e.g. no need to worry about work next day). Drinking on holidays can also be more experimental (i.e. 'lash out' on cocktails etc.) and can occur at any time during the day as the normal constraints of daily life do not apply.

3.3.2 Female drinking patterns

The occasion and the company dictate the type of alcoholic beverage consumed and the drinking pattern perhaps more so for women than men. The **presence of male company may increase or decrease the amount that women drink depending on the situation and the company.** For instance, some women drink less due to male disapproval (anticipated or actual). Some women drink less because they may be the designated driver. Some women (especially young women) aim to drink as much as men to keep up or prove their equality.

Being **out with the 'girls'** is often an opportunity for women to get drunk. Moreover, the occasion guarantees mutual support and protection from others without needing to consider issues like responsibility for young children or male disapproval.

“I don’t drink as much when my husband is around. I behave better and he tells me when I’ve had enough.”

“I have champagne with the girls at our book club group and rum and Coke at home with my husband.”

“Depends who you’re with what you drink and how you act. If you’re with the girls there’s no need to worry, you’re less inhibited about what an idiot you are... they dare you to drink more.”

Females with young children and women who are pregnant are less likely to drink heavily and there is considerable social disapproval of those who do (especially in pregnancy).

“I’ve now got a 3 year old so the hangover is too much to contend with.”

Much of the appeal of alcohol for females with grown up children relates to **freedom, often after many years from the responsibility of child care** and an opportunity of regaining their individuality and expressing their personality. Drinking can therefore become more adventurous and excessive among this age group.

“When we were younger we drank a lot then there was the whole baby thing when you can’t drink much at all – but now I’m back!”

“Our grown up son can pick us up if we’ve had too much to drink. It’s payback time for all the years of looking after kids.”

“If you’ve got teenage kids you’re supposed to be a role model and if you get pissed you haven’t got a leg to stand on with them. They say ‘Mum’s a disgrace, we’re never going to get like that’.”

A **life crisis** also impacts on the alcohol consumption of females and males. Many mentioned drinking more than usual as a result of a marriage or relationship breakdown or death of a partner.

3.3.3 The drinking environment and the atmosphere influences alcohol consumption

The drinking environment and the atmosphere produced by that environment influence the amount of alcohol consumption. For example, drinking at a **private home** or at a party are both considered relatively ‘safe’, so drinking with friends is likely to be an occasion for heavy consumption.

“It’s OK to have four or five at home.”

“We drink more with friends and neighbours at home because of drink driving. If you’re close to home, then you’ve got no worries.”

“I tend to have been doing a lot of the dinner party type socialising. You think you’ve only had 1 or 2 glasses of wine but at the end of the night you see all the empty bottles of wine and there’s only 6 of you. The conversation is flowing, the wine’s flowing.”

Various types of **celebrations and parties** (including 18th and 21st birthdays, engagement parties, weddings etc.) are all likely to involve excessive consumption (sometimes even by irregular drinkers). This is regardless of whether the event is held at a dedicated function venue or a private home. There may be pressure to drink and to be seen to be having a good time. However, the **provision of free alcohol** appears to be the main catalyst for excessive alcohol consumption.

“I find work functions are the ones I usually get the most pissed at. Never been able to control myself if there’s free alcohol there.”

“I like weddings, everyone gets pissed. I seem to drink at weddings – it’s such an emotional day and all that, or a funeral I get pissed.”

At **Five Star hotels and exclusive clubs**, the nature of the clientele and ‘in house’ regulations tend to prevent heavy drinking (and the same restrictions would apply to up-market exclusive restaurants). People may still drink heavily but are likely to do so with more decorum than at other venues.

“If you know it’s going to be formal you pace yourself very steadily. If you go purely because you want to go and relax after work then they’re the type of guys you can relax with you don’t really care, you just drink normally. But if you’re going with the boss and it is that formal mode you really slow yourself right down.”

By contrast, at **cheaper venues** (like RSL clubs and leagues clubs):

- Young drinkers “fuel up” on alcohol and move on later to more expensive clubs (where drinks will be more expensive); and
- Older drinkers appreciate the lower prices for drinks, the familiar and comfortable environment and this determines their drinking behaviour.

“Definitely when I was younger price was more important. You got less dollars in your pocket so you’d start drinking at an RSL or something or have few drinks at home first, and then go somewhere cheap and get most of your drinking done there, and then go to a club where you go ‘I can afford a couple of beers but not too many’.”

“Depends where you go but there is also cheaper avenues of starting and Happy Hours encourage you to start earlier maybe on a weekend. Start off at the Paddington RSL – cheaper beers there, that’s not too far away from the city, it could encourage you to drink earlier but I don’t think you’d go any faster because the pace of drinking is dictated by how good a time your having, and while alcohol might lubricate it, it’s not dependent on alcohol.”

According to study participants, **pubs or clubs** that cater to young adults create an atmosphere and an ambience that encourages drinking. Young adults often visit nightclubs later on in the night but high drink prices and entry fees are seen as discouraging excessive drinking (though not always if there is an ATM machine handy). Drinking patterns and behaviours at the local pub are variable depending on the style of the establishment and the profile of its regular clientele.

3.4 Types of Alcohol Consumed

3.4.1 Beer

Beer is an **intrinsic** part of the male drinking culture. Men enjoy discussing the fine details of glass sizes, brands, types of beer etc. and is probably the alcohol of choice for most. In fact, men who never drink beer at all are often considered a bit odd.

Beer is a **versatile** drink. It can be consumed before, during or after meals. Beer is also a popular choice of alcoholic beverage at licensed premises. Beer drinkers will generally consume full strength beer if they are not driving, but will settle for light or mid strength beer if they are

driving. There is now a proliferation of beer strengths (e.g. mid strength) and brands on the market. Imported or ‘boutique’ beers have appeal especially for young drinkers (male and female), and it appears that some brands easily come in and out of vogue.

In the study, schooners were the beer glass of choice for many young males, with older male drinkers preferring smaller glass sizes.

While beer is an important talking point for men, and while some women also drink beer, they are more interested in discussing wine, mixed drinks and spirits.

For young men, the drinking pattern is often a mixture of beer and other alcoholic beverages. Some start with beer and move to spirits; others continue drinking beer throughout the drinking occasion. There are also some who only drink spirits but these are a minority. (See 3.4.4).

For young women, they sometimes have beer, but it depends who they are drinking with and who is paying. Some expressed guilt at the additional cost of drinking spirits or alcoholic sodas when everyone else in the ‘shout’ was drinking beer. Accordingly, they chose to drink beer in such situations. Some women in the study did not like the taste of beer, others claimed beer was appropriate for specific occasions (e.g. BBQs, during the day in summer etc.).

“You drink beer if you’re watching the footy or out with the guys.

Or on a hot day at a BBQ.”

“I drink Bacardi breezers, I don’t like beer, so if we’re in a shout I feel guilty because it’s so expensive.

I taught myself to drink beer for that reason. I couldn’t afford it.”

3.4.2 Wine

Wine is most often consumed as an **accompaniment to meals**, usually at night. The ambience of sharing a bottle of wine with partner or friends is important. There is perceived sophistication and health benefit in drinking red wine and older drinkers in the study acknowledged the increased consumption of wine in recent years. However, preferences in wines are faddish (eg: Chardonnay, Verdelho, Riesling etc).

Wine is also used as a **gift or in appreciation of one’s hospitality**. There is also a certain culture surrounding wine. Some in the study discussed an increased interest in buying wine by the case, they start buying more expensive wines to consume in the short term or cellar for later use.

“I’ve just started buying wine by the case. It is very grown up but much cheaper. You can get mixed cases.”

Some women dilute wine with soda water, juice, soft drink or lemonade. This is a method used if they intend to drive or to ensure they do not over-indulge. Some light drinkers choose these options.

Champagne was a favourite drink to some women in the study. It is associated with celebratory occasions and most recognise that it has quick intoxicating properties. Champagne is strongly associated with “fun”, excitement, celebration and success.

“Champagne is very cheap to get drunk quickly. If your aim is to get smashed in the shortest period of time then you go for champagne.”

3.4.3 Mixed drinks (pre-mixed or OTC)

Mixed drinks, either pre-mixed or over-the-counter are important alcoholic beverages of the female drinking culture. Breezers, cruisers or cocktails ‘with the girls’ appeal to younger and older women. Shooters or shots are also trendy for young women and young men.

There is considerable appeal among women in trying new drinks. This is particularly the case among women who dislike the taste of wine and beer.

Mixed drinks are more likely to be consumed by young women at parties and at licensed premises, especially cocktail bars/lounges. The ready mixed drinks were acknowledged as: popular, ever increasing in type and brand, convenient and very palatable.

3.4.4 Spirits

Women, usually at the commencement of the drinking occasion, consume spirits. Some women prefer to drink clear spirits, believing they have fewer calories and additives. Gin and vodka were seen as largely alcoholic beverages consumed by females. Some spirit combinations have popular appeal (eg: Bundy and Coke).

“I actually like a gin or vodka before lunch on the weekend. I just have one, it’s very nice.

If it’s a really hot afternoon a G&T is just perfect.”

However, most in the study mentioned one or two spirits they claimed they could no longer tolerate drinking. This is usually a result of having over-consumed and having badly suffered the effects. Tequila was one such spirit.

Some young men and women only drink spirits and pride themselves on this. These drinkers are unlikely to drink any other alcoholic beverage. Some young males claim to switch to spirits after consuming copious quantities of beer. Beer tends to be bloating and, in long drinking sessions, spirits provide a kick but have less of a bloating effect.

3.4.5 Liqueur/dessert wine

Liqueur and dessert wine were mainly mentioned by females and associated with dinner parties. These beverages were not necessarily thought of as a choice that would be consumed to excess.

3.4.6 Myths and Legends about alcohol

A number of myths and legends about alcohol were consistently expressed among group participants of all ages, for example:

- *People get violent on rum.*
- *Gin makes you depressed.*
- *Whisky rots your stomach.*
- *Red wine is beneficial to your health.*
- *‘Hair of the dog’ is a hangover cure.*
- *Some think they can drink ‘safely’ all night if they stick to the one spirit (or drink type).*
- *Some women think clear spirits have no calories and are almost beneficial because they are ‘clear and clean’.*

3.5 The Role of Price

Price is an **important factor in purchase and drinking behaviour**. Price can be both a significant constraint and a significant incentive. Promotions also seem to be very influential (See Section 3.6).

3.5.1 Price as a constraint

Many drinkers report that they only **drink what they can afford** at the time. The stage in life cycle determines the budget for alcohol so financial obligations (particularly those with a mortgage and a young family) may limit the type and amount of alcohol consumed. Some drinkers (e.g. university students, unemployed, pensioners/retirees) have to be content with a ‘beer budget’ or cheap wine or spirits.

“We can’t afford cocktails any more so it’s usually wine at the cheaper end of the scale.”

“If you’re poor you buy a cask of wine and stretch it out until pay-day.”

“It used to cost about \$50 for a few beers, a pizza and a cab home. Now it costs \$150.”

“Price plays a huge role. Taxi fares come into it. A schooner is \$3.40 at Newtown and in the city it can be \$5.

You tend to drink less if it’s very expensive.”

It is generally believed that it is **cheaper to drink at home**. However, drinks at some clubs are also seen as fairly cheap because they are subsidised by other activities at the club. Young people typically drink at cheap venues first (or at home) then move on to expensive clubs.

3.5.2 Price as an incentive

Many drinkers report that they respond to advertised ‘specials’ on beer, wine or spirits. Indeed, some concede that they are always looking for bargains. It is **customary to stock up on favourite brands** and types of drink when they are on special. Buying spirits duty free is also common.

There is particular interest in ‘special’ offers on mixer drinks or cocktails for home consumption because these are generally seen as being prohibitively expensive. There were reports of some being retailed ‘on special’ as cheaply as 10 for \$10.

Drinking on or just after pay-day or when alcohol is provided free were opportunities when alcohol is consumed to excess.

“If it’s end of the week and I’ve just been paid it would be 5 plus drinks but if it’s Tuesday it might be 2 drinks. If it’s a big night out with friends at a nightclub it could be 10 or more. You don’t even count.”

“If the alcohol is free, if you’re at a party then it could be more than 10 drinks.”

3.6 Promotions and Brands

Promotions are also an incentive to consume to harmful levels and drinkers in all age groups respond to offers that are targeted to their age segment. Promotions themselves have widespread appeal both as a cheaper way to consume favourite drinks or to try new types or brands.

Young drinkers seem the most susceptible to promotions and advertising and are particularly prepared to trial new products. New products provide young drinkers with a talking point, and there is recognition that new drinks come into vogue. Trial often seems to be a function of what is the 'in' brand at the moment (e.g. Bacardi Breezers; Midori Illusions; Vodka Cruisers etc).

"It has an effect on me. I'm a perfect consumer. If it's new I have to try it. When I see it on telly. Temptation Island is proudly brought to you by Midori Illusion. I had to buy them. They're delicious."

"Promotions at places work really well. You're in an environment where you're half sloshed anyway you are quite willing to try new drinks."

"I can fall for marketing – I don't do dark spirits or beer so I'm back to white spirits or wine. I look for new things on the market that I can actually drink."

"Colour gets me – I saw a Ruski that was a red colour and I wanted it."

Essentially, consuming a particular alcoholic beverage is a way young drinkers can **connect with its desirable brand imagery**. Some promotions offer drinkers with an opportunity to trial new products for free. Promotions that feature girls in tight T shirts offering free drinks to sample particularly appeal to young male drinkers. Again this was seen as providing them with a reason to consume to excess. Many males mentioned and strongly related to the Cougar TV commercial.

"It's like that ad where he's in the line and sees the lady's boobs and orders that."

"It has to look good."

That's why I switched to Absolut vodka because the bottle is so nice.

I drink it because Bridget Jones did."

"If they have promotions I always go to promotions. You can win caps and all that stuff."

We had quite a few Uni parties that were sponsored by Stolli or Bundaberg Rum and they always had give-aways and you buy so many and you get your tickets, that's always a good enticer. I don't even drink Stollis but you find you've had eight Stollis in an hour."

"They can be successful."

Yes. In the pub around here there's not that much, more in the suburban pubs.

Most of the pubs around here they understand that Happy Hour, Toss the Boss, pool comps usually get a few people in.

You do well in that – score a signed magazine, signed t-shirt. The girls...shame you don't get to take one of them home. Candy big boobs running around in sponsor's tops, they walk around the pubs they have like Bundy girls here and there. They go out to the pubs.

You follow them around like a lost little puppy.”

“I’m a sucker for a free t-shirt or something. And the promo girls as well if they’re dressed up and look alright.

You got the Guinness t-shirt did you?

I was drinking something which is a girl’s lemonade drink, but I won a t-shirt.

The beach ball. I bought a six pack of a drink because it came with a little football which I’ve still got, and the local pub they’ve always got something on where if you have 5 drinks you get your card stamped, you get 10 you get a shirt. Once every two or three weeks the table will get into those and get a couple of shirts. It will just be generally we’re buying Cascades tonight and someone will pick up a couple of shirts.”

Some of the **promotional offers** mentioned by group participants included:

- Some venues offer as much as you can drink for a fixed cover charge;
- Some venues promote cheap or free drinks for females;
- Promotions such as ‘Happy Hour’ and ‘Toss the Boss’ have become institutions and tend to encourage drinkers to consume alcohol quickly;
- Club members report special discount offers (e.g. Friday night at the club);
- Wine drinkers respond to wine tastings and winery tours; and
- Gifts with purchase also have appeal (e.g. free wine glass, free magnum, free CD). Although this type of promotion does not necessary encourage drinkers to consume alcohol to harmful levels.

“With the eight pack of Stollie you get a CD.”

“At the B&S ball, the drinks are only \$1 each the whole night.”

“At our local hotel they have wine tastings. You pay \$5 and get a couple of hours tasting.”

“We went to a place in Brisbane where there was a \$10 cover charge and then free drinks until midnight.”

“My sister and I are drinking Guinness at the moment to get a free glass.”

“Drink cards get you going. At ... you have heaps of drinks on the card and once you get 3 free drinks they keep the card.”

Being able to talk about various brands gives drinkers **credibility** as being knowledgeable and experienced about alcohol. Many drinkers say they are open to trying new brands and types if there is a price incentive or if encouraged by the social context. For example, being out drinking with a group of friends who are drinking different brands.

Nevertheless, there is still **brand loyalty** to long established brands of beer, wine and spirits (e.g. Bacardi and Coke; Bundy and Coke especially in Queensland; Vodka and orange). Women also mentioned luxury or ‘special occasion’ brands (e.g. Malibu, Kahlua, Baileys, Sambuca, Campari etc).

3.7 Perceptions of Risk to Health

Perceived relative levels of risk to health corresponded with respondents' individual drinking behaviour. That is, regardless of their own actual level of risk (high or low) **all drinkers perceived any drinking behaviour heavier than their own to be high-risk**. Significantly however, heavy drinkers tended to adopt a more lenient view and not be as dogmatic as low-risk drinkers in their perceptions of risky drinking behaviour (thus avoiding having to confront the issue of their own behaviour).

There was a strong tendency for **high-risk drinkers to rationalise their drinking behaviour**, to deny that they were at any significant health risk and to consider that they could, if they chose to, modify (even stop) their drinking at any time. This was particularly the view of younger drinkers – that is – either episodic or chronic risky drinkers aged 18-24 years.

“I like a glass of red if I’m having steak and I might have a bottle three times a week but I don’t think that’s dangerous.”

“If you start at 4 and drink till midnight and if you do that every day that’s high-risk but if you do it only every week or fortnight, I don’t think it’s that bad.”

“I probably drink once or twice every few months. I usually opt to drive but when I do drink I really go to town. I think if you’re going to drink – get it all out of your system and then I’m OK for a month or so. I really get sloshed. If I get home and I’m not staggering and I can remember my name I haven’t drunk enough. But I only do it every couple of months, it’s not as if I’m doing it all the time.”

“Dependency is something you choose to do voluntarily and an addiction is something like nicotine that’s in your system that you have to ease the craving for having it. It’s splitting hairs between them but I believe that’s a difference. A dependence is something you want to do because you want to get away from something whereas an addiction is more of an outside source going ‘Have it, have it, have it’. That’s the way I see it.”

Importantly, perceptions of high-risk related not only to perceived levels of consumption but to the drinker’s **attitude** towards alcohol. But again, this provides some people with the rationalisation that they don’t have ‘an attitude problem’ and therefore are not a high-risk drinker.

It is interesting to note that some people are aware of there being Guidelines about alcohol consumption apart from the legal limits for driving. However, this knowledge is not specific and drinkers do not see a necessity to abide by them anyway.

3.7.1 ‘High-risk’ Drinking

High-risk drinking was associated with the following types of behaviour most of which fall within one or other of these broad categories:

Perceived alcoholism or alcohol dependency: This was viewed as extreme behaviour which even risky drinkers tend to ascribe to ‘other people’ rather than themselves. Such behaviour was associated with: drinking alone (alcoholism); needing to have a drink (dependency); using alcohol to avoid confronting problems or help solve problems (dependency); and drinking everyday (a perception of high-risk held by low-risk or high-risk episodic drinkers only).

“Someone who drinks every day and can’t go without it. I was married to one.”

“Drinking in anger, when you’ve had a fight with your boyfriend and you get sloshed just to embarrass him.”

“A friend of mine is an alcoholic and I wouldn’t want to end up like that with a beer beside the bed for when you wake up.”

“A mate of mine drinks every day and throws up every morning. I’d stop if it was me but some people don’t get it.”

“When every time you drink, you drink to get drunk.

Once you start you can’t stop.”

Potential or actual exposure of the drinker or others to physical danger: A number of behaviours were seen to fall into this category:

- Drinking and driving. This is still the prime concern for most people;
- Drinking at work, and this was perceived as particularly problematic if operating machinery;
- Binge drinking and drinking in order to get drunk. However, this depends on a drinker’s personal definition of risky drinking; and
- Drinking in situations that may be inherently risky. For example, on a boat, or if dehydrated. For women, drinking without a sober friend to look after you or drinking in situations which leave women open to abuse.

“Someone who goes to the pub every night and drives home.”

“I work with a young guy who sneaks off six or eight times a day to drink a stubby and we’re operating agricultural machinery. He may not show the effects but that’s risky drinking.”

“For women it’s getting really plastered. A girl got raped just the other night.”

“You have to be more careful if you’re alone. If you’re with friends you can be more relaxed. I went to a girlfriend’s hen night and we were all plastered. I’m glad the cabbie who drove us home was a nice cabbie.”

“When you and your girlfriend go to a club and you both get smashed and there’s no one to look after one another.”

Negative psycho-social behaviour: This category involves behaviours which occur regularly as a result of excessive alcohol consumption, such as: drinking to the point of passing out; vomiting as a result of drinking; experiencing memory loss; losing personal possessions; and losing inhibitions to the point where the drinker embarrasses themselves or others. Drinking regularly to excess was also associated with placing one’s job in jeopardy.

“When you drink to a stage when you cannot recall what happened.”

“I’d be concerned if a friend got so drunk they had to have their stomach pumped.”

“I lost my handbag in the toilet and knew then I’d had too much to drink.”

“I’ve been concerned when I’ve had memory loss before. I haven’t had that for a very long time but it makes me think, ‘what’s that doing to my health? It’s just knocked off these brain cells’.”

“When you know you’re a bad drunk but you get drunk anyway.”

“When you say things you shouldn’t say.”

“If you’re annoying your family and friends. If you’re kicking the dog. If you’ve got to apologise next day. How could you go back to the club next day if you’d behaved irresponsibly?”

“I used to go out 3 nights a week, now it’s once a week and it’s to go out and get smashed. It is a worry. I ran into an old friend of mine and he said, ‘you’re looking a bit rough’ and I said I had a hangover. He said, ‘I haven’t seen you in six years and you’re still doing it. It’s sad when other people notice it.”

“It’s not just your health at risk. If you’re having a hangover, you’re job could be a risk, or your family could be a risk.

I had a friend whose alcohol consumption and the behaviour that followed resulted in her losing her job. She left a briefcase from work with some important documents in it at a pub when she was blind. That to me is high-risk. She was on a bender for 28 hours non-stop.”

“It’s the people you’re with when you’re out that get affected, not actually your own health.”

Ignorance or lack of understanding about the potency of alcohol including:

- Mixing different types of drinks on the one occasion (beer, spirits, wine, cocktails etc.);
- Mixing alcohol with medication or other substances;
- Competitive drinking (shots, doubles etc.);
- Not being able to measure or control drinks (spiked drinks, topping up); and
- Drinking without eating.

“I can drink alcohol and feel OK but if I haven’t eaten that’s high-risk drinking for me.”

“I slow down when I’m on medication because I’m obviously usually crook if I’m taking it, so when I’m under the weather I don’t drink that often. You feel bad and you don’t want to wake up with a hangover as well.”

“A friend works at a night club and they drink vodka and Red Bull. That’s high-risk if you mix alcohol with energy drinks.”

3.7.2 There was no real definition of ‘Medium-risk’

Drinkers tended to perceive risk in terms of the **extremes of ‘low’ or ‘high’ risk**. Significantly, the following types of behaviour were considered relatively low-risk by those in the risky drinker category:

- It is probably cheaper and safer to drink as much as you like at home;
- It is probably acceptable to drink everyday ‘if you know your limits’;
- It is probably acceptable to get drunk if friends are there to look after you;
- It is probably acceptable to drink to the point where you just feel ‘happy’. It is interesting to note that many drinkers seem almost proud of describing themselves as being ‘happy’ not aggressive when drunk.

“You have a party at home in our age group and now it’s only six or seven beers and then ‘goodnight’.”

“Some drinks make me sleepy, some fire me up but basically I’m a karaoke drunk.”

3.7.3 Perceptions of ‘Low-risk’ drinking

Perceptions of low-risk drinking were sometimes merely the converse of perceived high-risk. Low-risk drinking generally related to the behaviour of those who drink infrequently or the behaviour of frequent drinkers who have one or two drinks then stop (or who decide to alternate between alcoholic and non-alcoholic drinks).

Low-risk drinking was thought to be characterised by:

- **Drinking in moderation.** This was often self defined and involved an array of definitions:
 - Having only one glass (particularly of red) wine with a meal
 - Having one or two drinks at the pub, then going home
 - Knowing your own limits
 - Never getting drunk / never appearing drunk
 - Avoiding mixing different types of drinks
 - Avoiding mixing alcohol with medication, drugs, energy drinks
 - Always eating when drinking
 - Having alcohol free days. There was high awareness of this method of controlling consumption.

“One glass of red wine each night with dinner.”

“One drink at the pub with friends.”

“Someone who only drinks on Friday night or on social occasions.”

“You reach a stage where it feels good now but you decide to stop or regret it tomorrow.”

- **Not drinking:** Some people also mentioned low-risk drinking to be not drinking at all when you don’t feel like it. However, this provides an opportunity to episodic high-risk drinkers to feel virtuous and ignore their own behaviour on other occasions.

“It depends on your mood. I may drink everything in sight or I may not feel like drinking.”

“I don’t have to drink every night and I can actually go to the pub and not drink if I’m going to work the next day. There’s no point in having just one, if I’m going to drink I’m going to have lots.”

3.7.4 Perceived effects of excessive drinking

Study participants mentioned a range of potential effects of excessive drinking. They included physical injury and effects, and psychological and social problems. The **physical effects** of excessive drinking included: accidental injury to yourself or others (e.g. driving a car or operating machinery); intentional self injury; risk taking behaviour; domestic violence, pub aggression, arguments or fights; falling down and injuring yourself; alcohol poisoning and choking to death (if you pass out and vomit).

“When you get into a fight, cat fights over boyfriends are the worst.”

“After a Bachelor and Spinsters’ ball when they mixed the drinks in a bathtub a friend of mine was so out of it that he walked under a car and was killed.”

“My son was in a chug a lug at uni, everything was in schooners and he walked out of a window.”

“I’ve had alcohol poisoning where I threw up for 3 days. We were doing Tequila slammers. I would never drink those again.”

The **psychological effects** of excessive drinking were said to include: depression; irritability; mood altering behaviour that may threaten relationships and friendships; and alcohol dependency or alcoholism.

“Some people lose control and become aggressive. The veneer drops and the real person comes out.”

“You don’t want to go out with an aggressive or moody friend.”

Many drinkers also mentioned the **social effects** of excessive alcohol consumption. Losing their job and losing their driver’s licence were key negative social effects. Other effects included making unwise or unsafe choices while intoxicated (e.g. sexual partner, getting home after a night on drinking) or behaving inappropriately in social situations (e.g. becoming overly emotional, aggressive, argumentative, annoying etc.).

“When you wake up and think ‘did I really find her beautiful last night?’”

“If you go further with a guy than you would if you were sober.”

“You do pretty silly things you don’t want to remember when you’re drunk and wake up at 2 in the afternoon – you think next time I’m just going to slow down.”

There were some general mentions of potential effects on **health**. However, this aspect was less likely to be mentioned spontaneously by drinkers under 50 years of age and appeared to be far less relevant and less worrying to younger age groups than the effects listed above. On reflection, some younger people acknowledged that drinking could be a health issue but **only if you have a pre-existing medical condition**.

“I don’t worry about the effects it has on my health past having a hangover the next day.

I worry about smoking more than drinking.

I think if you drink enough water the next day you can flush your liver and kidneys out.”

“And memory blanks. And waking up somewhere strange that you don’t remember having as an original destination. I haven’t done that for a while.

I haven’t done that for a while either. You do it a couple of times and it’s not very nice. Slow down next time. I think you do think about it.

I’ve read stories about health issues and things like that and they might make me think about it but it doesn’t really change. I know that to binge isn’t good for me but I still do it. Doesn’t change my behaviour, whether it should or not is another question.”

As drinkers age they are more likely to have concerns about their drinking pattern or drinking behaviour and the effects on their health. Over 50’s were more likely to mention the potential health **risks and benefits** of drinking (red wine is reported to be beneficial to the heart). However, these concerns tended not to be top of mind and emerged only later in the conversation.

Liver damage seems to be the most well known negative effect on health (even young drinkers have heard of it but they don’t consider it an issue for themselves to be concerned about).

Older drinkers made other mentions of high blood sugar levels and risk of diabetes, potential brain damage, putting on weight and injury from falling over. Interestingly, there were no spontaneous mentions of cancer or impotence.

After consideration, some young people do think about memory loss and associated brain cell loss but quickly dismiss it as being irrelevant to them.

“Health is only an issue if you have a medical condition, if you have some health problem. For me, it was an elevated blood sugar level and I have to be careful now to avoid diabetes.”

“Health is a big factor for me now. My blood sugar was way up so I had to cut down.”

“My old man got diabetes at 70 and had to give up beer.”

“My uncle was dead at 45 with cirrhosis of the liver and kidneys and that’s not a nice way to go.”

3.8 The Issue of Behaviour Modification

The idea of giving up alcohol or severely cutting down on alcohol was seldom mentioned spontaneously but when the subject was raised, the perceived advantages and disadvantages were fairly obvious.

The **perceived positives** of reducing or abstaining from alcohol consumption included:

- The financial benefits were top of mind and mentioned by all;
- Possible weight loss, a particularly strong issue for beer drinkers;
- Potentially some general and specific health benefits. However, this was predominantly mentioned by drinkers over 50 years of age;
- Reduction in concerns about inherited susceptibility to alcohol for those aware or concerned about this aspect; and
- The benefits gained from remembering what took place during the drinking occasion.

“It’s disappointing if you’ve planned a night out with your girlfriends who you haven’t seen for ages and you can’t remember any of it.”

On the other hand, the **negatives** (which were thought to significantly outweigh the positives) were seen to be:

- belief that they will feel like a social outcast in their peer group;
- Becoming intolerant of drinkers (especially if you are the only sober person in a group);
- A belief that they would be irritable and bored in a social setting; and
- Importantly, feeling deprived of the pleasures associated with drinking.

“I gave up drinking for six months because I’d become a fat bastard but I felt like an outcast even at my brother’s place. They’re all thinking ‘you poof.’”

“You remove yourself from the ability to blend in socially.”

“You feel that you’re standing back watching and not being part of the occasion. You’re on the sideline. You’re peeling oranges.”

“When I’m not drinking at a party by 10.30 I’m bored, I’m outa here.”

“It’s a hard role to play when you’re not drinking. You’ve got to sharpen up your social skills because other people’s opinions change with a few beers. You’re having

a conversation and you just listen and agree because he's not going to remember what he said two hours ago."

"I find if I go out with friends and I'm not drinking, I don't find I'm on the same level. You end up going home at 10 o'clock."

"I couldn't do it. I couldn't go to a bar with my friends and not drink if they're all drinking. If I didn't go to the bar I'd feel like I missed out on something."

"If I stay home I really feel like I'm missing out on something. You think what are your mates doing? Maybe there is a girl out there I've been trying to speak to for the last couple of weeks."

"Alcohol is such a sentimental thing. You say to your friends 'we'll catch up for a beer after work', it's like a bonding thing. You have a romantic dinner and have a bottle of champagne – so it would take a huge sentimental chunk out of my life. Every time there's a celebration – new job or baby – it's champagne."

3.8.1 Occasions when drinking behaviour is modified or moderated

In discussing occasions when drinking is moderated, even risky drinkers were prepared to consider occasions when they may modify or reduce their drinking with the aim of not drinking to excess. **Intending to drive** was universally seen as a situation in which modification is called for.

Other situations that may require restraint were: those involving work or sport commitments next day; social or work situations where it is important to show **responsibility, respect, deference or courtesy; and, in dangerous situations** like operating machinery or when taking some forms of medication.

Examples of **commitments** which impact on moderating alcohol use included:

- Less likely to drink to excess if playing competitive sport next day;

"If you're playing footy the next day you're not going to go out and get drunk because your team mates are relying on you. If you turn up blind to the game they're not going to look very favourably upon you."

ANY OTHER SITUATIONS?

You got appointments at work that you got to meet and deadlines and things like that. Some things have to take priority."

"I did have a quiet night on Friday because Sunday was the first day of the new cricket comp and I'm trying to get back to playing some regular sport. So I went out of my way just to have a couple of drinks on Friday night and no more than that."

- Less likely to drink to excess if there is an important occasion next day (e.g. exam, job interview, important meeting); and
- Some workers claimed they do not drink during the middle of the week because of work.

"When you know you've got to think at work next day."

"The only times I don't drink to excess is if I have something on the next day or if I haven't got the money."

Examples of occasions where **responsibility, respect, deference and courtesy** influences alcohol use included:

- Not likely to drink to excess at certain work functions, meetings, and occasions involving clients;
- Blue and white collar workers are less likely to drink at lunch than in the past. There was thought to be less tolerance in the workplace because of Work Cover restrictions and a greater emphasis placed on workplace performance;
- Some believed they abstain or drink moderately during family occasions (others however drink heavily in these situations). This was dependent on family attitudes and beliefs about alcohol; and

“Because it’s a special occasion with the folks then obviously you don’t get blind unless your father or whatever is enticing you to, as opposed to just drinking sensibly. As Andrew said, just having a bottle of wine or whatever”.

- Not when looking after children or attending school functions (although this can vary and depends on whether alcohol is served at the function).

“When you’re around family you just sit on a XXXX at least until they get sloshed!”

“I don’t get pissed in front of my mum.”

“It’s better to drink light beer at a work function, you can’t negotiate a deal after fifteen (heavy) beers.”

“You wouldn’t drink at a work function if there were clients there, it’s an image thing.”

“At the kids’ school I’d have a quiet one watching the kids from the beer tent, but you don’t drink a lot because the kids and other parents are there.”

- Another positive influence on alcohol consumption was **medication use** or ill-health. Drinkers felt quite virtuous when they admitted to being able to abstain (or at least moderate) their drinking behaviour when suffering ill-health.

“If you’re taking any medication. If you’re a designated driver. Say there’s a group of you going out on a particular function, one person will say ‘I’m not going to have any alcohol.’ I’ve been on a few bucks’ nights and said ‘I won’t drink tonight’ and one of my mates has done the same sort of deal. Or when I’ve got access to my kids. I don’t touch alcohol when I’ve got them.

I’d say every time I go out I find it difficult not to drink to excess because I’m a drinker. Once I start I’m quite happy to settle in and go with the flow. If I’m relaxing, if I’ve made the decision this is a drinking night I don’t put any real effort on to control it. If there are no expectations on me for the 12 hours after I’ve finished drinking, I’m quite happy to keep going.”

3.8.2 Moderation techniques

Interestingly, everyone is aware of at least some moderation techniques but do not necessarily see any need to observe them unless they are driving or there is some other very important reason for applying them. Younger drinkers (especially 18-25 year olds) seemed the least likely to adopt any techniques to moderate alcohol use. Some young males argued that even if they want to adopt moderation techniques, the peer pressure to drink is generally too strong.

The main techniques mentioned included short term ‘situational’ tactics when actually in a drinking situation, or longer term ‘coping’ strategies.

Situational tactics mentioned include:

- Count your drinks (but it is difficult to do this accurately and more difficult over time as more alcohol is consumed);
- Pace yourself;
- Sip don't guzzle;
- Watch the clock;
- Have a glass of water between drinks;
- Alternate with soft drinks;
- Dilute drinks with water, soda, soft drink, juice (e.g. one shot in a high ball glass);
- Eat while drinking or before starting to drink;
- Drink milk to line the stomach before drinking;
- Hydrate yourself prior to drinking;
- Don't finish the wine bottle – seal it up; and
- Stop when your spouse or friend tells you you've had enough.

"My limit is really how much I've got in my pocket. I'll stop once I get to a certain point. I won't go to the Eftpos machine."

"I drink water. That helps, it gets you full."

I always start with water too.

Get a friend to remind you. I get my boyfriend to remind me, 'Remember you said you weren't going to drink much tonight'. Sometimes I get carried away.

Carry less money.

Do we want to drink less? I don't!

The other day because I was a bit broke I was having beer, water, beer, water."

"If my partner pulls me up and says 'You become a real dick head when you get drunk' then I'd have a think about the way that I was drinking."

"Early in the night have a soda water now and again when you feel yourself getting dizzy."

Coping strategies mentioned include:

- Volunteer to be the designated driver. But, this does not always work;
- Don't drink if you don't feel like drinking;
- Give up certain drinks including those that may cause hangovers;
- Switch to wine with meals;
- Give up drinking for a set period (say after Christmas);
- Switch to light beer;
- Don't stock up on alcohol in the house or the fridge; and
- Only take a set amount of money or the ATM card (a strategy used by young people).

"They say you should only keep three in the fridge and nine in the garage."

“If friends come round and it’s there I drink it, so I try not to keep it.”

“I’ve switched to light beer because I was waking up silly after heavy beer. Light is quite nice and has only 2.5% alcohol.”

“I always say ‘I’m not going to drink, I’ll drive’ but I end up leaving my car.”

“We don’t buy alcohol to have at home because we drink it. There’s no such thing as open a bottle and put it back in the fridge.”

3.9 ‘Binge’ versus Regular Heavy Drinking

3.9.1 Binge drinking

Everyone has heard of binge drinking and believes they know what it is. However, the definition of ‘binge drinking’ varied across the age groups and especially among young male drinkers (18-24 years). **Everyone had their own definition of binge drinking and this was related to their own perceived individual capacity to tolerate alcohol.**

Binge drinking tends to be considered **potentially more harmful** because of the belief that excessive consumption over a short period of time is likely to be more injurious to general health and the body.

“My bucks’ party was binge drinking. The floors were awash.”

“Binge drinking is probably worse – if you don’t drink for weeks and go out and have a huge night, that’s bad.”

“I heard heavy binge drinking was worse than drinking regularly, like having a couple of drinks every night or every day. Heavy binge drinking can be more damaging than having a couple of drinks.”

“Binges are the worst.

I reckon a binge is worse. You’re pumping a lot more into you in a short period of time.

Binge is the worst, like you can drink every night but not get drunk whereas you can go out on Saturday night and get absolutely smashed. That’s going to make you worse.

It’s like anything, if you binge at anything it’s the worse thing.”

“I think that having two big nights a week wouldn’t be as bad for you as having a six pack every night. I’m not backing that up with any medical evidence.”

Some people have never considered whether binge drinking is more harmful but others say confidently that they have been informed via the mass media or educated at school to believe that binge drinking is more harmful (especially to those who are not used to drinking).

“They drilled it into us at school about binge drinking.”

“Happy Harold came to our school for health education.”

“You do more damage if you only get spastic every six months because you’re not ‘piss fit’.”

“Binge drinking is worse and brings out the worst in people.”

“Binge drinking can give you blood poisoning. It’s asking a lot of your body because your body then has to work overtime.”

“I’m told it’s worse if you don’t often drink, you can do more damage. Your body gets used to alcohol every day.”

“Your body goes into shock. A glass of wine every day with dinner is better than binge drinking every 3 weeks to the point of getting smashed.”

Significantly, **binge drinking is associated mainly with young people**. The evidence however, suggests that older people do indulge in episodic drinking but do not perceive it as binge drinking and distance themselves from the whole topic of binge drinking. For example, several older respondents in Brisbane mentioned recent negative local publicity about ‘schoolies week’ and expressed concern about the youth binge drinking known to occur during this period.

Many adults admit drinking excessively on special occasions but do not recognise this as a problem. It appears that the occasion and their experience gives them ‘permission’ to drink to excess. Accordingly, they fail to relate to binge drinking as a description of their own behaviour.

Binge drinking is not necessarily undertaken impulsively or thoughtlessly. Some drinkers admit they look forward to having ‘a big one’ and actually plan for it.

“People don’t drink as much now, we’re not drinking to get drunk except when it’s a mate’s birthday. Then you go all out!”

3.9.2 Regular heavy drinking

Regular consumption of large amounts of alcohol was also considered harmful. However, there was **no consensus on the amount consumed that could be harmful** (e.g. some males consider that consuming ten or more drinks a day is quite normal and not harmful). Chronic heavy drinkers usually saw regular heavy drinking as being a bit heavier than their own current level of consumption.

“One glass always leads to two or three.”

“You can easily drink more than six drinks at a dinner party or Christmas.”

“You’d get thrown out of the workers’ club if you buy a middy not a schooner. They say their hands cannot grip anything that small. Tonight after this, I’ll probably have four schooners at the club but on Saturday, I’d have seven or eight schooners and go home on the club bus.”

“More than two bottles of wine a night. Is that too much?”

“I’ll often have lunch with my ex work mates. We’ll have a few beers before, a bottle of red with the meal, and a beer on the way home.”

3.10 Awareness of and Attitudes to Guidelines and Standard Drinks

3.10.1 Awareness and knowledge

Younger drinkers are more aware than older drinkers of the concept of ‘a standard drink’. Many younger drinkers were able to describe accurately a standard drink because of recent

school education. Those who know about standard drinks mention: ‘a small glass of wine, a nip of spirit, a glass of heavy beer’ (a few mentioned 30mls spirit).

However, there was no evidence that they have responded to this knowledge or incorporated it in their attitudes or behaviour regarding drinking except in regards to driving.

Older people seem less aware of there being any guidelines except in relation to staying under the limit for driving.

The public seem to have become so conditioned to community issue advertising in the mass media that participants in the study often assumed that if ‘the authorities’ were really concerned about drinking levels, they would commission a shock/horror advertising campaign along the lines of recent ‘graphic’ Road Safety and Quit smoking campaigns. This perhaps offers drinkers an opportunity to dismiss or fail to acknowledge the seriousness of excessive drinking because there is little media coverage of the issue.

3.10.2 Informational barriers

There are a considerable number of important barriers to **understanding** and observing guidelines:

- Perceived conflicting information between trusted ‘old’ messages (you can have two drinks in the first hour etc) and ‘new’ messages;
- Other conflicting information (doctors say some alcohol is good for you);
- Confusion about the number of standard drinks in containers (particularly beer because of the proliferation of various beer strengths);
- Disbelief that guidelines pertaining to ‘the average person’ can be universally relevant (i.e. time, food, size, weight, experience was considered to affect alcohol tolerance).

“It’s hard to evaluate these days what a standard drink is because there are so many types of drinks and bottles.”

3.10.3 Practical barriers

There are also many practical barriers preventing drinkers from using the standard drinks measure as a way of moderating alcohol use. Firstly, glass sizes differ at different venues and at home and often do not relate to a standard drink. Secondly, ‘topping up’ by self or other people makes it difficult to keep tabs on how many drinks have been consumed. Thirdly, drinkers at home admit to pouring drinks for taste and do not use a measure. Importantly, **when drinkers count their drinks, albeit rarely, they count the number of containers consumed.** These containers seldom represent a standard drink.

“Different wines and different beers have different alcohol strengths so that’s where you can get caught out.”

“Yes but you can keep track. You’re not going to go point 7 and go to drink a scotch.”

“Like I’d be roughly aware of that looking at the side of this can – that it’s roughly 2 of these equal a VB. A VB is about 5% alcohol and that’s probably about two and a half – and you know roughly with spirits.”

But you only worry about it if you’ve got to drive. If you don’t have to get in the car until 5 o’clock the next night to go out to dinner then you just go ‘Bugger it, I can do whatever I like’.”

“The problem is you’re never drinking a standard drink – ever – so it’s like very misleading. I find it’s a very misleading measure. These people go ‘If you’re drinking this and this standard drinks you’ve got a problem’ or whatever, but you go ‘I’m OK because I’ve only had two beers’. That two beers if probably like four standard drinks or something, like it’s a lot worse than what you think, so maybe they should change what a ‘standard drink’ is so that it’s something decent. Like a can of beer is one standard drink or something and so you can only have one an hour or something like that.”

“It is a bit hard to measure having 1.3 standard drinks when you’re having a schooner of beer.”

“There are other factors too, like what you’ve had to eat or what you’ve been doing. Sometimes I know I would be over the limit but sometimes it’d be a bit hit and miss.”

3.10.4 Social and psychological barriers

There are a number of social and psychological barriers preventing drinkers from using the standard drink measure or adhering to guidelines for alcohol use. **The notion of freedom and self-determinism** is important here. There was a belief that no one is better equipped to understand their limit than they are. Another barrier is in the form of resistance to yet another perceived restriction on personal habits: the community voiced opposition about the need to continually moderate their behaviour (‘after smoking restrictions what else will they tell us not to do?’).

“We go to the pub and we get messages about gambling, messages about smoking and drink driving and now they want to give us messages about drinking. We go to the pub to get away from all that.”

“I don’t really count but I know how many I’ve had by how I feel. I know how far I can go.”

There are also many other social and psychological barriers preventing drinkers from moderating their alcohol use. Basically **the benefits of drinking far outweigh any shortcomings**, as the following beliefs demonstrate: drinking alcohol proves you are an adult and an individual (ironically though, adults get bored with having to be a positive role model to their children); alcohol is fun and tastes good; and alcohol provides an instant way to relax and feel part of a social group. Other beliefs include: ‘no harm will come to me’; ‘I am in control’; ‘everyone does it’; and ‘I don’t have a problem with alcohol anyway’.

“Guidelines are all generalisations. You have to use your own judgement.”

“Most people know what they can handle, they can work out their own limits.”

“You can feel it if you’re tipsy and that has nothing to do with standard drinks.”

“You learn by experience. I’m tipsy after three or four and drunk after seven or eight drinks.”

“You never say ‘I’m going to have a standard drink’. You say ‘I’m having a couple of drinks’.”

4. Appendix

Discussion Guide: Australian Alcohol Guidelines

Research Aims

1. **Explore the behaviour, perceptions and attitudes of Australian drinkers who are currently consuming alcohol at hazardous and harmful level and identify potential strategies for communicating with these consumers in order to reduce this risk.**
2. **Assess reaction to and understanding of proposed material amongst consumers.**

The approach taken will be very much participant directed, so while a number of aspects to do with the research aims will be probed (where relevant), if not raised spontaneously, every attempt will be made to encourage the group participants to express the issues that they feel are important in regard to the topic.

4.1 General Drinking Behaviour

- Examine the patterns of consumption of drinkers in particular those who are currently consuming alcohol at hazardous and harmful levels:
 - Let's talk about drinking alcohol
 - Locations where you purchasing alcohol and consuming it. Explore.
 - Where drink? With whom?
 - Does drinking differ according to who you drink with (eg: family, mates, children, all males, all females, mixed)?
 - Does drinking differ according to where you are (eg: five-star hotels, bars, picnics, in front of TV)?
 - Does drinking differ according to the occasion (eg: party, dinner party, after work)?
 - Does drinking differ according to time (work day, weekend, middle of day, late at night, after work)?
 - Does it make a difference if you have a spouse/partner? If so, how?
 - Does it make a difference if you have children? If yes, how?
- Perceptions of the role of price in influencing purchase and consumption of alcoholic beverages among high-risk drinkers. (Level of importance? Reasons?)
 - What role does price play?
 - How important is price?
 - Specials?
- Perceptions of the impact of marketing and promotion of particular brands of alcohol among high-risk drinkers.
 - What impact does the marketing and promotion of alcohol have on your drinking behaviour?
 - Importance of pub/club promotions?
 - Advertising promotions?
 - How does promotion/advertising effect alcohol consumption and brand preference?

4.2 Explore the communications environment for the introduction of the Australian Alcohol Guidelines:

- Past/Current Drinking Behaviour:
 - Has your drinking behaviour changed at all over time? Have you ever wanted to change your drinking pattern/quantity? How? In what ways?
 - Why have these changes happened? What prompted the wish to change (including health reasons, weight gain)?
 - What did you do about it and how successful were you?
 - What helped or hindered your capacity to change?
 - Under what conditions do you cut down?
 - Have you/others ever tried to limit your drinking?
 - What type of alcohol moderation techniques have you or do you use, if any?
 - Reasons for the use of alcohol moderation techniques.
 - When are times that you don't drink?
 - When is it difficult to not drink?
 - When is it difficult to not drink to excess?
 - At what times is it easy to not drink?
- Modifying Your Drinking Behaviour in the Future:
 - If you gave up drinking, what would be the negative consequences?
 - What would you gain if you reduced intake?
 - What would make it easier to limit drinking?
 - When do you get concerned (ie: what is it that indicates that it is time to be worried or that enough is enough)?
- Perceptions of low-risk, risky and high risk levels of alcohol consumption. Unaided
 - What do you consider low risk, risky and high risk drinking? Why?
 - Current attitudes, perceptions and behaviours in relation to the issue of consumption of alcohol to levels deemed to be harmful or hazardous. Explore.
 - When does drinking become excessive (at what level and in what context – for self and others)?
 - What are the effects of heavy drinking? Explore health, social, psychological, financial effects etc.
 - Do you ever get concerned about your own or others drinking? What are your concerns?
 - Attitudes to binge drinking?
 - Is excessive drinking a consequence of steady intake or binge drinking – which form is worst and what are attitudes to each?
 - Gaps in knowledge about the negative impact of harmful consumption of alcohol on health and psycho-social well-being (What is the extent of their knowledge, how have they gathered that knowledge?)
 - Explore any barriers to communication about risks associated with consuming alcohol at harmful levels.
- Levels of knowledge and awareness of a Standard drink?
 - Have you heard of the term a standard drink?
 - What is it?
 - Awareness of information on labels about standard drinks

- Explore any barriers to communication about standard drinks
- Is the concept of a standard drink useful?
 - If so how would it be used?
- Would it be used to count the number of drinks consumed?
 - If so why, and in what situations?
- Explore whether the use of the term ‘standard drink’ will receive greater acceptance in the future. Is it likely to become more meaningful over time?
- Possible channels for communication of the effects and consequences of levels of harmful consumption of alcohol for men and women identified as most at risk of harm.