PRACTICE NOTE

A Hard Road: Driving Local Action against Alcohol Related Problems in a Rural Town

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Abstract

Context is important in developing strategies to address alcohol related violence. Knowledge of local conditions is critical to action in rural areas. The aim of this study was to gather information about context specific alcohol related problems experienced by frontline workers in a regional centre to inform the local alcohol action plan.

Frontline workers were invited to participate in one of five focus group discussions that investigated problems experienced as a result of other people's alcohol use. Alcohol related problems were more frequently associated with time periods than any single group in the community. Social media was used to incite arguments between groups in different venues during the lock-out periods. The focus groups identified that the location of licensed premises and a taxi rank; and previous relationships between protagonists were the key contextual factors causing alcohol related problems.

A second taxi rank was identified as a useful local management strategy. Supply reduction was suggested as a key factor in long term solutions to alcohol related problems in rural towns. The local liquor accord did not want to reduce supply of alcohol by closing late night venues earlier.

Local action to reduce alcohol related problems will be limited to pragmatic solutions because supply reduction is unacceptable to those in the business of selling alcohol.

Key words: rural communities, alcohol, social media, community action, frontline workers

In Australia, alcohol use is a daily part of many people's lives (AIHW 2010). The most commonly used recreational drug (Miller *et al* 2010), it is legal, widely promoted and marketed and socially accepted (Collins and Lapsley 2008). This is despite alcohol being a key factor affecting the health of Australians (National Prevention Health Taskforce 2009), and a major contributor to preventable disease, illness and death. It is also associated with social harms which cost in excess of $15 billion per year (Collins and Lapsley 2008), with serious long term health effects, disease, hospitalisations, accidents, violence, homicides and suicides (Miller *et al* 2010)

Context is important in developing strategies to address alcohol related violence. Rural Australians experience a disproportionately high burden of alcohol-related harm compared to urban Australians (Australian Institute of Health and Welfare 2008). The reasons for this vary, but include for example, higher per capita consumption of alcohol in rural locations (Strong *et al* 1988), and higher density of liquor outlets in rural relative to urban locations (Williams 2000). However, rural community action to address problematic alcohol use is hampered by lack of information about local conditions influencing alcohol related problems. Recent studies highlight how community and cultural norms are essential for understanding drug use and for reducing problematic alcohol use in rural settings (Midford 2001, Czech *et al* 2010).

The aim of this study was to gather information about context specific alcohol related problems experienced by frontline workers in a regional centre to inform the local alcohol action plan. The action plan was an initiative of the Liquor Accord, a group with members including licensees, police and local government. Strategies to reduce alcohol related violence had included early closing on high risk days such as Christmas Eve, Anzac Day, and after the local horse races; and restricting the alcohol content of drinks served at race venues to mid-strength beer and low alcohol wine.

There were eighteen licensed premises in the study town (population 34,969), including two late night venues close together in the Central Business District near the only late night taxi rank. Lock outs were enforced at the late night venues where patrons could not enter the premises after 1am effectively meaning people had to choose somewhere to stay before that time or go home. The taxi rank and the late night venues were frequently identified in the local media as sites of alcohol related violence. In March 2011, one of the late night venues was named in the NSW Office of Liquor Gaming and Racing (OLGR) list of the most violent licensed premises in the state. In spite of local strategies, the rate of alcohol related offences had remained stable over the period 2007 to 2011 (NSW BOCSAR 2011). Growth of the mining industry, large numbers of fly-in-fly-out workers and

accommodation shortages resulted in anecdotal reports of high levels of alcohol consumption and fights attributed to mining employees.

Information from the local frontline workers who came into contact with people who had been drinking alcohol, and the ways related problems were managed, was unavailable. The Liquor Accord members were seeking new ways to address alcohol related violence in the town and approached the Community Drug Action Team (CDAT) for assistance in finding out about the experiences of frontline workers with the aim of identifying new, contextually specific ways of addressing alcohol related problems. The CDAT undertook the research reported here.

Method

A sociological action-research approach shaped the study design because it facilitates contextually specific action (Foley and Valenzuela 2005). Charles Sturt University Human Research Ethics Committee approved the study (2011/091). Frontline workers were defined as bar tenders and security guards in licensed premises, taxi drivers, police officers and ambulance officers. Five focus groups were held, two with bar tenders and security guards and one with each of the other occupational groups. There were between 5 and 9 participants in each group with a total of 38 participants.

Bar staff, security guard and taxi driver participants were recruited by flyers distributed to all the licensed premises in Orange and handed out at the taxi ranks and via the local taxi cooperative three days prior to the focus groups. Prospective participants were required to telephone the research team to register their interest. The contact number was on the flyer. Each participant was paid AUD $40 for attending. One focus group was held with police. Participants for this group were recruited by the local Crime Coordinator who was a member of the Liquor Accord. One focus group was held with Ambulance Officers. Participants for this group were recruited by the Local Health Network Health Promotion Officer who was a member of the CDAT. Participants in these groups were not paid because they attended in their work time.

Participants in each focus group were given an information sheet explaining the project. The group facilitator explained participation was voluntary and responses would be reported anonymously in any project reports or publications. Participants were asked if they had any questions and written consent was sought from each participant. Each focus group lasted approximately 1 hour. The discussion was recorded by a scribe and a digital recorder. The recording was used to check the accuracy of the scribe's notes and ensure no points were omitted. The handwritten focus group notes were transcribed into word documents by the scribe while listening to the recording.

Focus group questions asked about the patterns of alcohol consumption in licensed premises, the way frontline workers came into contact with people who had been drinking, any problems experienced as a result of other people's alcohol use and what strategies and tactics were used to manage those. Group participants were also asked about their ideas for changes that could be made to manage people affected by alcohol more effectively.

A narrative approach was used to analyse the transcripts (Fox 1993). A narrative analysis highlights the stories participants tell about the study topic. The analysis identified social practices in relation to alcohol related problems in and around the research site (Fox 1993, Gee 2005). In narrative data analysis from a social action perspective, discourse in the form of participants' explanation of other's actions, is central to understanding the data (Foley and Valenzuela 2005). NVIVO8 (QSR 2009) was used to group participant statements to each question resulting in themes of drinking patterns, drinkers behaviour, dealing with problems, ways to address problems related to drinking.

Results

Each focus group described similar problems related to dealing with alcohol affected people in the town. All group participants identified Friday and Saturday nights between midnight and 4am as the peak times for public problems with people who had been drinking large quantities of alcohol. Group participants stated there were few problems at other times. However, there could be some issues associated with events such as State of Origin football or celebrations such as Christmas Eve. Focus group participants stated that people will move from venue to venue before deciding which one to stay in after lock-out.

The problems experienced related primarily to the behaviour of drunken people congregating around the taxi rank waiting for taxis. The two late night venues close around the same time with up to 600 people leaving these premises between 2.30am and 3.30am. Problem behaviour identified included fighting, arguing, vomiting, abusing others including security guards, taxi drivers and police; and damaging property. Focus group participants acknowledged problems were more associated with time periods than any single group in the community.

Focus group participants described Friday and Saturday nights as the nights when the highest numbers of people were in pubs drinking. However, group participants stated that many people drank at home before going out because it was cheaper. Group participants stated that many people were highly intoxicated before they arrived at the pub around 11pm, and listed clear indicators of people looking for a binge night – 'quick drinks; double shots; no ice in drinks; often spirits and RTDs (ready to

drink) in bottles'. Group participants noted that people moved round from venue to venue prior to the lock out time. Pub patrons were aware of Responsible Service of Alcohol legislation and would 'act sober' when ordering drinks even though they may have already consumed a large quantity of alcohol at home or in other venues.

Focus group participants were asked about problems caused by occupational groups such as miners. Group participants perceived miners to have more money, drink expensive types of alcohol such as pre-packaged spirits and to drink in large groups. Miners were described as likely to drink outside peak hours. For example because of shift work they may have drinking sessions in the mornings or on weekdays. However, overall miners were also perceived to limit their drinking because of workplace alcohol testing. Miners were not described as a problem group although it was acknowledged some individuals involved in fights or other problem behaviour may have been mining employees.

Each focus group noted that the problems caused within and outside licensed venues frequently related to personal relationships and long standing disputes between groups who had known each other since they were at school together. Focus group participants who had worked in urban areas had not experienced this issue in other locations. This aspect of the local context influencing problems associated with alcohol consumption was seen to be unique to the rural setting where people know each other and venues are limited. However, focus group participants noted that use of texting and Facebook contributed to fights between groups and could be conducted while in separate venues.

Each of the occupational groups blamed others for contributing to alcohol related problems. For example, taxi drivers believed drunken people continued to be served alcohol. Bar staff and security guards stated taxi drivers would not allow more taxis to operate because it would affect their profits. Both groups perceived Police to be slow to respond to calls for assistance and police reported that they could not arrest people for drunkenness which was expected by the community. Ambulance officers reported having to deal with the aftermath of the other group's lack of action on high levels of alcohol consumption.

Focus group participants were asked about strategies to address problems caused by alcohol. Police, Ambulance officers and taxi drivers believed supply restrictions such as reduced trading hours and earlier closing would reduce alcohol related problems. However, this was not a strategy proposed by bar staff and security guards. A locally relevant strategy was that police, bar staff and security guards believed that another taxi rank or hotel pickups were a good strategy to reduce problems at the taxi rank.

The rural context influenced the way taxi drivers responded to some of their customers. Taxi drivers were able to describe specific people who caused them problems and those who were repeat customers. Drivers described taking people with no money home and calling round the next day to collect the fare or the passenger taking the money in to them. Taxi drivers confirmed they did not see a need for more taxis or a bus believing the wait at the taxi rank was reasonable.

Discussion

Main finding

A key factor contributing to local problems is that people know each other. While knowing others is usually a positive feature of rural areas, on-going disputes and disagreements contributed, in this study, to alcohol related problems. Local media and anecdotal reports were more likely to place the blame for alcohol related problems on outsiders rather than acknowledge them as home grown. This finding is likely to be common in small rural towns.

What is already known

Most communities experience alcohol related problems on Friday and Saturday nights. (AIHW 2011; National Preventative Health Taskforce 2009; Australian Institute of Health and Welfare 2008). Violence in public places occurs in and around licensed venues and involves young adults (Collins and Lapsley 2008). The specific local context is frequently raised as important in addressing alcohol problems and the lack of information available to do this is noted (Czech *et a*l 2010).

What this study adds

Frontline workers are key stakeholders in public health strategies to address problematic alcohol use and they are rarely consulted about their knowledge and experience in relation to dealing with alcohol affected people. The key solution proposed to alcohol related problems focussed on supply restrictions (earlier closing times and staggered closing times for the late night venues). When presented in the project report this solution was unacceptable to those members of the liquor accord deriving an income from licensed premises. It was also perceived by accord members to be unacceptable to people drinking in those venues. Both of these groups, licensees and patrons, hold a great deal of power in planning or implementing action (Collins and Lapsley 2008). The other suggestion – a second taxi rank – is a management strategy not a solution.

The use of social media to incite and maintain disputes in the rural context is worthy of further investigation. Frontline worker's perceptions that others are to blame for not responding to alcohol related problems effectively stymie local action to address harmful consumption. There was no

communication between the groups of frontline workers in relation to the problems they experienced and no forum for working out solutions at the community level (Czech *et al* 2010).

Limitations

The participants and findings of this study are specific to the research site and cannot be generalised. Further work is required to investigate the way groups such as Liquor Accords hold power over local strategies to address problematic alcohol consumption.

Conclusion

At the time the report was presented to the Liquor Accord the local council was considering a development application for a third late night venue to open within one block of the other two venues. The findings of this study leave the local group with two avenues for action. The first is advocacy for a change in local circumstances – the taxi rank. The second action needs to address supply reductions – a hard road at a local level.

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