



Reducing alcohol-related health inequities

An evidence summary

FAIR FOUNDATIONS HEALTH EQUITY SERIES



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Introduction

Background

High levels of alcohol consumption, risky alcohol use and alcohol-related harm are major policy and public health concerns in Australia. While the majority of Australians drink alcohol at low-risk levels, excessive consumption is associated with significant harms for both individuals and society, with the burden of alcohol-related harm unevenly distributed across the population.

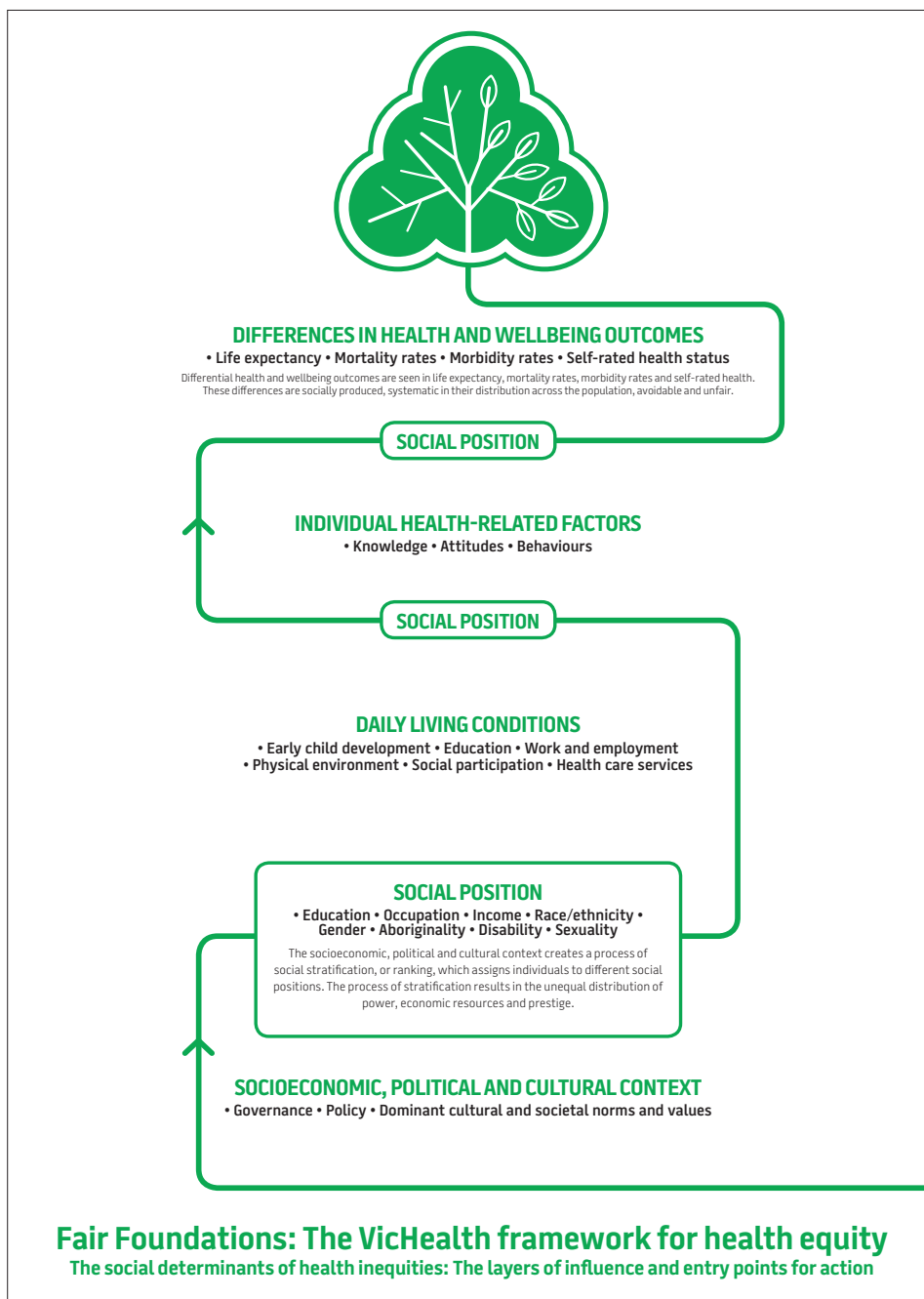
A range of social indicators, including age, gender, Indigenous status, sexual orientation, being in prison, living in a rural area and socioeconomic status (SES) are associated with higher levels of alcohol consumption and related harms in Australia. The relationships between these social indicators and patterns of alcohol consumption and related harms are often not linear. Instead, risky consumption and related harms appear as ‘clusters of problems’, affecting different groups in different ways. Harms may stem from long-term or acute use, and different groups are at risk of different patterns and types of harms.

Addressing these complexities is vital. However, although Australia expends considerable resources on reducing per capita alcohol consumption and related harms in the population, there has been comparatively little attention directed towards the social determinants of risky consumption and the interventions explicitly targeted at reducing inequities in alcohol-related harm.

Health equity is the notion that all people should have a fair opportunity to attain their full health potential, and that no one should be disadvantaged from achieving this potential if it can be avoided.

Health inequities are differences in health status between population groups that are socially produced, systematic in their unequal distribution across the population, avoidable and unfair.

The social determinants of health inequities are the social determinants of health – or the health-influencing social conditions in which people are born, grow, live, work, play and age – and the social processes that distribute these conditions unequally in society.



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Using this document

This evidence summary is intended to provide policy makers and practitioners in Victoria and across Australia with practical, evidence-based guidance on promoting equity in the reduction of alcohol-related harms. It is designed to be used alongside ‘Fair Foundations: The VicHealth framework for health equity’ www.vichealth.vic.gov.au/fairfoundations – a planning tool developed and published by VicHealth in 2013 to stimulate and guide action on the social determinants of health inequities.

Common underlying drivers and determinants of health inequities are outlined in the Fair Foundations framework. This evidence summary is one of eight that use the framework to examine a specific health issue and its determinants (mental wellbeing, healthy eating, physical activity, alcohol, and tobacco use), or specific opportunities for action (through social innovation, settings-based approaches, or a focus on early childhood intervention as an upstream solution to

health inequities over the life course). In many cases, the key social determinants of health inequities (such as education or employment) are also discussed as settings for action (e.g. schools, workplaces) within each summary.

This summary focuses on alcohol harm-reduction approaches that have successfully impacted on, or that have significant potential to address, health inequities if designed and targeted appropriately. It highlights best practice and priorities for action across all three layers of the Fair Foundations framework – Socioeconomic, political and cultural context; Daily living conditions; and Individual health-related factors – in order to support coordinated, multisectoral approaches.

Few published alcohol harm-reduction intervention studies have focused on equity or on evaluating distributional impacts. Therefore, the priorities for action identified in this summary are tentative only – based on best available evidence – and may require modification as further research becomes available.

What can be done to reduce alcohol-related inequities?

Socioeconomic, political and cultural context

Governance

The lack of attention to (and possibly awareness of) social inequities in alcohol consumption in Australia is indicative of a broader policy context oriented more towards modifying individual behaviours than addressing social determinants. Developing and maintaining a national focus on the social determinants of health is an achievable goal, but will require firm political will supported by an empowered public sector, intersectoral collaboration, transparent and independent policy, a progressive health sector, a strong evidence base and mechanisms in place to ensure that the most marginalised groups in society meaningfully participate in policy development.

Policy

Australia has implemented a range of policies aimed at reducing harmful consumption and controlling alcohol availability, pricing and promotion, including:

- regulatory approaches, such as licensing and enforcement
- public health oriented alcohol pricing and taxation policies
- regulation of physical availability
- modification of the drinking environment, such as bans on street drinking
- drink-driving countermeasures
- restrictions on marketing
- education and persuasion
- treatment and early intervention.

Few of these policies have taken social determinants of health into account, and some have significant potential to exacerbate inequities if designed poorly. An equity-focused policy approach should explicitly address health inequities during policy target setting, development, implementation and evaluation.

Policy areas with particular potential to address inequities

Policy areas that have the greatest potential to shape the root social determinants of inequities in alcohol consumption and related harms include:

- regulatory approaches to control the physical availability of alcohol
- broad social policies aimed at improving daily living conditions among vulnerable groups.

Controlling the physical availability of alcohol

Restricting the density of alcohol outlets and preventing disproportionate clustering of outlets in disadvantaged areas through town planning, zoning and licensing regulations can increase the effort required to obtain alcohol and limit competition between venues. Such measures also have significant potential to reduce overall consumption and inequities in consumption. Reducing the hours or days during which alcohol is sold can lead to fewer alcohol-related harms, including rates of homicide and assault.

Social policies

A range of health, education and welfare policies influencing daily living conditions and access to health and social services have the potential to reduce the negative effects of alcohol consumption. These include policies concerning social protection, early childhood education and parenting support, labour, housing and social exclusion. Policies promoting good nutrition can act as a 'buffer' for heavy drinkers against cirrhosis mortality, while appropriate policies in the criminal-justice and child-welfare sectors can help identify problematic drinkers and direct them into treatment.

Policy areas that appear to have a neutral impact on inequities

Some policy areas appear to have a neutral impact on inequities. These are as follows:

- minimum-drinking-age laws
- drink-driving countermeasures (such as random breath testing, maximum-blood-alcohol-concentration laws, ignition locks, vehicle impounding, and Driving While Impaired/Suspended or Driving Under the Influence Courts).

Policy areas with particular potential to worsen inequities

Policy areas that have been identified as most likely to worsen inequities include:

- national drinking guidelines
- pricing/taxation policies
- street-drinking bans.

National drinking guidelines

National guidelines to inform low-risk drinking are a central component of much of Australia's alcohol-related policy, practice and research. Health-related guidelines and awareness-raising campaigns have consistently been shown to be more easily understood and acted upon by better-educated and higher-SES individuals, who may be more health literate and more receptive to health messages than individuals from lower SES levels, and have greater capacity to implement behaviour change due to the wider range of supports and resources available to them.

Pricing/taxation policies

Using pricing and taxation strategies to reduce alcohol consumption and related harms is acknowledged to have particularly complex implications, and more research is needed in this area. Alcohol-pricing strategies may have a disproportionately negative affect on disadvantaged populations by confiscating a higher proportion of their income. On the other hand, price increases could be particularly effective among disadvantaged populations who are most price-sensitive. The effect is likely to vary according to the overall affordability of alcohol.

Street-drinking bans

Despite perceptions that safety is improved by street-drinking bans, these strategies can have significant unintended consequences for already marginalised populations, including Aboriginal and Torres Strait Islanders, and homeless and disadvantaged young people. Moreover, these strategies have demonstrated limited effectiveness in decreasing alcohol consumption and related harms. Street-drinking bans commonly generate counterproductive effects: drinkers may move to more covert (but potentially less safe) places to consume alcohol, making it difficult for individuals to be located by their friends, family and health workers. In addition, drinkers may find themselves in breach of regulations, and liable to legal sanctions.

Policy areas with inadequate evidence of impact on inequities

Policies for which evidence is lacking to enable conclusions to be drawn on inequity impacts are:

- bans/restrictions on alcohol marketing and advertising
- restrictions on alcohol trading hours.

Cultural and societal norms and values

Sports events and sporting clubs represent a particularly promising setting for changing cultural norms associated with drinking, given their important role in Australian social and cultural life. Such interventions are likely to require both governmental and sporting-industry support.

Public awareness campaigns are generally considered to act at the individual level, by influencing knowledge, awareness and behaviours. They have the potential to exacerbate existing inequities because they tend to be more easily understood and acted upon by more advantaged population groups. However, well-designed awareness-raising campaigns addressing a wide range of social determinants of health (such as social exclusion and income inequities) have potential to play an important role in a comprehensive approach to reducing health inequities by shaping broader cultural and social norms and values, as well as public opinion and public policy, over the long term. There is a dearth of evidence, however, for the effectiveness of this approach.

Daily living conditions

Early childhood and education

Maternal prenatal alcohol use can have severe impacts on the health and wellbeing of both the mother and the child, and can result in a lifetime of disability and disadvantage for the child. A disadvantaged upbringing, as well as negative peer and family influences, are also associated with a greater risk of problematic alcohol consumption and alcohol-related harms.

Reducing alcohol consumption during pregnancy

There is some evidence that brief screening questionnaires can be effective in identifying risky drinking among pregnant women. Psychological and educational interventions may also result in increased abstinence from alcohol, or reduced alcohol use among pregnant women, although more research in this area is needed. Similarly, preventing/delaying pregnancy in young and vulnerable mothers and enhancing health-service provision for maternal and child health require further investigation.

Early childhood

A number of interventions that aim to provide an optimal developmental environment for young children have been trialled in Australia and overseas. Available evidence suggests that home visits, parental education, school-preparation programs and family interventions have moderate effects on improving outcomes for children. More research in this area is needed to enhance understanding of what and how interventions aimed at the early childhood period can reduce inequities in alcohol-related harm.

Schools as an intervention setting

Schools offer a potential setting for reducing alcohol consumption and related harms among high-risk youth. Promising strategies include education, development of social and peer resistance skills, normative feedback, and development of behavioural norms and positive peer affiliations. However, again, this is an area that requires further investigation.

Employment and working conditions

The nature of an individual's employment and working conditions, including wage, job security, working hours, and level of flexibility and control, is a powerful social determinant of health. Employment conditions can influence alcohol consumption via such mechanisms as the physical and psychosocial aspects of work, and resultant work-related resources and opportunities. Work environments that are conducive to psychological and physical health can reduce stressors that may lead to alcohol use. Such environments can also facilitate appropriate referrals, treatments and support mechanisms for staff with alcohol problems, thereby preventing an escalation of harms. Prestigious or well-appointed workplaces may invest more resources in preventing or addressing the alcohol problems of staff. Social support from employers may also play a role.

Employment may act as both a determinant and an outcome of risky alcohol use – a scenario that may cause a vicious cycle. For example, certain workplaces may facilitate risky consumption behaviours among staff, with resultant health consequences that can lead to difficulties in maintaining employment, which in turn can exacerbate stress and increase the likelihood of greater consumption. The complex and non-linear nature of these variables can make it difficult to implement effective preventive strategies.

While the majority of workplace alcohol interventions seek to modify individual behaviour, there have also been efforts in Australia to target organisational policies and practices in order to bring about cultural change concerning alcohol use in high-risk occupational groups. The most effective workplace interventions tend to involve a comprehensive 'whole-of-organisation' approach.

Physical environment

At present, the greatest social determinant impacting alcohol consumption and related harms in Australia is the availability of alcohol. All other factors need to be considered in the context of unprecedented levels of physical and economic access to alcohol. The role of social determinants is therefore best viewed as mediating the interface between individuals and communities and a highly alcohol-rich environment. In recent years, Australia has seen an unprecedented rise in alcohol availability, as evidenced by:

- an increased number of licensed premises
- an increased number of different licence types
- increased hours of availability
- an increased range of beverage types.

Outlet density may influence alcohol consumption and harms via a combination of *proximity* (the ease of access to alcohol) and *amenity* (the effect of outlets on the characteristics of the surrounding area). While the effect of outlet density is equivocal, greater density is typically associated with increased consumption and higher rates of alcohol-related harms.

In Victoria, an association has been established between outlet density and neighbourhood SES, with individuals living in deprived urban and rural areas more readily able to access alcohol than those in wealthier areas (greater proximity), and potentially exposed to more alcohol advertising, as well as more intoxicated patrons (poorer amenity).

Alcohol has also become more affordable in Australia, relative to household income, over the past two decades. Evidence indicates that as alcohol becomes more readily available and affordable, consumption and harms increase.

Licensed drinking venues and their surrounds have important social and economic value. They are also settings in which alcohol-related harms are increasingly becoming an issue of concern. Comprehensive approaches involving partnerships between law enforcement, licensees and other stakeholders (such as local government and health authorities) are most effective. A range of strategies, including ID scanners, taxi ranks, safety campaigns, undercover police and alcohol-free areas, can be used. As interventions targeting licensed venues have the potential for unintended consequences, such as encouraging 'pre-drinking', they need to be implemented with care.

Social participation

Social participation is defined for the purposes of the Fair Foundations framework as 'a mix of supportive relationships, involvement in community activities, civic engagement and participation in decision-making and implementation processes'. A certain level of social participation is what confers citizenship and is a key social determinant of health. Particular communities – including Aboriginal and Torres Strait Islanders, refugees, people who are homeless, culturally and linguistically diverse (CALD) or lesbian, gay, bisexual, transgender and intersex (LGBTI) groups – may be at greater risk of social exclusion or marginalisation.

While little research has specifically examined these factors in relation to alcohol, the related concept of social capital (referring to patterns of engagement, cohesion, trust and reciprocity among individuals) has been found to be inversely related to rates of alcohol use and dependence. This suggests that programs that foster community participation and trust may reduce or protect against risky alcohol consumption. However, there is little evidence available in this area.

Health care services

The accessibility and quality of health care services strongly influence individual health outcomes. Public health services are essential for enhancing access to treatment for alcohol-dependent persons, and are a key feature of initiatives designed to address social determinants at the tertiary level. However, the effectiveness of health care services relies on the extent to which disadvantaged populations are aware of their existence, and are able/willing to access their offerings.

Factors affecting access to alcohol-related treatment and support in health care settings among vulnerable and marginalised populations include:

- availability and knowledge of services
- costs involved in accessing services
- attendance at local health care services (as provision of alcohol-related interventions often occurs at the instigation of a health care provider)
- stigmatisation and/or economic barriers, making mainstream alcohol services inaccessible or inappropriate
- lack of privacy or anonymity in public health care facilities (especially in smaller communities).

Co-occurring mental health and substance use problems ('comorbidity') are common, and are often reported by service providers to be the expectation rather than the exception. The combination of two highly stigmatised conditions (i.e. mental health issues and alcohol use) can lead to difficulties in both diagnosing problems and accessing appropriate treatment. Moreover, both of these conditions are strongly associated with a range of other adverse effects and outcomes, including interpersonal violence, injury and homelessness. Receiving the right treatment at an appropriate point in time is challenged further if individuals come from marginalised groups (such as Aboriginal and Torres Strait Islanders, CALD or LGBTI groups), are located in a rural or remote area, or are economically disadvantaged.

While collaborative care has the potential to improve outcomes for clients, reconciling alcohol-related and mental health-related service approaches continues to be challenging.

Tailored strategies aimed at improving the accessibility and effectiveness of health care services for people with the greatest need are required to address inequities within these services. Marginalised population groups are exposed to numerous forms of disadvantage, including discrimination, poverty and stress. Interventions within health care settings that do not address these issues within a social-determinants framework are unlikely to result in lasting change. Sensitivity to service users and settings, improving health care workers' capacity to discuss and respond to people with alcohol-related problems from different population groups, referral systems, and strategies to address physical and financial access to services are all important. Successful Aboriginal and Torres Strait Islander health programs generally involve holistic approaches that value Indigenous culture and beliefs, and include local community engagement.

Individual health-related factors

Interventions that target individual health-related factors can be divided into three levels: primary, secondary and tertiary. They can take place in a range of settings, including schools, workplaces, sporting organisations, health care services and communities. A range of information and communication technologies, including mobile phones, computer games, online social networks and apps, are also now commonly used to target risky drinking behaviours. These tools have shown some promise, particularly among young people. However, technology-based interventions have potential to increase inequities and compound issues of social exclusion because disadvantaged groups tend to have more limited technological literacy and/or access.

Primary interventions

Primary interventions target the whole population, regardless of their level of vulnerability to risky alcohol consumption and alcohol-related harms. They range from public health campaigns and education interventions to random breath testing.

Secondary interventions

Secondary prevention occurs when serious risk factors become apparent. The goal at this point in time is to prevent or reduce harm to individuals and the wider community. Preventing problems among vulnerable populations from escalating can make an important contribution to promoting equal health outcomes across the social gradient.

Potential strategies with some, although limited, evidence of effectiveness include screening and brief interventions.

Screening

Screening is intended to identify and address possible risky alcohol consumption in its early stages, in order to reduce its impact on the individual and the community. Given the pervasiveness of risky alcohol consumption in Australia and the seriousness of associated health consequences, methods for detecting risky consumption have been evaluated in a wide range of health care settings. Favourable locations for screening include general practice and relevant specialists; hospitals, including emergency, mental health and general wards; and welfare and general counselling services.

Brief interventions

A brief intervention is an opportunistic intercession that takes very little time (as little as 30 seconds), is usually conducted in a one-on-one situation and can be implemented anywhere on the intervention continuum. Brief interventions seek to raise awareness, share knowledge and motivate behaviour change. There is considerable evidence that brief interventions are effective in addressing hazardous and harmful alcohol use in primary health care settings, particularly among middle-aged, male drinkers. This is a cost-effective preventive approach and may be particularly useful in regional and disadvantaged areas. However, care must be taken to improve the effectiveness of brief interventions among vulnerable populations. There is a particular need for further research regarding their use among women, older and younger drinkers, minority ethnic groups and dependent/comorbid drinkers.

Tertiary interventions

Tertiary interventions target the relatively small number of people who are drinking at harmful levels and/or experiencing high levels of alcohol-related harm. Public health services are essential for enhancing access to treatment for alcohol-dependent persons, and are a key feature of interventions designed to address social determinants at the tertiary level. However, their effectiveness relies on the extent to which disadvantaged populations are aware of their existence, and are able/willing to access their offerings.

There is a broad range of public and private services available to treat people with alcohol problems and dependence. Traditionally, these have been 'stand-alone' facilities with their own models of service delivery and care. However, in recent years there has been a trend towards collaboration and partnership approaches across sectors. Areas in which these collaborative initiatives are occurring include comorbidity services and service delivery in rural and remote areas.

Evidence-based health care for harmful alcohol use and alcohol dependence in the Australian population appears to be generally effective and cost-effective. However, interventions targeting younger persons (< 25 years) tend to perform less well than those targeting the more mature (≥ 25 years). Importantly, this differential level of efficacy indicates that treatment has the potential to widen inequalities in alcohol consumption and related harms between older and younger individuals. Research into the most efficacious treatments for young people is required to combat this.

Priority actions

Priorities for all actions seeking to address health inequities:

- Coordinate a blend of measures across all three layers of the Fair Foundations framework, with particular emphasis on, and investment in, the lower two layers to rebalance the current emphasis on individual-level health factors.
- Seek to address both inequities in health outcomes and the wider social determinants of these inequities.
- Incorporate explicit equity objectives.
- Apply principles of proportionate universalism: interventions should be universal, but the level of support should be proportionate to need.
- Ensure that targeted supports do not stigmatise particular groups.
- Promote active and meaningful engagement of a wide range of stakeholders, and increase the diversity of representation at all stages of development and implementation.
- Conduct a thorough assessment of the needs, assets, preferences and priorities of target communities.
- Allocate adequate, dedicated capacity and resources to ensure sufficient intensity and sustainability.
- Monitor and evaluate differential impacts across a range of social indicators to ensure that they achieve their objectives without doing any harm, as well as to strengthen the evidence base for future interventions.
- Invest in equity-focused training and capacity building in both health and non-health sectors, from front-line staff to policy and program decision-makers.
- Make strategies flexible and adaptable at the local level.

Priorities for action within each layer of the Fair Foundations framework:

Socioeconomic, political and cultural context

- Develop and maintain a national focus on the social determinants of health inequities.
- Establish coordination mechanisms to ensure a coherent approach and joint action across government.
- Implement town-planning, zoning and licensing regulations to control the physical availability of alcohol and prevent the disproportionate clustering of outlets in disadvantaged areas.
- Utilise health, education and welfare policies to improve the daily living conditions of disadvantaged population groups.
- Utilise sport and sporting clubs as a target setting for changing cultural norms associated with drinking.

Daily living conditions

- Ensure that at-risk groups have equal access to services and related support mechanisms in school, workplace, health care and community settings.
- Apply comprehensive, ‘whole-of-organisation’ approaches to school and workplace interventions.
- Ensure that interventions aimed at reducing alcohol-related harms in and around licensed venues involve partnerships between law enforcement, licensees and other stakeholders.
- Use tailored strategies within a social-determinants framework to improve the accessibility and effectiveness of health care services for marginalised groups.

Individual health-related factors

- Implement strategies to ensure that disadvantaged or at-risk groups who do not have equal access to intervention sites and related support mechanisms are not overlooked in recruitment processes, or precluded from ongoing engagement by social or economic constraints.
- Tailor interventions for subgroups (e.g. by gender and age) within target populations.

Priority evidence gaps

- Disaggregated data on alcohol use and related harms among different population groups in Australia, including those with comorbid physical or mental health problems, those living in rural or remote areas, refugees, older people, and Aboriginal and Torres Strait Islanders.
- Evidence on the effectiveness of interventions explicitly aimed at reducing inequities in alcohol consumption.
- Impacts of restrictions on alcohol trading hours, social-participation initiatives, bans/restrictions on alcohol marketing and advertising, ignition locks, vehicle impounding, DUI Courts, and screening and brief interventions in different population groups.
- Evidence on the effectiveness of early childhood and school-based interventions at reducing inequities in alcohol use and related harm.
- Evidence on effective strategies to increase abstinence from alcohol, or reduced alcohol use, among vulnerable pregnant women.

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