

Alcohol Cultures Framework

A framework to guide public health action on drinking cultures

The Alcohol Cultures Framework is a planning tool for public health workers and others with an interest in shifting drinking cultures to reduce alcohol-related harm. The Framework defines alcohol cultures and provides a lens for designing and implementing programs.

What are alcohol cultures?

There is no single drinking culture in Australia, but a mix of drinking cultures across different subpopulations.

We define alcohol culture as **the way people drink** including the formal rules, social norms, attitudes and beliefs around **what is and what is not socially acceptable** for a group of people before, during and after drinking.¹

Why focus on alcohol cultures?

Alcohol culture change is one strategy of many for reducing alcohol-related harm. This work is unique and complements the many whole-of-population and family–individual efforts to prevent and reduce alcohol-related harm. Norms about drinking are not uniform so it is important to consider the various subpopulations of people in which alcohol's role differs dramatically depending on a wide range of structural, environmental, social, economic and individual factors. This Framework targets efforts at the subpopulation level, such as settings or subculture approaches which complement whole-of-population strategies, such as regulation through taxation.

Within the alcohol research literature there has been limited focus on subpopulation approaches to alcohol culture change. However promising results have been seen in a small but growing number of health promotion programs in Australia and elsewhere that work with subpopulations to influence their drinking practices by shifting expectations, beliefs and social norms around alcohol.¹

What might a culture that prevents harm from alcohol look like?

The relationship between heavy drinking and harm is well known. We would like to see people socially supporting one another to engage in low-risk drinking practices rather than high-risk drinking, resulting in reduced harm for the individual, their family, bystanders and the broader community. Such a culture could be described as:

- a supportive policy, physical and social environment where people do not feel pressure to drink
- when alcohol is consumed it is done at levels of low risk
- social pressure supports low-risk drinking and discourages high-risk drinking
- occurrences of drinking are reduced
- intoxication is socially rejected.

How can we influence alcohol cultures?

A subpopulation approach is recommended to complement whole-of-population and family–individual focused efforts. Projects should consider targeting groups at most risk of alcohol-related harm, with a focus on the social and environmental factors that shape their drinking culture/s.

Selected subpopulations should share some common interests, understandings and norms about drinking and drinking practices that contribute to social or health problems; for instance encouraging peers to drink in social occasions and downplaying risks from intoxication.

Frames for Intervention

The Framework covers four frames of intervention – societal, settings, subcultures and family–individual. Each frame represents a possible way to approach alcohol culture change. The chart below shows the frames for intervention that influence alcohol cultures across multiple levels. Rather than at the societal or individual–family frames, a focus on alcohol cultures is likely to be at the level of subcultures or in particular, settings in which risky drinking occurs.

A deeper understanding of the **frames for intervention** can be discovered by:

- considering **social position**, differential exposure and vulnerability
- investigating the **factors** that **influence** the way people drink
- engaging the target group and asking **critical questions** in planning, delivering and evaluating alcohol culture change strategies.

Social position, differential exposure and vulnerability

Alcohol-related harm is unequally distributed across populations. Different social groups have different levels of exposure and/or vulnerability to factors that increase the risk of harm. For example, increased exposure to discrimination may be associated with higher alcohol consumption. Those with fewer resources may be less protected from alcohol-related harm.

The main markers of social position are education, occupation, income, race/ethnicity, gender, Aboriginality, disability and sexuality. It is important to understand the influence of social position on alcohol-related harm, and address structural and social factors for the promotion of health equity.²

Frames for intervention

Examples of groups within the frames for intervention

Societal

Whole-of-population drivers at a state, national or global level around alcohol.

- National or statewide groups of people

Setting*

The physical and social environment where alcohol is consumed and the context of the occasion.

- Licensed venues e.g. bars, clubs, pubs
- Private residences e.g. home, friend's house
- Public places e.g. parks, beach, entertainment precincts, public transport
- Events e.g. weddings, birthdays, BBQs, sport, celebrations
- Festivals e.g. schoolies, music, comedy, arts, cultural
- Education institutions e.g. primary, secondary, TAFE, tertiary
- Workplaces e.g. during work or after hours
- Sports events e.g. game days, racing, parades
- Technology e.g. social media, internet, online gamers

Subculture*

Social groups with established boundaries and commitment from members who share identity, values, beliefs and social norms. Identifying as a member of a subculture can extend beyond face-to-face interactions. They can sometimes be recognisable to those inside and outside of the group.

- Self-expression groups e.g. hipsters, goths, bikers
- Occupations with a strong identity e.g. newspaper reporters, police, army
- Music fan groups or musicians e.g. country, punk, ravers, hip-hop, garage bands
- Ethno-religious groups with strong identity e.g. Italian-Australians
- Sports groups and fans with strong commitment e.g. diehard football fans, skaters, golfers, cyclists
- Groups of commonality e.g. mothers group, class group, faculty students at university
- Technology-based groups e.g. gamers, blog followers, social media fans
- Groups with specific drink interests e.g. beer, cider, wine, spirits, non-drinkers

* These two frames are the focus of VicHealth's work.

Family and individual

Individuals have a unique combination of genetic and personal characteristics which interact with the configuration of structural, cultural, contextual and interpersonal factors in play in any given situation.

- Family members, siblings, parents/guardian, spouse
- Friend/s, neighbours, acquaintances, co-workers
- An individual person in a specific scenario e.g. a high school senior contemplating what is next, a single working mother, a happily married man who has just been laid off work

Critical questions

The chart below includes examples of critical questions to ask when developing programs at the setting and subculture frames for intervention.

Frame for intervention	Examples of critical questions to ask
SETTING	How available and accessible is alcohol in a given setting?
	How central is alcohol to the function of a setting, what purpose does it serve e.g. celebrating life events/success?
	Does the location of the bar influence the way people drink? Is water easily accessible?
	How does the drinking space feel? How it is organised in relation to the drinker?
	Do social circumstances influence the way people drink in a given setting?
	What alcohol harm reduction rules or policies exist? How are they enforced?
	What effect do setting-based alcohol promotions have on the way that people drink? Are low- or non-alcoholic drinks encouraged?
	Do role models exist within a particular setting? How do they influence drinking e.g. parents around their children, a senior football player around juniors?
	What is the expected behaviour when drinking in a particular setting e.g. parents at home or underage boys at a party?
Is intoxication socially accepted? In what circumstances is it not accepted? What happens when it is not accepted?	
Do peers/friends/family encourage one another to drink more/less in a particular setting? In what circumstances is it difficult to 'say no' to a drink?	
SUBCULTURE	What behaviour is expected of a group of people when drinking e.g. buying rounds or shouting drinks?
	What does alcohol mean and what purpose does it serve to the subculture e.g. therapeutic, recreational, social, psychoactive?
	Do role models encourage/discourage drinking within the subculture? How do they influence the way people drink e.g. a well-known football player supported by alcohol sponsorship?
	Socially, how do peers control drunkenness eg. verbally 'don't you think you have had enough?' or body language, such as a raised eyebrow?
	How drunk is drunk? What purpose does it serve?
	Within what circumstances is intoxication socially accepted or rejected by the subculture?
	How do peers influence peers to drink more/less? In what circumstances is it difficult to 'say no' to a drink?
	Do misperceptions exist around the way peers drink e.g. belief that everyone pre-drinks before a night out?
	What norms exist around the way a group of people drink alcohol?
Is alcohol always readily available/absent at a particular occasion e.g. wine always in the workplace/home/friend's fridge?	
Does gender influence the way men/women drink within a particular context?	
What role does technology play in the way people drink?	

Alcohol Cultures Fram

A FRAMEWORK TO GUIDE PUBLIC HEALTH ACTION ON

SOCIETAL

Examples of factors that influence the way people drink

- Affordability
- Access
- Availability
- Marketing and commodification
- Societal systems and structures
- National culture and identity

The role of whole-of-population controls is significant and efforts to improve national and state alcohol regulation should continue to be a priority. This framework acknowledges the influence of societal drivers and reinforces the strong existing evidence base for alcohol regulation reform, but its emphasis lies in exploring the setting and subculture frames for intervention. Importantly cultural change and regulation are allies and should not be viewed as alternatives.

SETTING

Examples of factors that influence the way people drink

- Availability and the role of alcohol
- Layout and design of the drinking environment
- Social context of the setting
- Link between alcohol and the setting
- Formal rules and enforcement
- Settings-based advertising and promotions
- Subcultures that own/operate within the setting
- Role models, positive or negative influences
- Expectations about behaviour while drinking
- Acceptability of intoxication
- Peer influence and social pressure

SUBCULTURE

Examples of factors that influence the way people drink

- Shared social customs
- Use-values
- Role models, positive or negative influences
- Modes of social control
- Cultural meanings of drunkenness
- Peer influence and social pressure
- Misperceptions around drinking
- Acceptability of intoxication
- Social norms
- Gendered norms
- Technology

Exposure and vulnerability to alcohol-related harm are influenced by:
EDUCATION – OCCUPATION – INCOME – RACE/ETHNICITY – GENDER – ABOR



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DRINKING CULTURES

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FAMILY AND INDIVIDUAL

Examples of factors that influence the way people drink

Biological factors (e.g. age, sex)

Personal values

Intergenerational factors

Role models positive or negative influences

Priorities and responsibilities

Religion and spiritual beliefs

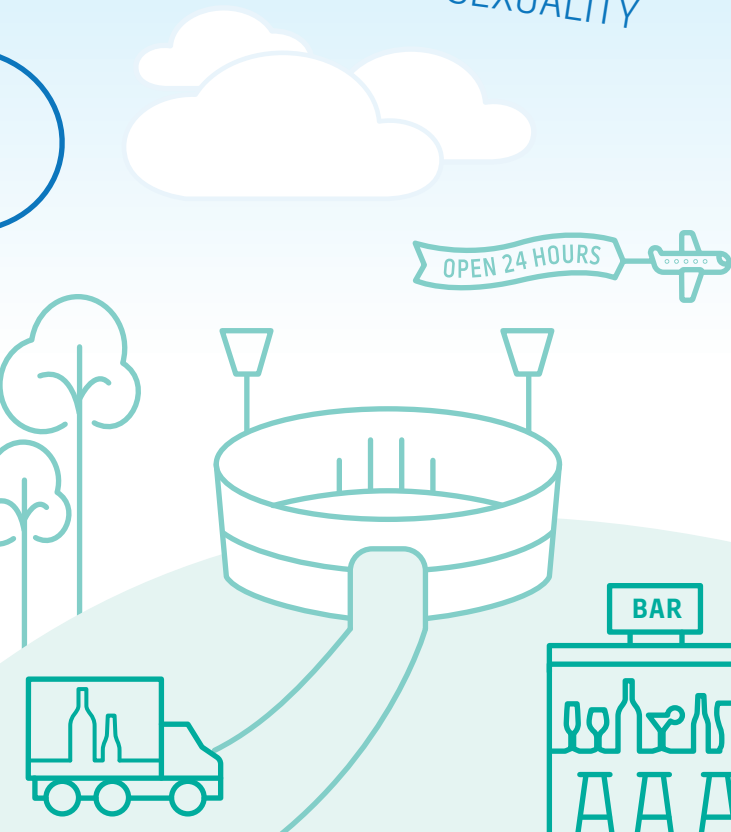
Own health wellbeing and resilience

Physical and psychotropic responses to alcohol

Isolation or lack of personal interactions/social connectedness

enced by social position

ORIGINALITY – DISABILITY – SEXUALITY



PROGRAM PLANNING CHECKLIST

The following elements could be considered when planning to influence alcohol cultures:

- ✔ Target subpopulations that engage in risky drinking practices, e.g. a specific occupational group that drinks heavily together, or tertiary students who drink heavily together to celebrate.
- ✔ Consider social position and drinking culture when targeting subpopulations at a higher risk of alcohol-related harm.
- ✔ Address structural and social factors that drive culture and behaviours, rather than behaviours only.
- ✔ Understand the frames for intervention by investigating the factors that socially shape the way people drink and asking critical questions about alcohol culture.
- ✔ Seek allies for change or champions to drive and model culture shifts within the target group.
- ✔ Co-design strategies with the targeted subpopulation and continually seek their input, and communicate findings with the group.
- ✔ Implement a flexible approach that allows adjustments as learnings emerge from the program.
- ✔ Work closely with other agencies on coordinated programs where regulation and programmatic efforts are mutually reinforcing.
- ✔ Plan for innovation and sustainability when designing and delivering strategies, acknowledging that alcohol culture change is a slow process.
- ✔ Evaluate strategies using the example questions outlined in this Framework as a starting point and share learnings.

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Bibliography

The Alcohol Cultures Framework is grounded in research conducted by CAPR, specifically the following paper:

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