

# Alcohol Cultures Framework background paper

A framework to guide public health action on drinking cultures



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## Introduction

The [VicHealth Action Agenda for Health Promotion](#) ('Action Agenda') includes 'Preventing harm from alcohol' as one of our five strategic imperatives identified for action to improve the health and wellbeing of all Victorians. The Action Agenda sets out a 10-year goal of 'More Victorians drinking less alcohol'. VicHealth also has a strong commitment to promoting fairness and opportunities for better health and ensuring that health equity is reflected across all our work.

The [Alcohol Cultures Framework](#)<sup>1</sup> ('Framework') works towards our 10-year goal and contributes to the VicHealth Alcohol Culture Change Program. In late 2015 in support of this commitment, VicHealth partnered with the Centre for Alcohol Policy Research (CAPR) and the Alcohol and Drug Foundation (ADF) to develop the Framework as a conceptual and planning tool for public health workers and others with an interest in shifting drinking cultures to reduce alcohol-related harm. The Framework draws on alcohol research literature and expert opinion from alcohol control stakeholders to define and explore the notion of alcohol cultures and to provide a lens for designing, testing and implementing public health action (including interventions, projects, campaigns and/or research) on alcohol cultures.

VicHealth, CAPR and ADF led a stakeholder engagement process from November 2015 to February 2016 to seek the opinions of alcohol control sector experts on the concept of alcohol culture change. This included a series of one-on-one or small group interviews with an independent interviewer and a half-day workshop to stimulate further conceptual thought and discussion among researchers, policymakers, innovators and others interested in alcohol culture change.

The alcohol research literature suggests that while the terms 'alcohol cultures' and 'drinking cultures' are widely used, many meanings exist and the concept is not well understood. However, there has been growing academic interest in the notion of alcohol culture as a target for investigation and intervention to reduce alcohol-related harm. Much of the discussion has focused on the concept of national drinking culture and the importance of a public health response to create change.

While patterns of drinking and related problems do exist at the whole-of-population level, norms about drinking are not uniform within or across countries. Smaller groups exist below the level of society as a whole, as dynamic subpopulations of people in which alcohol's role – including the way we drink – differs dramatically depending on a wide range of structural, environmental, social, economic and individual factors. There is no single drinking culture in Australia, but a mix of drinking cultures across different subpopulations. Within the alcohol research literature there has been less focus on subpopulations of alcohol cultures that exist below the whole-of-population level.

Promising results have been seen in a small but growing number of health promotion programs in Australia and around the world that work with subpopulations to influence culture. Programs have used a combination of complementing strategies that focus on structural, environmental and social change to shift expectations, beliefs and social norms around a particular product (i.e. alcohol or tobacco). Examples of subpopulations that have been targeted through this approach are outlined in Table 1.

**Table 1: Examples of programs that target culture through a subpopulation approach**

Program/project	Subpopulation	Description
Be a Brother <a href="https://beabrother.net">https://beabrother.net</a>	Young African men living in Melbourne's western suburbs	A creative health promotion campaign driven by young African men who are committed to finding solutions to issues (such as alcohol abuse) facing their community
Good Sports <a href="http://www.goodsports.com.au">www.goodsports.com.au</a>	Community sporting clubs in Australia	Setting-based approach to alcohol-related issues through an accreditation program
Stop Underage Drinking <a href="http://www.stopunderagedrinking.com.au">www.stopunderagedrinking.com.au</a>	Geographic locality of Kiama, NSW, specifically parents, underage youth and the wider community	Addresses social norms around underage drinking through culture, changing the current culture so that underage youth think it is 'okay not to drink'
Join the Commune <a href="https://jointhecommune.com">https://jointhecommune.com</a>	Young adult 'hipsters' in bars in four geographic localities in USA	Social branding campaign using commercial marketing tactics that directly counter tobacco industry promotional strategies, in order to discourage tobacco use
Fresh Empire <a href="https://freshempire.betobaccofree.hhs.gov">https://freshempire.betobaccofree.hhs.gov</a>	Multicultural youth aged 12–17 who identify with hip-hop culture, specifically African American, Hispanic and Asian American/ Pacific Islander youth	Public education campaign designed to prevent and reduce tobacco use

<sup>1</sup> The Alcohol Cultures Framework is available at: [www.vichealth.vic.gov.au/alcoholculturesframework](http://www.vichealth.vic.gov.au/alcoholculturesframework)

The Framework conceptualises alcohol culture, includes a vision for reducing alcohol-related harm through cultural change, and provides a lens for designing, testing and implementing strategies pitched at subpopulations who have higher rates of alcohol consumption and related harm. This Framework is not a strategy for any single organisation – but a conceptual tool for public health workers and those with an interest in shifting drinking cultures to reduce alcohol-related harm. It is important to note that the distinction between whole-of-population efforts and those at the subpopulation level should not be viewed as mutually exclusive or necessarily in conflict, but as complementary perspectives. For example, a whole-of-population focus might involve taxation of alcohol to increase price and restrict affordability, whereas a subpopulation approach could aim to influence the way students drink by using their own ideas and feedback to create resonant messaging to correct misperceptions relating to alcohol such as ‘alcohol is associated with popularity’.

VicHealth would like to thank the numerous organisations who provided representatives to contribute to the development and refinement of the Framework; a full list is provided within the acknowledgements section on the inside front cover of this report.

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**This Framework is not a strategy for any single organisation – but a conceptual tool for public health workers and those with an interest in shifting drinking cultures to reduce alcohol-related harm.**”

## **What are drinking cultures and how can they be defined?**

### **Key concepts and literature summary**

In 2015, VicHealth commissioned the Centre for Alcohol Policy Research (CAPR) to review the literature relevant to defining and measuring drinking cultures. The review published a paper (Savic et al. 2016) that drew upon anthropological and sociological literature to highlight the oversimplification and limitations in the public discourse about ‘changing alcohol culture’. In doing so, the authors encourage a multidimensional understanding of drinking cultures and provide insights into how drinking cultures might be defined, investigated and monitored. The key findings are summarised below.

The alcohol research literature offers little in terms of explicitly defining what is meant by the term ‘drinking culture’, however this has not stopped researchers from viewing drinking culture as a target of investigation and intervention.

The majority of research on drinking cultures has focused on problems associated with drinking patterns, intoxication and collective behaviour applicable across a society as a whole. For instance, to talk about Australian drinking culture is to refer to rules about and patterns of drinking which are seen as specific to and applicable across, a national culture. For example, observable patterns applicable to Australian drinking culture might be drinking as a symbol of mateship, wearing the Australian flag as a cape on Australia day or drinking beer.

The whole-of-population approach to alcohol cultures obscures the multidimensional nature of drinking cultures and separates alcohol and related problems from a network of other possible interactional and cultural factors across society that influence the way people drink alcohol. Beneath the level of society as a whole is a mix of interacting drinking cultures, often referred to as subpopulations, subgroups, subcultures, population groups, social worlds, scenes, neo-tribes – or a range of other terminology used to describe subsections of society. An individual may move fluidly between groups where behaviour, attitudes and social norms around alcohol can change depending on a wide range of factors.

Drinking cultures do not necessarily produce consistent and predictable behaviour, independent of the other contextual forces in which they are entangled in a given situation. Rather, there is a need to examine how drinking culture manifests in relation to other factors, use-values, practices and settings in a given situation. This necessitates an expansion in examining drinking cultures to include subpopulations that operate beneath the level of society as a whole.

It is thought that the social norms theory could be applied to both the whole-of population and subpopulation approaches. A perspective in terms of norms encompasses both customs and expectations that encourage increased drinking, as well as social controls and adverse responses to drinking behaviour. A norm can be an understanding held in common by a group of people about what is appropriate behaviour, but it can also take the form of a law or official regulation. Including formal rules as a kind of norm potentially brings the tools of government into the fold of drinking cultures. Enforcement of such ‘rules’ can be formal and severe (such as a fine or being arrested) or informal and transitory (such as a lifted eyebrow or disapproving look). Examples of norms around drinking include the appropriate age to be a drinker, situations in which it is appropriate to drink (e.g. not at work) and traditional expectations about women drinking less than men, or older people drinking less than younger people.

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## Conceptualising ‘drinking cultures’

In the light of the preceding analyses and dimensions of drinking culture highlighted in the alcohol research literature, a summary characterisation of what ‘drinking cultures’ can be taken to mean has been published by Savic et al. (2016) as follows:

*Drinking cultures are generally described in terms of the norms around patterns, practices, use-values, settings and occasions in relation to alcohol and alcohol problems that operate and are enforced (to varying degrees) in a society (macro-level) or in a subgroup within society (micro-level). Drinking culture also refers to the modes of social control that are employed to enforce norms and practices. Drinking culture may refer to the aspects concerned with drinking of a cultural entity primarily defined in terms of other aspects, or may refer to a cultural entity primarily defined around drinking. Drinking cultures are not homogenous or static but are multiple and moving. As part of a network of other interacting factors (e.g. gender, age, social class, social networks, individual factors, masculinity, policy, marketing, global forces, place, etc.), drinking culture is thought to influence who, when, where, why and how people drink, how much they drink, their expectations about the effects of different amounts of alcohol, and the behaviours they engage in before, during and after drinking. The degree and nature of the influence that drinking cultures have on individuals is not inevitable but will depend on the configuration of factors in play in any given situation, and the nature of the relationships between the culture as a whole and smaller cultural entities as they affect the individual.*

The authors acknowledge that attempting to define drinking cultures is a potentially fraught exercise and there is other sociological and anthropological work that would be useful in their conceptualisation; but offer the above working definition as a way of stimulating further conceptual thought and discussion among alcohol researchers and others. Savic et al. (2016) also propose this working definition as a first step in thinking about how alcohol researchers might study drinking cultures in their complexity, and the possible questions such studies pose. The key findings provide a launch pad for a new phase of conceptual development and subsequent testing.

In light of the above, and of feedback from the VicHealth-led stakeholder engagement process, for the purposes of the Framework, the following definition has been settled on.

### A DEFINITION OF ALCOHOL CULTURE

We define alcohol culture as:

*the way people drink, including the social norms, attitudes and beliefs around what is and what is not socially acceptable for a group of people before, during and after drinking.*

Alcohol cultures can be further understood by noting the following:

- There is no single drinking culture in Australia, but a mix of drinking cultures across different subpopulations. This includes the way families or friendship groups drink, the way work colleagues drink, the way a group of sports fans drink or the way Australians drink as a nation.
- It is a complex concept. We know that cultures are variable: they grow and adapt over time and across generations, interacting with a range of structural, environmental, social, economic and individual factors that influence the way people drink. Consequently there is no widely accepted definition of the terms ‘drinking culture’ or ‘alcohol culture’.
- Individuals belong to many drinking cultures in which membership is not exclusive and the way people drink differs depending on context, priorities, place, occasion and time.
- Perception of others’ consumption and drinking behaviour shapes the way people drink, e.g. people who drink more tend to perceive that others also drink more.
- Alcohol culture includes attitudes towards both drinking and non-drinking.
- Drinking cultures are shaped by rules and the enforcement of rules. Formal rules such as legislation are enforced by arrest or a penalty in the form of a ticket or fine. Informal rules such as social norms around drunkenness might be enforced by a peer’s disapproving look or a group not extending an invitation to an individual for the next social occasion.

## Purpose of the Framework

The Framework is a conceptual tool for public health workers and others with an interest in shifting drinking cultures to reduce alcohol-related harm. In developing this Framework we aimed to develop a shared understanding of alcohol cultures that could guide future efforts to build evidence-based strategies for alcohol harm reduction.

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

The relationship between heavy drinking and harm is well known. VicHealth and its partners would like to see people engage in low-risk rather than high-risk drinking practices, resulting in reduced harm for the individual, their family, bystanders and the broader community. Such a culture could have the following features:

- a supportive physical and/or social environment where people do not feel pressure to drink
- when alcohol is consumed it is done at levels of low risk
- social pressures support low-risk drinking and discourage high-risk drinking
- occurrences of drinking are reduced
- intoxication is socially rejected.

In such a cultural situation, people drink because they *want* to, not because they feel *expected* to. People feel good about choosing not to drink or to drink less and make less harmful choices around alcohol.

## How can we influence alcohol cultures?

To complement whole-of-population efforts such as public policy, commercial interest or the built environment, and family–individual efforts such as family treatment services, a subpopulation approach to alcohol culture change is recommended. 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 cultures.

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.

The Framework identifies four frames for intervention, societal, settings, subcultures and family–individual. Each frame represents a possible way to approach alcohol cultures change. A deeper understanding of the **frames for intervention** can be discovered by:

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

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**Identifying subpopulations at higher risk of alcohol-related harm, and factors and practices contributing to this risk, are vital to developing and implementing appropriately tailored interventions.”**

### Social position is a key driver of alcohol-related harm

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.

Certain groups may have increased exposure to factors that mean they are more likely to consume excess alcohol or experience alcohol-related harm, for example, exposure to discrimination, chronic stress or increased exposure to alcohol promotions. Certain factors may make groups more vulnerable than others, even if their exposures are the same. Vulnerabilities can be social (such as resilience or social support) or biological (e.g. women and children are more vulnerable) (Loring 2014).

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.

Research suggests that health outcomes differ among individuals of various social position. For example, in general, lower socioeconomic groups experience higher levels of alcohol-related harm than wealthier groups with the same level of alcohol consumption. In addition, concurrently experiencing several forms of socioeconomic disadvantage exacerbates inequities in alcohol-related harm (VicHealth 2015). The relationships between these social indicators and patterns of alcohol consumption and related harm are often not linear. Instead, risky consumption and related harm appear as clusters of problems, affecting different groups in different ways. Harm may stem from long-term and/or acute use, and different groups are at risk of different patterns and types of harm.

Identifying subpopulations at higher risk of alcohol-related harm, and factors and practices contributing to this risk, are vital to developing and implementing appropriately tailored interventions.

Such nuances in the relationships between alcohol and inequity demand further empirical exploration, particularly in developing countries.

### Fair Foundations: the VicHealth Framework for health equity

VicHealth is committed to promoting fairness and opportunity for better health. In support of this commitment, VicHealth developed [Fair Foundations: the VicHealth Framework for Health Equity](#) as a conceptual and planning tool to guide action on the social determinants of health inequities.

To supplement the Alcohol Cultures Framework, Fair Foundations is a supporting resource to be used in conjunction with the Framework to increase understanding of the social determinants of health inequities and how to address them in practice.

### Frames for intervention

Each frame for intervention within the Framework represents a possible way to approach alcohol culture change and considers both the societal level as well as subpopulations that exist below the whole-of-population. Action can be taken at any, all, or a combination of frames – there is no one correct place to start. The frames are dynamic and overlap. Importantly the Framework does not attempt to suggest that each frame is equal or indicate which frames for intervention may be more important than others.

Since alcohol cultures are dynamic, adapting over time and across generations, it should be recognised that understanding the context and influences at the current point in time across various frames for intervention provides an important launch pad for action on drinking cultures.

Within each frame we have identified examples of the factors that may encourage, enable, discourage or inhibit a particular drinking pattern or associated behaviour, and whether harm results from the behaviour. Understanding what drives drinking and related behaviour is essential in developing tailored action on drinking cultures. It is important to note that the influences may not be exclusive; others that are not identified within the Framework will exist and the influences can overlap between frames.

Table 2 outlines the frames for intervention and examples of the factors that influence the way people drink.

**Table 2: Frames for intervention**

Frame for intervention	Examples of groups within the frame for intervention	Examples of factors that influence the way people drink
<p><b>Societal:</b> whole-of-population drivers at a state, national or global level around alcohol</p>	<ul style="list-style-type: none"> <li>National or statewide groups of people</li> </ul>	<ul style="list-style-type: none"> <li>Affordability</li> <li>Access</li> <li>Availability</li> <li>Marketing and commodification</li> <li>Societal systems and structures</li> <li>National culture and identity</li> </ul>
<p><b>Setting:</b> the physical and social environment where alcohol is consumed and the context of the occasion</p>	<ul style="list-style-type: none"> <li>Licensed venues e.g. bars, clubs, pubs</li> <li>Private residences e.g. home, friend's house</li> <li>Public places e.g. parks, beach, entertainment precincts, public transport</li> <li>Events e.g. weddings, birthdays, BBQs, sport, celebrations</li> <li>Festivals e.g. schoolies, music, comedy, arts, cultural</li> <li>Education institutions e.g. primary, secondary, TAFE, tertiary</li> <li>Workplaces e.g. during work or after hours</li> <li>Sports events e.g. game days, racing, parades</li> <li>Technology e.g. social media, internet, online gamers</li> </ul>	<ul style="list-style-type: none"> <li>Availability and the role of alcohol</li> <li>Layout and design of the drinking environment</li> <li>Social context of the setting</li> <li>Link between alcohol and the setting</li> <li>Formal rules and enforcement</li> <li>Settings-based advertising and promotions</li> <li>Subcultures that own/operate within the setting</li> <li>Role models, positive or negative influences</li> <li>Expectations about behaviour while drinking</li> <li>Acceptability of intoxication</li> <li>Peer influence and social pressure</li> </ul>
<p><b>Subculture:</b> 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</p>	<ul style="list-style-type: none"> <li>Self-expression groups e.g. hipsters, goths, bikers</li> <li>Occupations with a strong identity e.g. newspaper reporters, police, army</li> <li>Music fan groups or musicians e.g. country, punk, ravers, hip hop, garage bands</li> <li>Ethno-religious groups with strong identity e.g. Italian-Australians</li> <li>Sports groups and fans with strong commitment e.g. diehard football fans, skaters, golfers, cyclists</li> <li>Groups of commonality e.g. mothers group, class group, faculty students at university</li> <li>Technology-based groups e.g. gamers, blog followers, social media fans</li> <li>Groups with specific drink interests e.g. beer, cider, wine, spirits, non-drinkers</li> </ul>	<ul style="list-style-type: none"> <li>Shared social customs</li> <li>Use-values</li> <li>Role models, positive or negative influences</li> <li>Modes of social control</li> <li>Cultural meanings of drunkenness</li> <li>Peer influence and social pressure</li> <li>Misperceptions around drinking</li> <li>Acceptability of intoxication</li> <li>Social norms</li> <li>Gendered norms</li> <li>Technology</li> </ul>
<p><b>Family and individual:</b> 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</p>	<ul style="list-style-type: none"> <li>Family members, siblings, parents/guardian, spouse</li> <li>Friend/s, neighbours, acquaintances, co-workers</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Biological factors (e.g. age, sex)</li> <li>Personal values</li> <li>Intergenerational factors</li> <li>Role models, positive or negative influences</li> <li>Priorities and responsibilities</li> <li>Religion and spiritual beliefs</li> <li>Own health, wellbeing and resilience</li> <li>Physical and psychotropic responses to alcohol</li> <li>Isolation or lack of personal interactions/ social connectedness</li> </ul>



While the Framework emphasises the settings and subculture frames for public health intervention, it is important to also consider the society frame and family–individual frames for intervention.

### Society frame for intervention

The role of whole-of-population controls is significant, and efforts to improve national and state alcohol regulation should 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.

Australia has implemented a range of policies aimed at reducing harmful consumption and controlling alcohol availability, pricing and promotion. For example, this has included regulatory approaches such as licensing and enforcement, regulation of physical availability and modifications of the drinking environment such as bans on street drinking. There is strong evidence for the effectiveness of such actions at the societal frame for intervention; however it is important to consider what effect such policies have on inequities in health.

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**Importantly, cultural change and regulation are allies and should not be viewed as alternatives.”**

### Family–individual frame for intervention

There are a range of existing individual approaches to reducing alcohol harm such as brief interventions and family, treatment and behaviour change interventions. Such initiatives have an important role to play but the emphasis of this Framework lies in exploring the frames for interventions that provide the opportunity to work at the setting or subculture level.

In our daily life, most of us have several roles – as a family member, a worker, a student, a friend, and so on. We play out each role in interactions that are part of a continuing relationship with others. Our family and upbringing may influence the way we use alcohol. Behaviours are learnt from our parents or guardians (an example might be drinking after a stressful day of work). Our friendship circle, for instance, may involve a subculture – perhaps we enjoy and participate in the hip-hop music subculture – or may exist across different cultures of drinking. Either way, there will be expectations and influences between those in such relationships – including such matters as whether to drink and how to behave when getting together or whether a co-worker would disapprove of drinking at work. Drinking interacts in various ways with the performance of our role in these interactions: drinking together may be a strong expression of our connection, or it may interfere with role performance. The part that alcohol plays in these interactions is not just up to the individual drinker; it is substantially affected by the expectations of others involved, which may encourage drinking a lot in a particular circumstance, or discourage it in others.

It is important to note that efforts at the setting and subculture frames are not the only solutions for reducing alcohol-related harm. A combination of efforts across the various frames for intervention will contribute to changing the way we drink and influence the culture around alcohol at various levels of society.

## Measures of culture change

The various factors that may encourage, enable, discourage or inhibit a particular drinking pattern at each frame for intervention offer a starting point for testing and measuring alcohol cultures and the changes that may result for particular targeted groups.

To complement the measures identified previously, Room and Mäkelä (2000) have identified a range of dimensions for further understanding the cultural position of alcohol:

- regularity of drinking and the extent of drunkenness (extent to which drinking is integrated in daily life)
- cultural meanings of drunkenness (How drunk is drunk? And what purpose does it serve)
- use-values (e.g. alcohol as a nutrient, alcohol as an intoxicant)
- expectations around behaviour while drinking or intoxicated (e.g. drunken rowdiness and loudmouthing expected at an 18+ event, or lack of rowdiness or loudmouthing when children are present)
- the cultural position of the drinker, the drinking group and the drinking occasion (e.g. older people drinking less than younger people)
- models of social control of drinking (e.g. a disapproving look or raised eyebrow, peers indicating to peers – don't you think you have had enough? – or suggestions not to drink in certain situations)
- the nature of drinking-related problems and their handling (through informal models of social control or by formal and severe action such as arrest, fine or imprisonment).

There are many crossovers between the identified examples of 'influences' and dimensions of cultural change. This is by no means an exhaustive list of dimensions of alcohol cultural change, but offers a starting point for subsequent testing for characterising and measuring alcohol cultures.

The Framework outlines examples of questions to consider across the frames for intervention.

**Table 3: Critical questions**

Frame for intervention	Examples of critical questions to ask
<b>SETTING</b>	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 does settings 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?
<b>SUBCULTURE</b>	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?
	What behaviours are 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/rejected by the subculture?
	How do peers influence peers to drink more/less? In which 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 work/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?	

## Strategies

Alcohol culture change strategies will depend on an in-depth understanding of the frames for intervention and the factors that influence drinking and associated behaviour for the specific targeted subpopulation.

The most obvious strategies are often not effective because subpopulations will tend to resist interventions perceived as from the outside or top-down. Collaboration with respective subgroups, including seeking ‘allies for change’ or champions to drive and model culture shifts within the group, is key to the success of an intervention.

Importantly, alcohol cultures do not remain static over time, so strategies to shift culture need to rely upon ongoing input from the target group, thorough evaluation and shared learnings to strengthen the impact and evidence for future work.

This Framework does not attempt to provide ‘the answers’ regarding what strategies are effective across frames for interventions and what needs to be done. Rather, the Framework is a conceptual lens for consideration and subsequent testing when conducting research to inform the design and implementation of interventions.

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**...the Framework is a conceptual lens for consideration and subsequent testing when conducting research to inform the design and implementation of interventions.”**

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## 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.

VicHealth 2015, *Reducing alcohol-related health inequities*, Victorian Health Promotion Foundation, Melbourne. Available online at [www.vichealth.gov.au](http://www.vichealth.gov.au).

VicHealth, Centre for Alcohol Policy Research and Alcohol and Drug Foundation 2016. *Alcohol Cultures Framework background paper – A framework to guide public health action on drinking cultures*, Victorian Health Promotion Foundation, Melbourne, Australia.



Victorian Health Promotion Foundation  
PO Box 154 Carlton South  
Victoria 3053 Australia  
T +61 3 9667 1333 F +61 3 9667 1375

[vichealth@vichealth.vic.gov.au](mailto:vichealth@vichealth.vic.gov.au)  
[vichealth.vic.gov.au](http://vichealth.vic.gov.au)



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