

Victorian participation in Hello Sunday Morning: Benefits, barriers and strategies when giving up alcohol

Research summary

Preventing harm from alcohol is one of VicHealth's five strategic imperatives identified in our Action Agenda for Health Promotion to improve the health of all Victorians. To achieve this goal, VicHealth is committed to influencing drinking cultures to encourage more Victorians to drink less.

This research sought to explore how participation in Hello Sunday Morning (HSM) impacts drinking behaviour among Victorians, and the motivations, barriers and enablers experienced by Victorian HSM users during their engagement with the program. VicHealth funded the Centre for Alcohol Policy Research (part of Turning Point at the time) to undertake this research, with results finding that HSM is likely to be an effective mechanism both for reducing an individual's drinking, and for changing the way that people think about alcohol – both important steps towards re-shaping cultures of drinking.

Background

Alcohol-related problems are a major cause of social harm and ill health in Australia. Alcohol is estimated to cost the community \$15 billion per annum (Collins and Lapsley 2008), with alcohol abuse being responsible for 34,116 disability-adjusted life years lost in 2003 (Begg et al 2007). Recently, governments, health organisations and researchers have recognised the importance of tackling drinking culture as a means to prevent and reduce alcohol-related harm (Fry 2010; Ministerial Council on Drug Strategy 2011; National Preventative Health Taskforce 2010). But, as noted by Fry (2010), any strategies to address Australia's 'culture of intoxication' must consider the complex relationship between the individual, the social context and the broader social environment.

About Hello Sunday Morning

Hello Sunday Morning is an online program that encourages the adoption of a better drinking culture by supporting people to stay sober for a self-determined period of time, and to blog about their experiences (Raine 2009). By supporting people to change their own drinking patterns and allowing them to reflect on alcohol's role in their life and society, HSM aims to establish a network of people that can redefine drinking cultures.

In 2013, VicHealth partnered with HSM to increase the number of Victorian participants in their program, which at the time had the lowest rate of participation of any Australian state.

As of January 2015, HSM had more than 35,000 registered users, including more than 25,000 from Australia. Approximately 60 per cent of those signed up to HSM were female and 54 per cent under 30 years of age. The HSM program typically attracts high-risk drinkers and those drinking at levels considered harmful, as measured by Alcohol Use Disorder Identification Test (AUDIT) scores (see page 2) which are gathered upon program sign-up.

KEY FINDINGS

The research shows that Victorian HSM users reported significant benefits from the program* and that HSM is likely to be an effective intervention that:

- Reduces an individual's drinking, with nearly two-thirds of the sample reporting reduced alcohol consumption following completion of the program. For some, reductions in drinking were maintained three months post-HSM.
- Changes the way people think about alcohol. Although HSM users reported experiencing several barriers to giving up alcohol, such as the pervasiveness of drinking in social life (26 per cent), participants felt they benefitted by being able to share the strategies they used to overcome these challenges, one of the most common being to draw upon the support of other HSM users or other non-drinking networks (42 per cent).
- Can bring about other substantial benefits to its participants, with over half of the sample reporting improved physical health (53 per cent) and feeling positive about self (51 per cent).

* Within the limitations of the data available.

Methodology

The study analysed how participation in HSM effected the drinking behaviour among Victorians and explored the motivations, barriers and enablers experienced by Victorian HSM users during their engagement with the program. Data from all Victorians who began HSM in 2013 or 2014 (n=345) was examined, which included the self-reported AUDIT scores and blog content produced by this sample.

Drinking behaviour (AUDIT data)

AUDIT data was collected from 345 Victorian HSM users who joined in 2013 or 2014. However not all of these reported their AUDIT score at two time points, or completed the AUDIT in full. This left only 49 (14.2 per cent) Victorian HSM users with full AUDIT scores at two or more time points. (Time points were T1: baseline/upon joining HSM, T2: one month post-HSM and T3: three months post-HSM).

Of those who had completed the AUDIT at two time points, a quantitative analysis was conducted on the responses to assess the effectiveness of the HSM program in changing drinking patterns. Descriptive analyses were undertaken in Stata version 12 (StataCorp 2011) to enable investigation of the changes in AUDIT scores.

ALCOHOL USE DISORDER IDENTIFICATION TEST (AUDIT)

The AUDIT is comprised of 10 questions and is scored on a Likert scale, with each question scoring between zero and four points (Department of Veterans' Affairs. Alcohol Screen 2001). Scores are then combined to determine potentially harmful drinking behaviours, according to the following table.

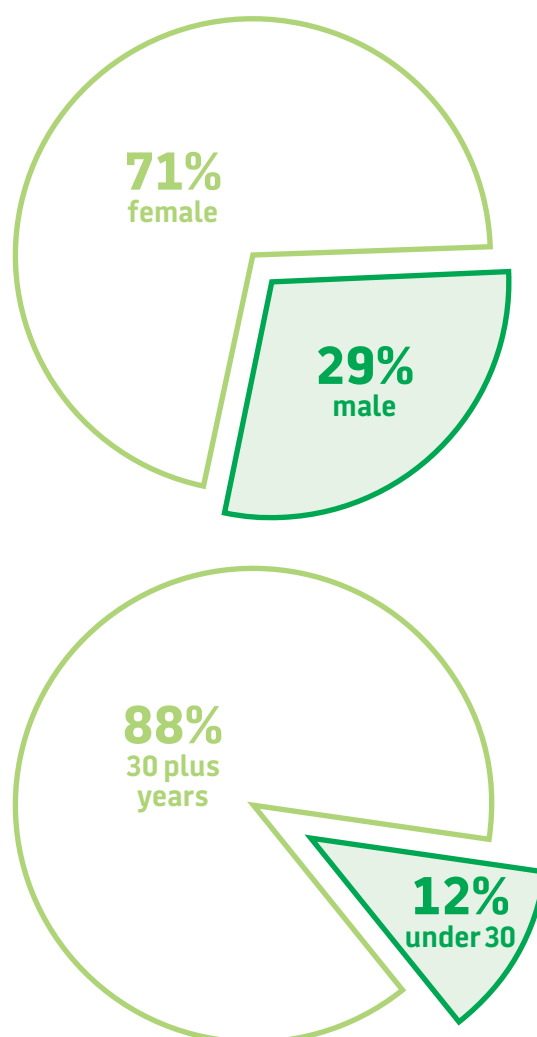
AUDIT score	Drinking behaviour
0-7	Low risk consumption
8-15	Risky or hazardous consumption
16-19	Harmful consumption
20+	High risk or dependent consumption

Characteristics of Victorian HSM bloggers

Of the 345 Victorian HSM users, 154 (44.6 per cent) had corresponding blog data, and analysis of blog content was restricted to this sample. A similar trend was observed in other recent evaluations showing only a third of HSM participants contributing a blog (Morrell, Carah and Angus 2013). This group posted a blog between one and 152 times, contributing to a total of 2844 blog posts. The content was then coded (Joffe and Yardley 2003) and analysed to assess participants' motivations for joining HSM, as well as the benefits and potential barriers they experienced while reducing their alcohol consumption.

Demographic and participation data (such as length of period of abstinence and number of slip ups) were also collected from this sample.

Victorian HSM users with blog posts (n=154)



Limitations of this study

Limitations associated with this study include:

- missing demographic data and AUDIT scores, as some of this information is non-mandatory for HSM users when signing-up or completing the program
- the self-reporting nature of the data, which may be subject to recall and social desirability biases
- no general population sample for comparison, which limits the assessment of the HSM program's effectiveness
- only having corresponding blog data for 44.6 per cent of the total sample (it is unclear whether the remaining 190 Victorian HSM users did not blog at all, or whether their blog data was not linked to their demographic and user data).

What the study revealed

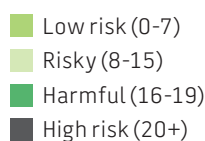
Do people drink less after participating in HSM?

Before beginning HSM:

- Nearly half (45 per cent) of participants scored in the high risk or dependent consumption category.
- Only 2 per cent were low risk drinkers.

One month after completing HSM:

- Participants drinking in a high risk or alcohol dependent manner dropped to 7 per cent.
- Number of participants drinking at low risk levels increased to almost half (48 per cent).



Three months after completing their HSM:

- One in four participants (24 per cent) drinking at high risk or dependent levels
- One in four participants drinking at low risk levels (24 per cent)

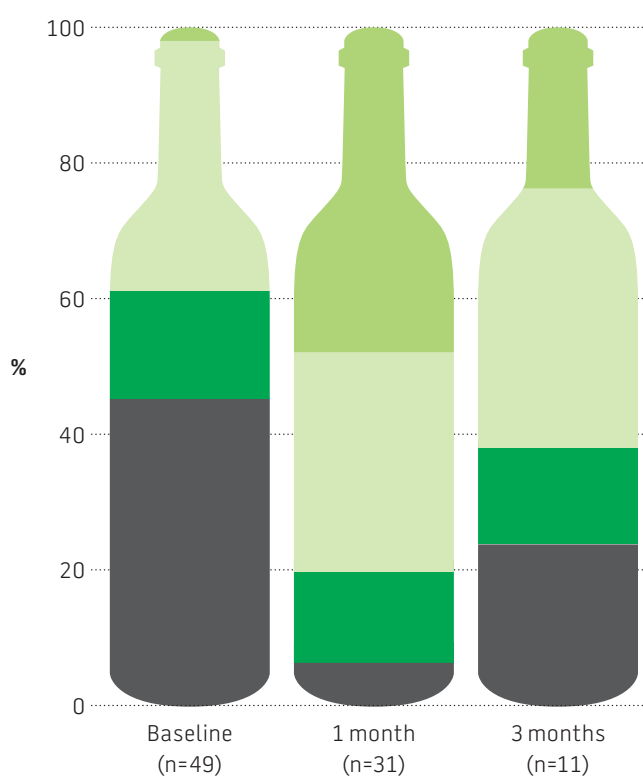
See figure 1 for scoring in all categories.

Overall, 63 per cent of the sample reported a reduced AUDIT score following completion of HSM. Although this data only reports on a small sample of 49 Victorian HSM users, it's important to note that for some, reductions in drinking were maintained three months post-HSM, but for other Victorian HSM users drinking appeared to have increased again by this stage.

It is also important to note that some Victorian HSM users may have been seeking a period of abstinence in the short term but did not intend to reduce their drinking in the long term.

Further data points are needed to understand whether reductions in drinking are maintained in the longer term.

Figure 1: Risky drinking before and after participating in HSM



Why do people participate in Hello Sunday Morning?

The primary reasons Victorian HSM bloggers joined the HSM program included:

- reflection/unhappiness at own alcohol consumption (44 per cent)
- improving physical health (24 per cent)
- improving mental health (14 per cent)
- improving relationships (12 per cent)
- gaining new experiences (11 per cent)
- gaining support from or support others (8 per cent)
- improving finances (5 per cent)

What goals do participants want to achieve through HSM?

When signing up to HSM participants can select which goals they want to achieve from a list of 10. Of this sample, 48 per cent (n=61) entered an average of 5.8 personal goals into the HSM program (range 1 to 22). Of the 356 goals entered, the most commonly reported were:

- mind and body (23 per cent of total goals posted)
- fitness (21 per cent)
- lifestyle (16 per cent)
- sobriety (13 per cent)

What are the benefits of joining HSM?

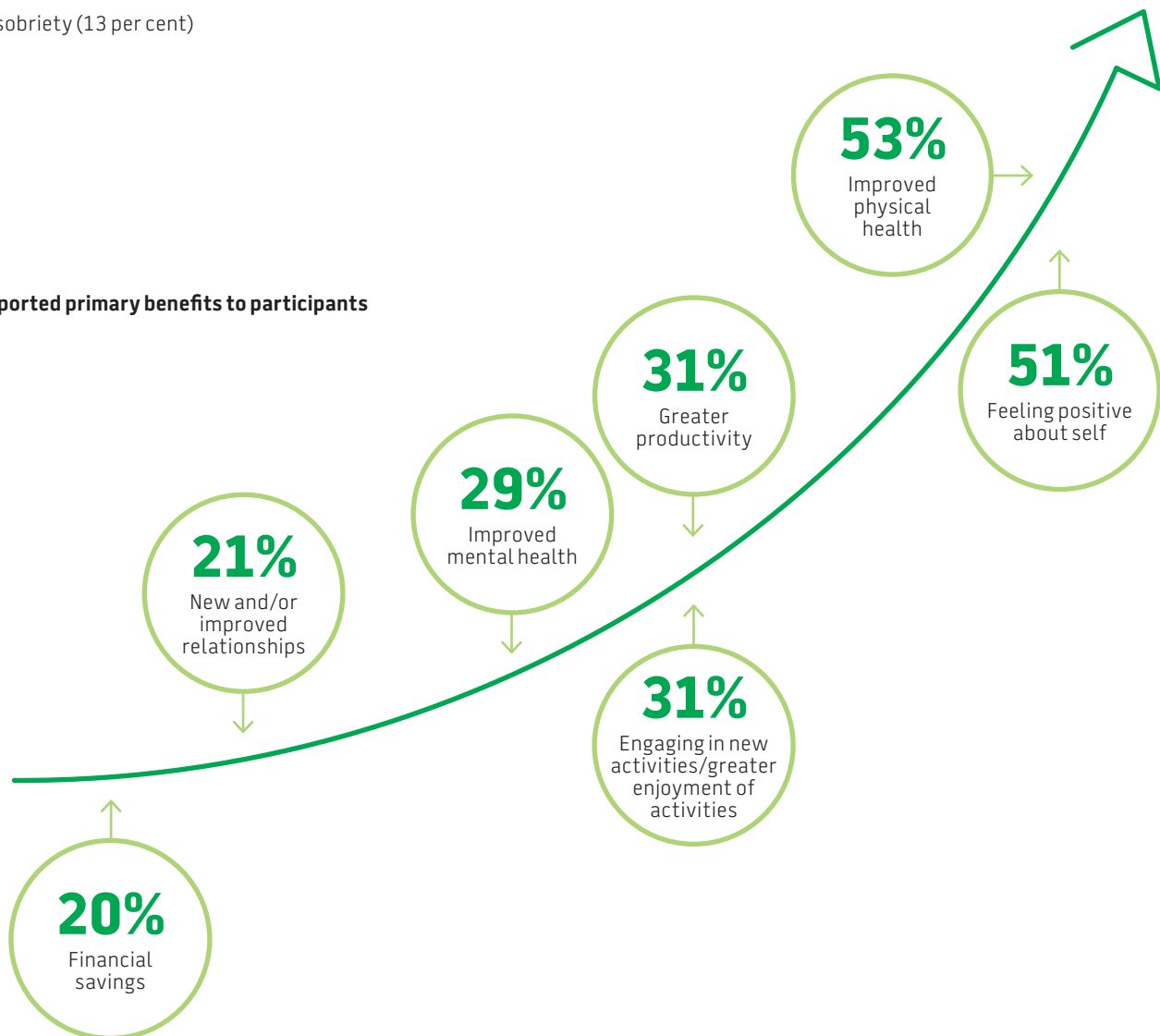
Overwhelmingly, the most common theme identified in the blogs was that participation in HSM resulted in substantial benefits to Victorian HSM users.

The primary benefits reported by Victorian HSM users during their engagement with HSM included:

- improved physical health (53 per cent)
- feeling positive about self (51 per cent)
- greater productivity (31 per cent)
- engaging in new activities or greater enjoyment of activities (31 per cent)
- improved mental health (29 per cent)
- new and/or improved relationships (21 per cent)
- financial savings (20 per cent)

Looking specifically at HSM users under 30 years of age, primary benefits reported were improved physical health (85 per cent), feeling more positive about themselves (85 per cent) and financial benefits (54 per cent).

Reported primary benefits to participants



What barriers to completing HSM do participants describe?

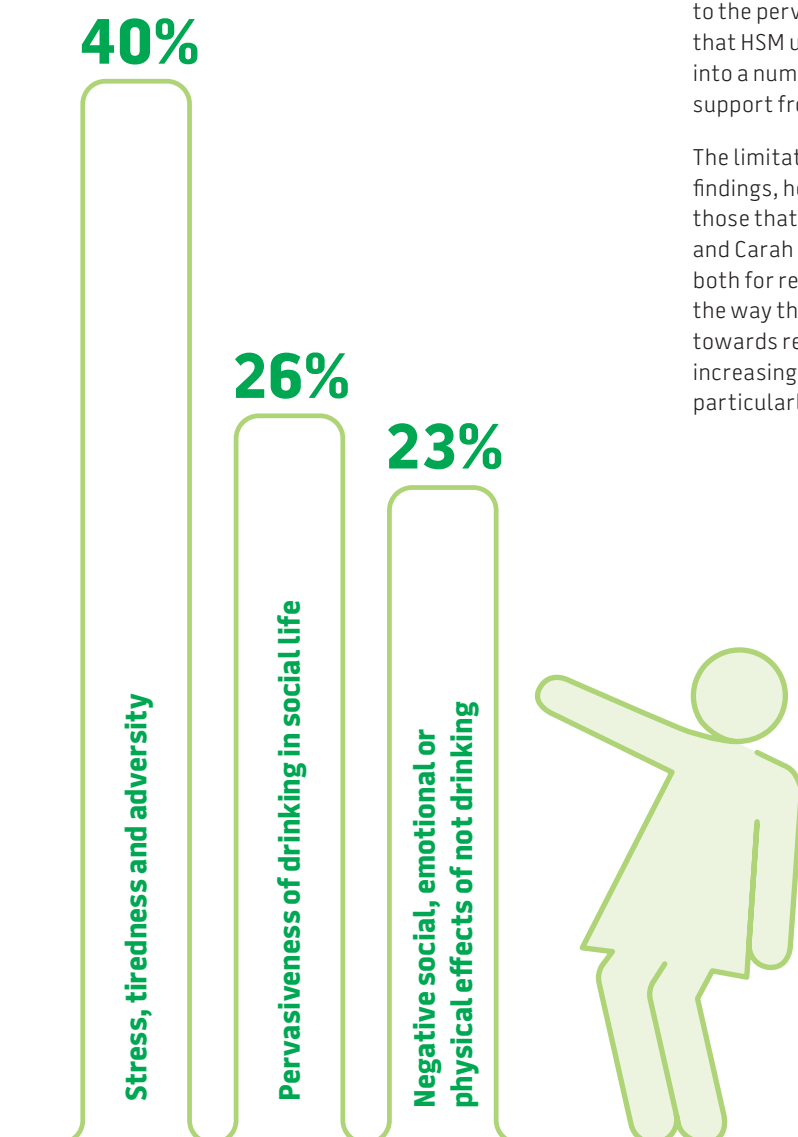
The most common barriers or challenges reported by Victorian HSM users during their HSM experience included:

- stress, tiredness and adversity (40 per cent)
- pervasiveness of drinking in social life (26 per cent)
- negative social, emotional or physical effects of not drinking (23 per cent)
- negative reactions from others (20 per cent)
- inability to control alcohol consumption (18 per cent)
- pressure to drink (16 per cent)

Younger HSM bloggers under 30 years of age were more likely (than those over 30) to report pressure to drink (38 per cent versus 12 per cent), pervasiveness of drinking in social life (38 per cent versus 28 per cent) and lack of non-alcoholic alternatives (15 per cent versus 4 per cent) as barriers.

People over the age of 30 were more likely to report stress, tiredness and adversity (47 per cent versus 15 per cent) and substitution with other habits (14 per cent versus 8 per cent).

The most commonly reported barriers to completion



What were the most effective strategies HSM users described?

The strategies most commonly reported by Victorian HSM users to overcome the barriers and challenges to giving up alcohol included:

- planning, self-talk and willpower (42 per cent)
- drawing on the support of HSM users or other non-drinking networks (42 per cent)
- substituting alcohol with a non-alcoholic drink (37 per cent)
- engaging in non-alcohol related activities (37 per cent)
- drawing on the support of family and friends (30 per cent)

High-risk drinkers were more likely than low risk drinkers to report on the importance of having supportive people in one's life (50 per cent versus 28 per cent).

Conclusions

Victorian HSM users reported significant benefits from the program, with physical health benefits and feelings of positivity being reported by approximately half of all male and female Victorian HSM users. And although numerous barriers to abstaining from alcohol were identified, particularly in relation to the pervasiveness of drinking in social contexts, it appears that HSM users are able to overcome these barriers by tapping into a number of effective strategies, such as drawing upon support from other HSM users and non-drinking networks.

The limitations of this study should be noted when interpreting findings, however it appears from both the current study, and those that have preceded it (Hamley and Carah 2011; Hamley and Carah 2012), that HSM is likely to be an effective mechanism both for reducing an individual's drinking, and for changing the way that people think about alcohol – important steps towards re-shaping cultures of drinking. Investment in further increasing awareness and knowledge of HSM in the community, particularly among young adults, is recommended.

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