

Pilot Project Report for Safer Communities North on Injury Reduction Involving Alcohol Demand Reduction among Working Age Population

Executive Summary

To be completed

Introduction

This is a report of the pilot study undertaken by Safer Communities North to investigate ways of reducing alcohol related harm/injury in sports clubs in Aotearoa/New Zealand. A 'pilot' study in this instance is a small scale version or trial run to test the feasibility of developing a major study in this area. For the study a medium-sized, urban-based rugby club was chosen. It has a reputation for being family-friendly with a responsible attitude to the serving and consumption of alcohol so may not necessarily be representative of all rugby clubs throughout the country. A Cochrane systematic literature review conducted on behalf of ACC (Accident Compensation Corporation of NZ) on policy interventions implemented through sporting organisations for promoting healthy behaviour changes surrounding the responsible use of alcohol found no rigorous studies evaluating the effectiveness of policy interventions organised through sporting organisations to increase healthy behaviours, attitudes, knowledge, or the inclusion of health-oriented policies within the organisations (ACC 2012).

Alcohol is one of the most commonly used drugs in New Zealand. While most New Zealanders enjoy alcohol in moderation, there are negative health and social consequences associated with drinking. Drinking problems and dependence on alcohol affect people's lives and the lives of those around them. Drinking patterns vary with gender and age. Alcohol is consumed most commonly in homes, but also in bars and pubs, sports clubs, restaurants and at work. Total alcohol available for consumption has been declining since 1990, though in recent years it has begun to rise again.

Method

A focus group approach was chosen as the best method of reaching the goal of gathering information about drinking practices in sports clubs and making the connection between consumption and injury related harm in athletes. An urban rugby club was selected as the site for the pilot study and two focus groups were established with a total of 27 participants; one consisting of players in the 'under 20's' group and the second with 'senior' players. The results of this study will be aggregated and used to develop an intervention that could be more widely applied across a range of codes and clubs. The emphasis of the pilot study is injury reduction through alcohol demand reduction.

Focus group interviewing was developed in recognition that many decisions that people make are made in a social context – often growing out of discussions with other people. Market researchers began using focus groups in the 1950s as a way of stimulating the consumer group process of decision making in order to gather more accurate information about consumer product preferences.

The focus group interview is an *interview*. It is not a discussion, a problem solving session or a decision making group. It is an *interview*.

Groups are not just a convenient way to accumulate the individual knowledge of their members. They give rise synergistically to insights and solutions that would not come about without them.

The **participants** are a relatively homogeneous group of people who are asked to reflect on the questions asked by the interviewer. Participants get to hear each other's responses and make additional comments beyond their own original responses as they hear what other people have to say.

It is not necessary for the group to reach any kind of consensus. Nor is it necessary for people to disagree. The object is to **get high-quality data in a social context where people can consider their own views in the context of the views of others**. We generated 4 'domains of interest out of which questions were formulated depending on the responses of the participants:

1. Current patterns/actual consumption of alcohol. To assist in this we asked the participants to complete the validated screening tool AUDIT (Alcohol USE Disorders Identification Test)
2. Perceptions of other's drinking; to try and ascertain the influences the drinking of others might have had on the individual, and in particular to understand if the drinking of the senior members of the club influenced the quantity the juniors chose to drink.
3. Perceived/actual harms; we asked participants to think about the injuries or other life problems they have experienced and reflect on how alcohol might have influenced these. We were particularly interested in drinking/driving, injury and recovery time.
4. The function of the club bar in their lives and alternatives that might not include alcohol.

Findings

Current patterns/actual consumption

Participants completed the AUDIT (Alcohol USE Disorders Identification Test) and were asked to reflect on the way being in a rugby team influenced how they drank.

Total scores from the AUDIT in the **under 20 group** ranged from 1 – 23. 64% recorded a **total score** of 8 or more indicating hazardous or harmful alcohol use. Questions two and three ask **how often** someone has a drink containing alcohol and **how many drinks** containing alcohol they have on a typical day when they are drinking. 73% of the participants scored 1 or more on this measure. A score of 1 or more on questions two and three are indicative of consumption at a **hazardous level**. Questions 4 – 6 are indicative of incipient or actual alcohol dependence. 64% of the participants recorded positively on this measure with most indicating they had failed to do what was normally expected of them on a monthly basis. Questions 7 – 10 relate to **alcohol-related harm that is already being experienced**. 73% of the participants responded in the affirmative to these questions with most having experienced alcohol black out (being unable to remember what happened the night before because of drinking) and been injured (or injured someone else) as a result of their drinking.

Most participants indicated they would not drink after a practice but after a match they would drink to relax (in general), celebrate, bond with their peers and saw alcohol as an effective muscle relaxant.

Of the Seniors, 62.5% had a **total score** of 8 or more on the AUDIT with 75% of the total sample indicating consumption at a **hazardous level**. 50% of the participants recorded a positive response

on the indicative questions for **alcohol dependence**. 81% indicated that they have experienced **alcohol related harm** with all having experienced alcohol related black out (two thirds of those at least monthly). On the question “have you or someone else been injured because of your drinking”? 50% responded ‘yes’ with 37.5% of those within the last year.

Perceptions of other’s drinking

In a significant study of American athletes (Perkins & Craig, 2006) it was conjectured that alcohol consumption among junior players was influenced by a misperception of the actual alcohol consumption of the senior players in their club. Conversely it was hypothesised that with exposure to accurate norms, perceptions of drinking norms of friends, team mates, and student-athletes in general would become less exaggerated and a significant reduction in personal alcohol misuse would be the result in the student-athlete population.

In this pilot study for Safer North Communities, **juniors** were asked “does the drinking of the seniors influence the way you choose to drink”? Most were unequivocal in their responses. They felt the seniors were “good role models” who “don’t drink to get drunk”. Some felt their own alcohol consumption would depend on the circumstances and others felt more influenced by whether they had to drive (“people don’t drink and drive”). When asked if they felt obligated to drink the general consensus was “if you don’t want to do something why would you do it”? However, the responses were different when it came to the “court session” “Court sessions” are interpreted differently by different clubs but usually involve an area set up like a court, judges at front table. Alcohol is set up on the table and players scull drinks as they answer accusations of various on-field antics. Most felt they would participate fully in a ‘court session’ no matter how much they were required to drink.

The **seniors** were asked about their decision to consume alcohol (as opposed to a non-alcoholic drink) after a practice or match. They felt alcohol was part of the culture and that it could be a “good thing or a bad thing”. On the plus side of the ledger they all saw it was important to come back to the club after a practice or match. They felt it was a way of “bringing the club together” and that it “doesn’t happen enough”. The club puts on 2 dozen bottles of beer after a match but doesn’t enforce the need to stay. Participants commented that “half the team leave before we get to the speeches” and thought the club should put more pressure on people to stay. When asked if the club didn’t serve alcohol would they still come to the bar? most said they would but “wouldn’t stay long”... “we would leave early”.

When asked if they felt pressured to consume alcohol most responded ‘no’. They felt there was a lot less pressure at their club than other clubs. This was created by the “maturity” and “decency of the people” with “respect for others”. The “fantastic club manager” was also thought to play a major part in creating an environment conducive to moderate drinking.

When asked what influence they thought their drinking had on the juniors some felt the juniors were a bad example to the seniors. Others were resigned to the fact that its “rugby culture” to drink and that the juniors simply couldn’t “handle it”. Many felt they were setting a good example by ‘sticking around’ to make sure the juniors didn’t come to any harm. They were asked how they would react to us having been told by the juniors that the seniors drink 3 pints after a game. Some felt it was “pretty accurate” while others were clear that they stuck to “only one drink”.

Perceived/actual harms

Participants were asked to think about the injuries or other life problems they had experienced and whether (or not) alcohol had influenced these events. **The juniors** were equally divided about the connection between alcohol consumption and harms they had experienced. While some acknowledged that you do “injure yourself while you’re drinking”, they felt being drunk was a positive thing because “you don’t hurt yourself so bad” when you are drunk. This group did not make the connection between episodes of drinking and on field injuries. Other participants in the juniors group saw that if “you injure yourself while you’re drinking it slows your recovery” after a match. When asked about drinking and driving, some responded with an unequivocal ‘no’ while others agreed that they ‘sometimes’ drove drunk depending on “your morals” or “who is the soberest”. Generally they felt that to drink and drive was to violate a code of the club and that “you’d hear about it if you did”.

The **seniors** generally felt they were more serious about their health and the game, they knew the consequences of drinking too much and knew that their injuries took longer to heal if they were drinking. While most freely acknowledged these ‘facts’ others were less convinced and felt “you would need a double blind trial to tell”. An older non-playing member of the team observed that “the drinking capacity of the players had dropped off over the last 12 years”. Several players saw the real problem not being the drinking that regularly occurred at the club (they felt their club was one of the ‘modest’ drinking clubs) but the ‘one off’ binge drinking occasions when everyone came together in a crowd; “we don’t drink very often but when we do it’s a big night”.

Alternatives to going to the bar and social functions (that do not involve alcohol)

We asked the participants what is the main attraction of the after match/practice function? Both groups reiterated the importance of a sense of belonging and participating in a social environment with people they liked and respected. The juniors agreed that they would still come back to the club after a match or practice if they couldn’t drink. It was important for them to be able to “show respect”. However, they were quick to point out that they would go somewhere else afterwards to drink. When we asked “what could take the place of the bar” as the centre of the after match function they were quick to point out that “if you take the bar out of the club, the club would close down”. The juniors felt that “rugby and beer go hand in hand” and that “rugby players drink more often than they used to”. By contrast the Seniors felt that “the clubs are suffering because there is not a lot of money made in the bar”.

When we asked what might take the place of drinking at the after match function, the Senior participants had a number of suggestions to make. They particularly enjoyed the rural clubs because they:

- Catered more for the whole family
- Were so geographically isolated and there was nowhere else to “go on to”; people seemed to stay and base their whole evening around club activities
- Were more inclusive of women. Many of the smaller and isolated clubs had joined forces with local women’s netball teams and the club belonged to the whole district.

Participants felt these rural clubs provided a model for addressing some of the issues that urban clubs were facing

Discussion

Alcohol consumption among this group is consistent with the national 'norms' (ALAC, 2011). There seemed to be a 'disconnect' between the actual levels of alcohol consumption by individuals (as measured by the AUDIT) and the perception that they were drinking modestly and within safe limits. Young men in the 18-24 age group represent 6% of the population but do 24% of the drinking.

The club takes a "host responsibility" approach to reducing intoxication and its associated harms by focussing on the alcohol server and the environment in which alcohol is consumed. It does not serve alcohol to minors, provides and actively promotes low and non-alcoholic alternatives and substantial food.

A systematic review of the literature (ACC, 2012) found no rigorous studies evaluating the effectiveness of policy interventions arranged through sporting organisations to increase healthy behaviours, attitudes, knowledge, or the inclusion of health-oriented policies within the organisations. We have an ideal opportunity to explore this 'gap' in the literature by devising a nation-wide study that targets a group of the population known to drink more and drink more frequently than other sections of society (ALAC 2011).

Recommendations

Develop a nation-wide study to inform an intervention based in sports clubs in Aotearoa/New Zealand. In particular the goal would be to:

- Access a group of people known to be drinking outside the norms of safe levels
- Reduce the number of alcohol-related injuries occurring.
- Reduce consumption of alcohol by athletes.
- Reduce alcohol harm and family violence through organisations supporting the initiative and actively promoting better responsibility where alcohol is being consumed.

Appendix 1

Summary of New Zealand Drinking Patterns from Ministry of Health Alcohol and Drug Use Survey

- 85 percent of New Zealanders aged 16 to 64 drank alcohol in the past year (Ministry of Health, 2009).
- Three in five (61.6%) past-year drinkers consumed more than ALAC recommends (a maximum of six standard drinks for males and four for females on a drinking occasion) at least once during the last year (Ministry of Health, 2009).
- One in eight (12.6%) past-year drinkers consumed more than the recommended guidelines more than once a week during the last year (Ministry of Health, 2009).
- One in six (17.7%) adults (aged 15+) have a potentially hazardous drinking pattern (Ministry of Health, 2008).
- One in four (28.7%) women who had been pregnant in the past three years reported that they had consumed alcohol while pregnant (Ministry of Health, 2009).

- One in ten (10%) adult drinkers reported planning to get drunk on their last drinking occasion (Research New Zealand, 2009).

Young people

- Seven out of ten (71.6%) secondary school students reported having ever drunk alcohol, with six out of ten currently drinking alcohol (Adolescent Health Research Group 2008).
- Nearly half (46.1%) of current secondary school drinkers reported consuming five or more drinks in a usual drinking session (Adolescent Health Research Group 2008).
- One in five (18%) young drinkers reported they planned to get drunk on the last occasion (Research New Zealand 2009).

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Waikato Times

King Country rugby clubs knew they had to do something about drink-driving after two players died in a road crash last year.

After the death of two members last year, Otorohanga Sports Club knew they had to do something to prove their sincerity about tackling drink-driving.

Rugby club members and friends Justin Aikman and Shannon Hepi, both 25, died after the car they were passengers in collided with another car at Kihikihi after a club rugby game on July 31 last year.

The driver, Joseph Perawiti, is serving a three-year jail sentence for various charges including drink-driving.

He had earlier been stopped for speeding on his way to the game.

Two other club players are yet to return to rugby because of their injuries suffered as passengers in the crash.

The Otorohanga community was stunned by the tragedy and it was the impetus for Te Kuiti police Senior Constable Jacky Fitzgerald to try to tackle the rugby drinking culture.

With help and funding from the Alcohol Advisory Council (Alac), the "Club Champs" anti drink-driving initiative was born.

Club Champs, which currently involves Kio Kio, Otorohanga, Waitete, Bush and Taumarunui rugby clubs, promotes responsible use and management of alcohol, encourages player buy-in and has personalised promotional material including information booklets, bar mats and posters.

Ms Fitzgerald asked the clubs to write a letter of support for the project and was floored by the response.

"The one from Otorohanga was heart-wrenching, it almost made me cry and their response as a club was that they knew they had to do something."

And they have.

In Otorohanga, they have canned the infamous "court sessions" which involved players sculling drinks for various on-field antics, banned pre-mixed alcoholic drinks (RTDs) from changing-rooms, limited the number of beers each player can drink in the changing-rooms after a game and now give vouchers to player of the day winners rather than see them scull a handle of beer.

Coach Steve Wilshier said the deaths of Aikman and Hepi "rocked us". "It hurt us all. There were three others in the car ... That gave every single person around here a good wake-up call, and it was a pretty hard wake up call ... it's all very well to have a heavy heart but we were like 'where do we start?' and then Jacky came along."

Ms Fitzgerald said the Kio Kio club had taken high percentage RTDs off its shelves altogether and had installed lighting in its carpark to stop people drinking there and causing trouble.

"To people looking in who don't know rugby, it might seem these aren't big changes, but these are incredible changes ... the clubs have been incredible in the way they have accepted it."

Justin Aikman's mother, Diane, has not been involved with the project but supported any change to the boozy rugby culture.

"That whole drinking culture in rugby needs to change and they just need to be more aware of consequences because living with this is a bloody nightmare," she said.

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Court Sessions

Instructions

Set up the area like a court, Judges at front table, everyone else in front of them. Jugs on the front table with beer (etc). Before court starts collect 'Accusations' from everybody about other people present. eg: John for sleeping with a fat girl, Bob for missing training, etc. Set up a few rules, like in the drinking rules. Other rules maybe: set toilet breaks, no skin contact. Select a few people to be Judges, their job is to keep order and bring Accusations to people and then issue 'fines'. The size of the fine depends on the accusation ranging from a can to a jug to shots in a jug. The accused comes before the court, pleads, if they plead not guilty and found guilty the fine is more severe. Any further questions you can email me. Use subject: court session.

Follow up questions

1. How old are the seniors?
2. What would be the focus of a larger study?