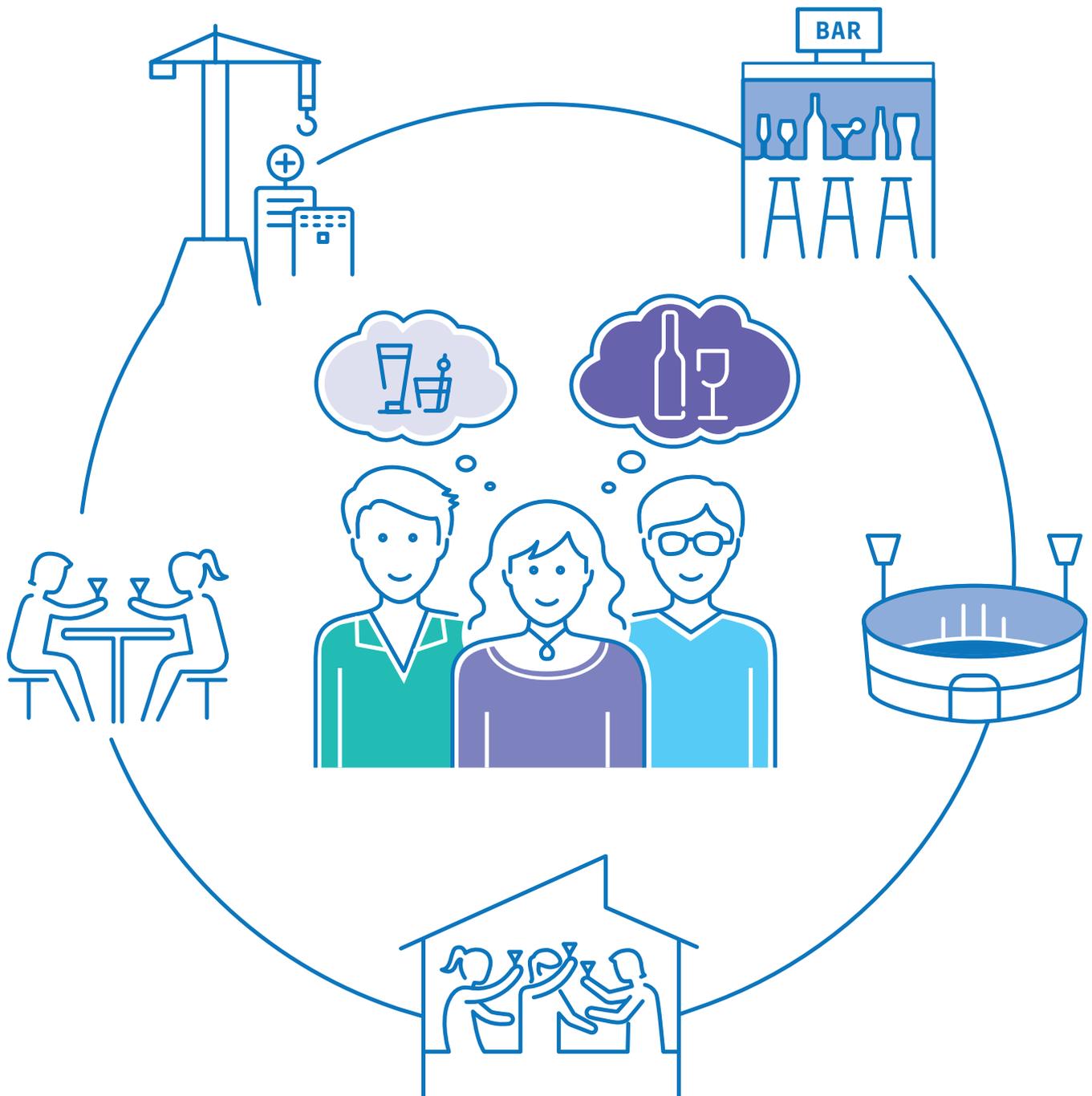


# Alcohol Cultures Framework background paper

A framework to guide public health  
action on risky drinking cultures

REVISED EDITION 2019



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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 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 is committed 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 Initiative. In late 2015, in support of this commitment, VicHealth partnered with the La Trobe University 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 changing risky-drinking cultures to reduce alcohol-related harm. The framework draws on research literature and expert opinion from alcohol harm reduction experts. It defines and explores the notion of alcohol cultures. It also provides a lens for designing, testing and implementing public health action focused on alcohol cultures, including interventions, projects, campaigns and/or research.

VicHealth, CAPR and ADF led a stakeholder-engagement process from November 2015 to February 2016 to seek the opinions of relevant 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 discussion among researchers, policymakers, public health advocates and others interested in alcohol culture change. The outcome of this process was the 2016 framework and background paper.

In 2018, VicHealth invited stakeholders to review the application of the Alcohol Cultures Framework in practice: what works, what doesn't and how the framework can be amended to support practitioners to reduce risky drinking. These consultations resulted in a refreshed framework and this revised background paper.

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

# What are alcohol cultures and how can they be defined?

## Defining and changing alcohol cultures: key concepts and literature summary

In 2015, VicHealth commissioned the CAPR to review the relevant literature on defining and measuring alcohol cultures. The resulting paper (Savic et al. 2016) drew upon anthropological and sociological literature to highlight the oversimplification and limitations in public health-oriented research about 'alcohol culture'.

One of the key findings is that the literature does not clearly define the term 'alcohol culture'. However, this has not stopped researchers from viewing alcohol culture as a target of investigation and intervention, with the majority of research on alcohol cultures focussing on problems associated with drinking patterns, intoxication and collective behaviours across a society as a whole. For instance, to talk about Australian drinking culture is to refer to norms about and patterns of drinking which are seen as specific to and applicable across the national culture. Observable patterns in Australian drinking culture might include after-work drinks with colleagues, 'shouting' a round of drinks for friends, binge drinking or drinking as a symbol of mateship.

A whole of society focus masks the meanings and practices associated with alcohol use that are culturally significant, such as drinking as a means of belonging to a social group, a mode of social connection or the way alcohol is used in celebrations and significant cultural events. It can also mask the way alcohol-use can change over time, how it is influenced by different scales (macro and micro factors), and how these interact to influence other actors, practices and use-values in different contexts (Savic et al. 2016).

Separating alcohol and related problems from a network of other possible social and cultural factors, obscures the complex nature of drinking and the way in which different groups across society consume alcohol when they get together.

To encourage a multidimensional understanding of drinking and provide insights into how alcohol cultures might be investigated and monitored when working with smaller groups that operate below society as a whole, Savic (Savic et al. 2016) proposes a working definition of 'drinking cultures':

*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.*

Attempting to define drinking cultures is a 'potentially fraught exercise', however, the above working definition provides a way forward to stimulate further conceptual thought and discussions among alcohol researchers. It also encourages practitioners to ask different questions as they design and implement public health approaches to take action on risky drinking cultures. For example: interrogating which norms influence who drinks and how much they drink; asking which practices are

acceptable before, during and after drinking; understanding what constitutes an alcohol-related problem; or exploring how a space where drinking takes place is configured, may all productively instruct practitioners attempts to change risky drinking cultures (Savic et al. 2016).

Informed by the above research and discussion, and feedback from the VicHealth-led stakeholder-engagement process, VicHealth has developed a definition of 'alcohol culture' for the purposes of the Alcohol Cultures Framework. We define an alcohol culture as:

*The way a group of people drinks, including the shared understanding of formal rules, social norms, practices, values and beliefs around what is and what is not socially acceptable when members of the group get together.*

There is no single alcohol culture in Australia but a mix of alcohol cultures. The framework is a tool for practitioners to assist them to understand the network of other possible social and cultural factors that influence the way people drink alcohol when they get together in their social worlds. It supports practitioners to develop innovative approaches to influence those cultures in which drinking alcoholic products carries substantial risk of physical, social or mental harm to the people drinking, their families or the community.

## What is a social world?

Within Australian society there is a diverse range of interacting alcohol cultures. These are referred to using labels that describe subsections of society such as subpopulations, subgroups, subcultures, population groups, social worlds, scenes and neo-tribes. VicHealth uses the term 'social world' for such subgroups, which are defined as informal units of social organisation that bring together people who share common interests, practices or worldviews. Social worlds are not organised according to spatial and territorial boundaries – some may span the entire state, others may be more locally based. Some may be large and others small. Belonging to a social world does not necessarily require face-to-face participation, as connections can be maintained via other forms of communication such as the phone, mail, email, blogs, the internet or social media (Strauss 1978, p.122).

People may participate in multiple social worlds. Membership does not need to be formally defined, is often voluntary and is based on shared engagement in social practices. For example, a person might belong to a parents' group that meets once a month, and also belong to a sporting club where they play a weekly soccer game. Each of these social worlds is likely to have a different culture, as well as a different alcohol culture (Strauss 1978; Unruh 1980, p. 271).

Social worlds are often organised around one primary activity, for example, walking, singing or supporting a particular sports team.

There are also settings where activities typically occur, for example in a sporting club, where multiple social worlds coexist and overlap and may include, players, spectators, club management, parents, volunteers and sporting codes.

Some of these social worlds do not include drinking among their activities. For others, drinking together may be an incidental practice, or it may be more central to the group's collective activities. For some groups, the normative drinking practice may be an occasional drink in a suitable place. For others, the drinking may often be heavier, or what we term 'risky drinking'.

## Influencing risky-drinking cultures through social worlds

At VicHealth, we are interested in exploring social worlds which have a risky-drinking culture, where shared drinking norms, practices and expectations are likely to lead to harm to the person who drinks or to those around them. Alcohol culture change is one of many strategies for reducing alcohol-related harm. This work complements other strategies, such as individual behaviour-change approaches, regulatory mechanisms and policy frameworks, and other whole-of-population efforts which are aimed at preventing and reducing alcohol-related harm.

A small but growing number of health-promotion programs in Australia and around the world are working with social worlds to influence culture. Such programs combine complementary strategies that focus on structural, environmental and social changes to shift normative beliefs and practices around a particular product (i.e. alcohol or tobacco). Examples of social worlds that have been targeted through this approach are outlined in Table 1.

**Table 1: Examples of programs that target culture through a social-world approach**

Program/project	Social World	Description
<b>Be a Brother</b>	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.
<b>Good Sports</b> <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.
<b>Join the Commune</b>	Young adult 'hipsters' in bars in four locations in USA	Social branding campaign using commercial marketing tactics that directly counter tobacco industry promotional strategies, in order to discourage tobacco use.
<b>Fresh Empire</b> <a href="https://freshempire.betobaccofree.hs.gov/">https://freshempire.betobaccofree.hs.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.
<b>Youth C.A.N. (Changing Alcohol Norms) Horsham Rural City Council</b> <a href="https://www.hrcc.vic.gov.au/Community-Services/Current-Projects/Youth-C.A.N-Changing-Alcohol-Norms">https://www.hrcc.vic.gov.au/Community-Services/Current-Projects/Youth-C.A.N-Changing-Alcohol-Norms</a>	Rural teenagers and their parents in Horsham	A youth-driven program that includes: a parent education program, local social marketing campaigns, alternative alcohol-free activities and online parent forum.

## Social practice theory: from health behaviours to health practices

Public health efforts to reduce risky drinking have largely been influenced by theories of individual behaviour change. These efforts have conceptualised risky drinkers as autonomous decision-makers who act in predictable ways based on their beliefs, attitudes and values around drinking alcohol. However, success for behaviour-change interventions has been mixed, with no guaranteed consistency or sustained change.

In recent years, public health research has sought to better understand the 'social meanings, settings and habitual nature of health-related activities and their integration into our daily lives' (Meier et al. 2018, p. 206). This is a shift away from theories of human behaviour which assume that individuals act rationally and will make better choices for themselves on the basis of the information they receive (Blue et al. 2014; Maller 2015; Meier et al. 2018).

To understand how public health interventions can capitalise on this knowledge to positively influence health outcomes for individuals, researchers recommend focussing attention on everyday activities such as eating, cooking, drinking, smoking or participating in a sport and the way they socially connect individuals, rather than focussing on individual behaviours. In this shift from studying individual health behaviours to social health practices, and from actors to actions, researchers are using alternative approaches, including social practice theory, to look for 'social explanations for health outcomes across a range of locations and groups' (Maller 2015, p. 53).

A social practice approach emphasises routines, habits, bodily character, emotions, everyday knowledge and skills, as well as the objects required to enact the practice and how these practices are connected with other everyday practices, e.g. how the practice of healthy eating might be connected to the practice of running to work in the morning or playing a team sport on the weekends. It also emphasises how collective norms and institutions influence group activity and the environment or settings where it takes place. This type of approach avoids stigmatising individuals for health outcomes and brings social context and cultural experience into the intervention frame.

The VicHealth Alcohol Cultures Framework is informed by the following definition of a 'social practice':

*a routinised behaviour that involves interconnected elements of bodily and mental activities, objects or materials and shared competencies, knowledge and skills*  
(Maller 2015, pp. 57-8).

The theory proposes that there are three elements which are integrated to sustain a practice. These are commonly described as **meanings**, **materials** and **competencies**. To help public health practitioners assess the drinking practices in their target social world, the VicHealth Alcohol Cultures Framework has redefined these elements in the following way:

- **Shared meanings** – how and why we drink the way we do, the social norms, expectations and socially shared meanings around drinking.
- **Settings** – the objects, locations, tools and infrastructure that support drinking.
- **Skills** – the knowledge and skills required to participate in drinking occasions with others.

The practice of consuming alcoholic products involves 'ingesting ethanol'. However, how people drink when they are together, where they drink, who they are drinking with and what meaning they ascribe to their drinking changes according to the norms and expectations of the particular social world (Blue et al. 2014, p.38). For example, if we consider a group of teenagers planning a night out in rural Victoria, the evening might involve various methods of procuring alcohol, preloading before going out, drinking in local parks and an expectation to participate in drinking games. This varies considerably from a group of male white-collar workers who buy rounds of craft beers or high-end spirits in city bars, or a parents' group which goes out once a month to 'blow off steam' at a local nightclub. With these examples in mind, it is possible to see how changing risky-drinking behaviour is likely to be more successful if practitioners can account for and understand how the particular shared meanings, social know-how and settings interact to support risky-drinking. It is also important to account for variations in practice, understand how practices change and evolve over time, and to develop interventions accordingly.

This approach to social drinking builds on previous work in the framework that used social norms to understand customs and expectations that encourage increased drinking, as well as social controls and adverse responses to drinking behaviour which may limit it.

A 'norm' can be a common understanding held by a group of what an appropriate behaviour is. But it can also take the form of a law or official regulation, bringing the tools of government into the fold of drinking cultures. Enforcement of these norms can range from informal and transient judgements (such as a lifted eyebrow or disapproving look) to formal and severe punishments (such as a fine or being arrested). Examples of norms around drinking include perceptions of where it is appropriate to drink (e.g. not at work) and the acceptable age for drinking alcohol.

## Purpose of the framework

The Alcohol Cultures Framework is a planning tool for those with an interest in changing risky-drinking cultures to reduce harm from alcohol products. While there are existing examples of public health interventions that target the collective behaviour of groups, the alcohol cultures approach discussed here is quite different from conventional public health approaches. The Alcohol Cultures Framework is intended to shift the focus from how much and how often individuals consume alcohol products, to thinking about where, what, why and with whom people drink. It invites practitioners to focus on social worlds in which risky drinking is commonplace and alter elements of the social world's practice so that, if drinking is continued, it becomes less risky.

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

In such a culture, people support 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. A culture like this provides a supportive policy, physical and social environment where:

- where people do not feel pressure to drink
- when alcohol is consumed it is done at low risk
- intoxication is discouraged
- occurrences of drinking are reduced
- not drinking isn't viewed as exceptional or unusual.

## Where do we focus our intervention activity?

Alcohol culture change is not seeking to draw members away from a social world, but rather to influence and help transform harmful drinking norms, expectations and practices within the group. To do this, intervention activity can focus on understanding three separate but overlapping elements: the **settings** in which the group drinks, the social know-how or **skills** the group shares in drinking together and the **shared meanings** of drinking among the group. Practitioners can identify which elements of risky-drinking practices in a social world might be amenable to change and use this to inform intervention design and implementation.

**Table 2. Alcohol Cultures Framework**

<b>SOCIETY</b>	
Population drivers at a state, national or global level e.g. the way alcohol is priced, promoted and its availability.	
Intervention focus	Examples
<p><b>SETTINGS:</b> <b>where drinking takes place</b> The factors that shape the environment and atmosphere of alcohol cultures i.e. the venue, the type and availability of alcohol products, advertising and promotions</p>	<ul style="list-style-type: none"> <li>• Physical settings e.g. licensed venues, private residences, public spaces, social events, festivals, workplaces, sports events</li> <li>• Virtual settings e.g. social media, internet, online gaming</li> <li>• Televisions, entertainment, pinball machines, dance floors</li> <li>• Type of drinks, glassware used in the setting</li> <li>• Availability of alcohol, enforcement of legislation and policy, advertising and promotion, role models e.g. positive or negative</li> <li>• Safe and accessible transport to/from the setting</li> <li>• Timing of events and occasions where drinking occurs</li> </ul>
<p><b>SKILLS:</b> <b>what people know about drinking that they bring to the social world</b> The competencies, abilities and knowledge that are held by members of the social world</p>	<ul style="list-style-type: none"> <li>• Practical know-how e.g. which glasses are used for different types of alcohol, how to give a toast, use lemon, do a shot</li> <li>• Knowing how to handle large volumes of alcohol or the alcohol content of drinks</li> <li>• Knowing techniques to handle occasions of risky drinking e.g. drinking water or managing a hangover</li> <li>• Knowing how to respond to someone who wants to drink too much/has drunk too much/is drinking too much?</li> <li>• Knowing when risky drinking might be inappropriate for the group e.g. when supervising children</li> </ul>
<p><b>SHARED MEANINGS:</b> <b>why people drink</b> The shared cultural expectations, norms and understandings of drinking</p>	<ul style="list-style-type: none"> <li>• Drinking is used to connect with others or alter mood in the group</li> <li>• Risky drinking is seen as normal and low-risk drinking is discouraged</li> <li>• Drinking together is fun, pleasurable, exciting, relaxing, sophisticated, transgressive</li> <li>• Shared rituals, myths or traditions around drinking</li> <li>• Shared gendered meanings of drinking</li> <li>• Shared histories of drinking as a group</li> <li>• Drinking together creates belonging and inclusion and/or it could be a mode of excluding 'outsiders'</li> </ul>
<b>INDIVIDUAL</b>	
Someone's unique combination of genetic and personal characteristics e.g. age, gender, resilience, ethnicity, family influence and beliefs.	

## Another key dimension: social position as a driver of alcohol-related harm

If practitioners are setting out to encourage a social world of heavy drinkers to reduce the harms from drinking, they first need to ask about and establish what the profile of harm looks like for members of the social world, and how the harms relate to drinking in the social world.

Certain factors, such as social position, make some groups more vulnerable than others, even if their exposures are the same. VicHealth (2015) defines social position as the socioeconomic, political and cultural context which creates a process of stratification which assigns individuals to different social positions. This results in unequal distribution of resources, power and advantage.

Markers of social position which can harm the health and wellbeing outcomes of individuals include low income, unemployment, rurality, race/ethnicity, gender, Aboriginality, disability and sexuality. People who live with disadvantage or who experience discrimination are often at greater risk of experiencing higher rates of preventable illness.

When planning interventions, practitioners should also consider how alcohol-related harm is distributed across populations. Different social groups have different levels of exposure and/or vulnerability to factors that increase the risk of harm for the individual, their family, bystanders or the broader community.

### **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.

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

## Critical questions to develop an understanding of risky-drinking social worlds

The chart below includes examples of critical questions to ask to develop an understanding of the alcohol culture within a risky-drinking social world.

**Table 3: Critical Questions**

Elements	Critical questions
Settings	<ul style="list-style-type: none"> <li>• How available and accessible is alcohol in the given setting? Are free water, other non-alcoholic beverages or food readily available?</li> <li>• How does the drinking space feel, how it is organised in relation to the drinker and how do drinkers relate to other drinkers?</li> <li>• What forms of entertainment are available e.g. televisions, dancefloor?</li> <li>• How central is alcohol to the function of the setting?</li> <li>• What alcohol harm-reduction rules or policies exist? How are they enforced?</li> <li>• What types of drinks are available? Are there 'happy hours' or other arrangements to discount drink prices as an incentive to drink?</li> <li>• How are drinks served i.e. in glass or plastic, shot glasses, jugs, pint glasses?</li> <li>• Are there alcohol advertisements or promotions in the setting that encourage risky drinking?</li> <li>• What other practices are linked with drinking alcohol in the setting e.g. eating, dancing, socialising?</li> </ul>
Skills	<ul style="list-style-type: none"> <li>• What strategies do members of the social world use to control drunkenness e.g. comments like 'don't you think you've had enough?' or looks/raised eyebrow?</li> <li>• What strategies do members of the social world use to encourage risky drinking e.g. expectations of the type, frequency and quantity of alcohol to be consumed, pre-loading, drinking games?</li> <li>• Under what circumstances is it difficult to say 'no' to a drink within the social world?</li> <li>• What actions or behaviours do members of the social world expect of their peers when drinking e.g. buying rounds or shouting drinks?</li> <li>• Are there role models that encourage/discourage drinking within the social world?</li> </ul>
Shared meanings	<ul style="list-style-type: none"> <li>• What does alcohol mean and what purpose does it serve in the social world e.g. therapeutic, recreational, social, psychoactive?</li> <li>• How do members of the social world define 'drunk' or 'intoxicated'? How drunk is 'drunk'? What purpose does being drunk serve? How does alcohol facilitate or impede group activities?</li> <li>• How do members of a social world understand the terms 'risky drinking'?</li> <li>• How is alcohol or risky drinking part of the group's shared identity? What's at stake if the drinking culture in a social world changes e.g. relationships, jobs? How are people 'held' in the group?</li> <li>• Do shared experiences of discrimination or exclusion influence the way men and women drink in a particular social world?</li> <li>• In what ways do masculinities and femininities influence how men and women drink within a particular social world?</li> <li>• How does social media influence drinking practices e.g. expectations to share an Instagram picture of drinking?</li> </ul>

## Strategies

Alcohol culture change strategies depend on an in-depth understanding of the target social world and the three overlapping elements that influence drinking – settings, skills and shared meanings.

The most obvious strategies are often not effective because social worlds will tend to resist interventions perceived as being from the outside or top-down. Collaboration with individual social worlds to identify and map practices associated with risky drinking in their respective group will help practitioners develop interventions. Practitioners may also seek ‘allies for change’ or champions to implement alternative practices within the group and to support successful interventions. Look for signals that a member of the group is uncomfortable with the group’s risky-drinking practices. Talk to them about things that might be changed to reduce the risky drinking without disrupting the group’s main purposes. If they are willing to speak up, see how you can be of help.

Strategies to develop or promote low-risk drinking must avoid blaming or stigmatising individuals and groups that engage in risky drinking. To blame individuals or groups, or to give the impression of blaming, can alienate the social worlds that alcohol change strategies are seeking to engage (Kelly & Westerhoff 2010).

Avoiding stigmatising attitudes and language is crucial when developing, discussing and implementing change strategies.

Importantly, alcohol cultures do not remain static over time, so strategies to shift culture depend on 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’ or specify which intervention strategies are effective and what needs to be done. Rather, it is a tool to support and guide practitioners who are working with groups of risky drinkers to design and implement interventions.

There are a number of key points to understanding alcohol cultures.

- There is no single drinking culture in Australia, but a mix of drinking cultures across different social worlds.
- Alcohol culture is a complex concept and we know that alcohol cultures are variable. They grow and adapt over time and across generations, based on a range of structural, environmental, social, economic and individual factors that influence the way people drink.
- Many alcohol cultures exist at various levels of society. These include the way families or friendship groups drink, the way work colleagues drink or the way a group of sports fans drinks.
- Individuals may belong to a number of drinking cultures where membership is not mutually exclusive. The way people drink differs depending on context, priorities, place, occasion and time.
- Alcohol culture includes attitudes towards both drinking and non-drinking.
- Drinking cultures are shaped by rules and the enforcement of rules, which may be determined within the particular drinking culture or may come from outside. Formal rules such as legislation are enforced by arrest or by a penalty such as 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 inviting an individual to the next social occasion.

## Critical components of a culture change project

There are a range of actions to take when planning to influence alcohol cultures within risky-drinking social worlds.

- **Target social worlds** that engage in risky-drinking practices.
- Gain insights about the social world by:
  - understanding how the **settings, skills** and **shared meanings** of the target group influence the way people drink
  - focusing on **everyday and routine drinking practices** in the social world and understanding how these are sustained by connections to other practices such as eating, cooking, smoking or playing sport
  - considering **intersecting factors** that affect alcohol consumption such as age, gender, occupation, education, social class, ethnicity, disability, Aboriginality, sexuality.
- Use the above insights to inform intervention design and implementation.
- Co-design and test interventions with people who are part of the social world, and continually seek their input, and communicate findings.
- Seek allies for change or champions to drive and model culture shifts within the target group.
- Ensure organisational policies and processes support alcohol culture change activities.
- Form partnerships with other agencies on coordinated programs where regulation and intervention efforts are aligned.
- Think about how each project could be replicated and sustained when designing and delivering interventions, acknowledging that alcohol culture change is a slow process.
- Evaluate and monitor activity and share learnings.

## Measures of culture change

VicHealth and the Australian Institute for Primary Care & Ageing (AIPCA) at La Trobe University have developed a set of common indicators for alcohol culture to help practitioners to measure changes to alcohol culture in their target social worlds.

**Table 4: Measures of Culture Change**

Domain	Example
Personal alcohol consumption (general)	Standard questions about alcohol consumption. <ul style="list-style-type: none"> <li>In the last 12 months, how often did you drink five or more drinks in a session?</li> <li>In the last 12 months, how often did you drink eleven or more drinks in a session?</li> </ul>
Identity	<ul style="list-style-type: none"> <li>In the last (3/6/12) months, how often did you socialise with &lt;social world&gt;</li> </ul>
Personal alcohol consumption in the social world	<ul style="list-style-type: none"> <li>In the last (3/6/12) months, how often did you have an alcoholic drink when you were socialising with &lt;social world&gt;?</li> <li>In the last (3/6/12) months, how often did you have 5 or more alcoholic drinks when you were socialising with &lt;social world&gt;?</li> <li>In the last (3/6/12) months, how often did you have 11 or more alcoholic drinks when you were socialising with &lt;social world&gt;?</li> </ul>
Social pressure or support to drink/not drink in the social world	<ul style="list-style-type: none"> <li>In the last (3/6/12) months, when socialising with &lt;social world&gt;, how often did you feel influenced to have a drink or to drink more?</li> <li>In the last (3/6/12) months, when socialising with &lt;social world&gt;, how often did you feel influenced to not drink or to drink less?</li> </ul>
Initiate conversation about alcohol in the social world	<ul style="list-style-type: none"> <li>How many times in the last (3/6/12) months did you start a conversation within &lt;social world&gt; about the way the group drinks alcohol?</li> </ul>
Acceptability of intoxication in the social world	<ul style="list-style-type: none"> <li>When socialising with &lt;social world&gt;, is getting drunk every now and then is okay? By 'getting drunk' we mean drinking to the point of losing your balance.</li> </ul>
Social customs in the social world	<ul style="list-style-type: none"> <li>When socialising with &lt;social world&gt; is buying a round of drinks a normal part of drinking?</li> <li>When socialising with &lt;social world&gt; are having pre-drinks (drinking before you go out to a party/club/event) a normal part of alcohol consumption?</li> </ul> <p><i>This can also include other social customs that are relevant to the target social world.</i></p>
Observed alcohol-related harm in the social world	<ul style="list-style-type: none"> <li>In the last (3/6/12) months, how often have you seen drunken behavior when you have been with &lt;social world&gt;?</li> <li>In the last (3/6/12) months, how often have you seen unpleasant or abusive talk, fighting or aggression when you have been with &lt;social world&gt;?</li> </ul>

This is by no means an exhaustive list of indicators of alcohol culture change, but it offers a starting point for characterising and subsequent measuring and monitoring of alcohol cultures. Practitioners may also want to consider the role that gender, age and socioeconomic status play in influencing alcohol cultures.

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