



An Australian Government Initiative



Collaborative Partnership for
FARMING AND FISHING
HEALTH AND SAFETY

Partners:

Department of Health & Ageing
Cotton Research & Development Corporation
Grains Research & Development Corporation
Sugar Research & Development Corporation
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Rural Industries Research & Development Corporation

Drug and Alcohol Use by Farm and Fishing Workers



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Drug and Alcohol Use by Farm and Fishing Workers

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Foreword

Australia's agriculture, fishing and forestry industries make a fundamental contribution to the Australian economy and way of life. The health and wellbeing of the rural industries workforce is one of the critical factors in sustaining quality products and developing local and global markets. No previous studies have comprehensively investigated drug and alcohol use in the rural industries workforce. Problematic drug and alcohol use goes to the heart of industry productivity because of the way it depletes the capacity of the workforce and creates risk in the workplace.

The importance of this report is that it raises awareness of the scope of drug and alcohol use by farming and fishing employees and the impact of that use on the workplace and also on rural communities and families. This report will be a useful basis with which to develop strategies to reduce problematic drug and alcohol use, particularly alcohol, and support rural employers to maintain and grow their workforce. Effective intervention strategies for problematic substance use are well developed. The challenge for RIRDC and rural industries will be implementing those in a way that is accessible for rural workers.

This project is part of the Collaborative Partnership for Farming and Fishing Health and Safety, which is managed by RIRDC and funded by the Australian Government Department of Health and Ageing, Grains Research and Development Corporation, Fisheries Research and Development Corporation, Sugar Research and Development Corporation, Cotton Research and Development Corporation and the Rural Industries Research and Development Corporation.

The goal of this partnership is to improve the health and safety of workers and their families in the farming and fishing industries across Australia.

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Craig Burns
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About the Author

The authors are a multi-disciplinary team with diverse skills and expertise in rural research, drug and alcohol research, bio-medical research, gender studies, health service provision and qualitative and quantitative methods.

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Dr Jane Dowling worked on establishing the project and recruiting key informants in the first round of interviews.

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Executive Summary

What the report is about

This study collected qualitative and quantitative data to describe farm and fishing workers' use of drugs and alcohol, their understanding of drug and alcohol related harms and the influence of workplace culture on drug and alcohol use.

Who is the report targeted at?

This report is for rural industry employers, employees and policy makers. It also contains important findings for rural communities who are integral to rural industries and for health policy makers.

Where are the relevant industries located in Australia?

This research was conducted in Victoria and NSW. Research sites included grain, sugar, cotton and fishing as key rural industries. Farm and fishing employees make up three and a half per cent of Australia's total workforce but are a much more significant part of rural communities. This research will benefit employers, employees and rural communities across Australia.

Background

Farming and fishing workers operate in dangerous workplaces and workplace deaths and accidents of these workers have been well documented. Previous research has clearly indicated the hazardous nature of fishing and farming, and explored some of the industry pressures on fishers and farmers. Furthermore, some empirical and anecdotal evidence suggests certain fishing and farming workers may use drugs and alcohol excessively. However, at the present time, the lack of research about drug and alcohol use in the rural sector means that there is no clear understanding of which interventions may be most appropriate for rural, regional and remote communities in Australia, including farming and coastal communities.

The research was conducted by a team from The Lyndon Community, Monash University, The University of Queensland, National Drug and Alcohol Research Centre and Charles Sturt University. It was funded by the Collaborative Partnership for Farming and Fishing Health and Safety which is managed by the Rural Industries Research and Development Corporation.

Aims/objectives

The aims of this project were to describe the quantity and patterns of drug and alcohol consumption among workers in the fishing and farming industries and identify strategies to reduce their risk of drug and alcohol related harm and improve workplace safety.

Method

Research sites in NSW and Victoria, with either farming or fishing as the key industry were identified for the study via consultation with primary industry leaders. Study participants included key informants, farm and fishing employees and partners of workers. Potential key informants were initially identified from telephone books and local newspapers. Key informants (n=46) were community members with roles in health, primary industries or business, local government representatives, publicans, police or members of civic groups such as the Country Women's Association. Farm worker and partner participants were identified through local industry groups and networks by snowball sampling. Farm and fishing workers/contractors, partners of workers and community leaders (n=145) across six research sites completed interviews and/or surveys between November 2010 and May 2011. The age range of participants was 18 to 75 years with an average of 41 years. The farming industry was represented in three sites with a total of 77 participants (53%), 46 of

whom completed a survey. The fishing industry was represented in three sites with a total of 68 participants (47%), 25 of whom completed a survey.

A narrative approach was used to analyse qualitative interviews. A narrative analysis highlights the stories participants tell about the study topic and was used to identify social practices and behavioural norms in relation to substance use.

Results/key findings

Alcohol was used at levels that would pose moderate to high risk or dependent levels by approximately 44 per cent of the study participants. This value is considerably higher than that of the general Australian population where 16 per cent of rural dwellers are deemed to be moderate to high risk drinkers (Australian Bureau of Statistics [ABS] 2006). Sixty-nine per cent of study participants consumed more alcohol than the amount recommended by the National Health and Medical Research Council (2007).

Younger participants typically reported binge drinking (10 or more drinks once or twice a week) at social gatherings whereas older participants reported drinking large amounts (5-8 drinks) regularly, often daily, at home. Women consumed alcohol at high risk levels as frequently as men.

There was limited awareness among participants of how much alcohol they were consuming and its long term health implications. A comparison of the Alcohol Use Disorders Inventory Test (AUDIT) score to interview responses found that participants rounded down how many drinks they consumed. Participants described the biggest potential impact of alcohol consumption as losing their driver's licence. Other problems associated with alcohol consumption included spending too much money and being hung over at work.

The proportion of participants that reported using illicit drugs was considerably lower than the 44% reporting at risk alcohol use. The largest percentage of participants reported using cannabis (13.7%) followed by amphetamines (9%). Twenty per cent of participants reported working under the influence of illicit drugs during the previous 12 months.

Tobacco was used by 36 per cent of study participants and was the drug participants were most concerned about.

High risk times for being under the influence of alcohol at work were on Saturdays, in September during football finals, and during the harvest season. Employees had to have been seriously affected (for example, staggering gait, slurred speech) by drugs or alcohol to be noticed by employers, even though employers believed they could tell who was unfit for work. Many participants described examples of working while affected by alcohol, including being drunk or hung-over.

Employers were accepting of high alcohol and drug use among certain subgroups, such as deckhands, shearers and truck drivers, on the grounds of these subgroups' stereotypical substance-using culture. Some employers ignored drug and alcohol use by employees because of labour shortages, particularly during the harvest season.

Few study participants used health care or support services. Those that did typically only attended medical services for treatment of illness or injuries. Only two study participants identified mental health problems as being associated with their drinking or drug use. Several participants identified their drinking or drug use as protective against depression. Moreover, survey results found that psychological distress was a predictor of at-risk alcohol use. These findings suggest that participants have limited awareness of the negative relationship between poor mental health and at risk alcohol use, and are more likely to drink alcohol to at-risk levels when experiencing poor mental health.

Participants who had tried to use mental health, drug and alcohol or other community support services described little or no access to local services and restrictions on access to regional services. Farm and

fishing industry working hours, privacy and confidentiality were commonly identified as problems in accessing health care.

Alcohol use problems were attributed to perceived individual weakness and people with problems who did not seek help or advice from others. Overall, key informants' comments suggested there was strong community tolerance for alcohol: alcohol was ubiquitous at social and recreational events and there was little or no community support for reducing alcohol consumption.

Implications for relevant stakeholders

Overall, the findings strongly suggest current action being taken by employers for employees with substance misuse is less than optimal. Therefore a logical and critical first step would be to raise awareness among industry group employers of the potential detrimental effects of their employees' drug and alcohol use on workplace health and safety and productivity, and seek their input on how this might best be addressed. This would assist to facilitate identification of the most acceptable and feasible strategies to address employees' alcohol and drug use across and within different industry groups. While some of the employers who employ large numbers of staff did have 'new starter' drug and alcohol testing, most employers did not have strategies in place to identify or manage substance-affected employees and even those employers with strategies did not always use them. Workers' compensation is a complicated area and interviewed participants demonstrated a lack of knowledge about their rights and responsibilities in this area in relation to drug or alcohol affected employees or volunteers. There are significant financial consequences for addressing substance use in the workplace, and even more financial consequences for not addressing substance use. While refusing to support intoxicated or hung-over employees will predictably result in short-term workforce shortages, in the long-term the health and safety of the workforce will improve and increase productivity.

Problematic substance use, especially alcohol, goes to the heart of industry productivity even though most people do not connect out-of-work substance use with workplace health and safety. Challenges include tailoring interventions to fit with the industry context and workplace practices. Employers may need advice and support to directly address employees' substance use, particularly alcohol, and to develop workplace practices that discourage use. Farm and fishing workers need ready access to information and support to reduce harmful substance use.

Recommendations

The recommendations arising from this project are targeted at government and industry policy-makers as well as industry leaders and employers.

- Disseminate project findings through national policy processes such as the National Preventative Health Strategy.
- Build strong and sustainable alliances between the rural sector and healthcare providers to facilitate input into, and support for, strategies arising from these project findings.
- Employers be assisted by primary industry leaders to address risks from drug and alcohol consumption and improve the safety of their employees.
- Development of an intervention strategy targeting reductions in alcohol-related harms during high risk drinking times in farming and fishing communities, and evaluate its cost-effectiveness. Examine the role and influence of drug and alcohol use on the health and wellbeing of farming and fishing family members, to identify the most appropriate strategies for reducing drug and alcohol related harms experienced by family members.
- Develop an on-line alcohol intervention for farm and fishing workers, and evaluate its effectiveness for reducing their alcohol use and risk of alcohol-related harm.

Introduction

Farming and fishing workers operate in dangerous workplaces and workplace deaths and accidents of these workers have been well documented (Fragar & Pollock 2008; Loureiro 2009; Lower et al. 2011). However, no Australian studies were found that have identified risks to farm and fishing workers as a result of drug and alcohol use. Research into substance misuse clearly identifies strong relationships between the use of drugs and alcohol and mental health problems, physical injury, reduced workplace productivity, accidents, drink-driving and violence (Collins & Lapsley 2008; Griffiths & Christensen 2008). The National Preventative Health Taskforce (2009) identified alcohol in particular, as a key factor adversely affecting the health of Australians. Adverse health impacts of alcohol use are higher among rural Australians than urban Australians and effective strategies are being sought to reduce these impacts (National Preventative Health Taskforce 2009). The co-occurrence of drug and alcohol use and mental health problems, particularly depression and anxiety, is under-recognised and under-treated in Australia (Griffiths & Christensen 2008). Rural and remote populations are particularly disadvantaged because prevention, assessment and treatment availability is limited (Allan & Ball 2008).

Workplaces that are associated with high stress, job insecurity, long hours and isolation, or combinations of these factors, are believed to be catalysts for cultures that are supportive of drug and alcohol use, and with increased risks arising from the consequences (Ames & Grube 1999; Holland & Wickham 2002). These factors are familiar in workplaces associated with primary industries where working hours and locations are dictated by seasons, markets and weather. Extensive re-structuring of the rural sector, including corporate management of rural assets and lengthy drought, has further increased the temporary and contractual workforce in this sector (Garnaut et al. 2001; Gray & Lawrence 2001b). Workers in these areas are the people most at risk of workplace accidents.

There is no occupational health service, employee-assistance program or workplace health screening for the mobile, casual and self employed primary industries workforce. While it has been suggested that the workplace is a feasible location for healthcare interventions (Richmond et al. 1998b; Royal Australasian College of General Practitioners [RACGP] 2008), the most effective methods for their delivery in this setting has not been reliably determined, although work has begun on describing linkages between farmers and service providers (Fuller et al. 2009).

Previous research has clearly indicated the hazardous nature of fishing and farming, and explored some of the industry pressures on fishers and farmers. Furthermore, some empirical and anecdotal evidence suggests certain fishing and farming workers may use drugs and alcohol excessively. However, at the present time, the lack of research about drug and alcohol use in the rural sector means that there is no clear understanding of which interventions may be most appropriate for rural, regional and remote communities in Australia, including farming and coastal communities (Miller et al. 2010).

Indeed, it is overwhelmingly likely that different types of non-urban areas will require different types of interventions in response to different types of problems. (Miller et al. 2010, p. 116).

The research organisation (The Lyndon Community) delivers drug and alcohol interventions across rural and remote NSW. Farm workers typically only present as health service clients when referred by police or the courts, after drug or alcohol-related violence or assault offences. However, many rural communities express concern about hazardous levels of drug and alcohol use within their communities, describe a culture that supports such use, and perceive that more treatment services are required (Allan 2009). Farm workers around the world are assumed to use high levels of drugs and alcohol but this has rarely been systematically investigated (Grzywacz et al. 2007).

This report outlines what is known about drug and alcohol use in relation to workplaces in general and primary industries in particular. The report also provides some evidence of farm and fishing workers' levels of drug and alcohol use, identifies the reasons for, and impacts of, drug and alcohol use, and proposes an evidence-based intervention package for delivery to farm and fishing workers within their specific workplace setting.

Objectives

Broadly, the aims of this project were to describe the level of drug and alcohol risk among workers in fishing and farming industries, and identify strategies to reduce this risk and improve workplace safety.

More specifically, this project aimed to:

- Describe primary industry workers' drug and alcohol use and the way this is supported or encouraged in the workplace
- Describe the impact of drug and alcohol misuse on the physical and mental health of the primary industry workforce and workplace
- Develop strategies to deliver healthcare and health promotion interventions consistent with workplace culture and participant preferences for healthcare delivery.

Methodology

A mixed methods approach (qualitative and quantitative methods) was applied to:

- Describe farm and fishing workers' perceptions and patterns of drug and alcohol use and the physical, mental and social harms experienced because of their drug and alcohol use.
- Examine the relationship between farm and fishing workers' alcohol and drug use, and their levels of drug and alcohol-related harms, general health and workplace participation.
- Explore industry awareness of risks posed by drug and alcohol use.
- Recommend a context-specific intervention package to reduce drug and alcohol-related harms among farm and fishing workers and improve health and safety.

Both qualitative and quantitative approaches are appropriate for investigation of an issue where the aims were to describe the nature of an industry group's drug and alcohol use, the relationship of substance use to that industry and how much substance use impacts on participants' mental and physical health. A social action approach was used to investigate the intrinsic value of drinking, over and above the cost of alcohol and other drugs and their physical effects. From a social action perspective, common sense descriptions of participants about what constitutes acceptable and appropriate behaviours, activities and reasoning are critical to understanding drug and alcohol use and its value in the study context (Holstein & Gubrium 2005). In this study, the way in which norms of acceptable drinking behaviour are established and accounted for by participants in rural locations is of critical importance because the way a person drinks is an enactment of their understanding of cultural values (Lindsay 2006).

Qualitative methods are important to gather the insider's perspective on ways of doing things, including drug using and drinking (Eversole & Martin). However, quantitative data collection methods were also used to describe key demographic characteristics of participants, assess their levels of alcohol use, extent of other drug use, and risk of alcohol-related harms.

Triangulation was a key strategy used to ensure comprehensive and complementary coverage of the study topic (Meijer et al. 2002). In this study there was triangulation of study methodology – qualitative and quantitative; of participants – interview participants from industry, community and family; and of data analyses – a research team with divergent backgrounds and expertise. A project advisory group consisting of primary industry and health industry leaders provided input into the data collection process and assisted in interpretation of the implications of findings.

Ethics

The study was approved by the Monash University Human Research Ethics Committee (No.CF10/2621-2010001445) and Charles Sturt University Human Research Ethics Committee (No. 2010/109).

Settings

Six research sites where primary industry, either farming or fishing, were the key industry in the area were identified for the study via consultation with primary industry leaders and the project advisory group. All of the sites were in rural areas. Five of these sites were classified as being outer regional and one as inner regional according to ABS remoteness classifications (ABS 2006b). Population densities in most sites were low but varied from one person per square kilometre to 5.4 persons (ABS 2006b). As a comparison, the most populated Australian state of NSW has an average population density of 9 persons per square kilometre and the state's capital, Sydney, has 380 persons per square kilometre (ABS 2006b).

Average income across all the research sites was lower than the national average of \$43,921pa (ABS 2010) except of Site 6 where the annual income was higher than the national average despite the very small population (ABS 2010).

Table 1 Research site characteristics ([ENREF 6](#)ABS 2010)

Site	Total population	Remoteness area	Population density (persons per km ²)	Average income (\$ per annum)
1	13 741	Outer regional	1.1	36 698
2	20 232	Outer regional	4.8	35 304
3.	6 818	Outer regional	1.3	33 875
4.	3 157	Inner regional	5.0	31 616
5.	3 006	Outer regional	5.4	33 819
6.	972	Outer regional	2.1	45 280

Project advisory group

A project advisory group was established at the start of the project. The group consisted of representatives from the five sectors represented by the Collaborative Partnership for Farming and Fishing Health and Safety (Health, Grain, Sugar, Cotton and Fishing). Representatives were recommended by the Collaborative Partnership members and their networks and by members of the research team who had connections with industry leaders in the area. Advisory group members were required to hold a leadership role in their sector and have access to sector members to facilitate dissemination and discussion of findings as they were produced. They were also asked to ensure they had time available to respond to the research teams' requests for information and to meet with industry members. The advisory group reviewed and provided feedback on findings proposed in the draft report, informed the development recommendations and the report was revised in the light of reviewer comments.

Research participants

The study employed purposive sampling to ensure participants provided information-rich detail about primary industries' workforce and culture. Participants were recruited by snowball sampling. This is an efficient and acceptable method for purposively recruiting key community informants through community groups and settings (Rice & Ezzy 1999). Using this method, the researcher identified and made contact with potential participants from one or more contacts within a clearly defined population group (Strauss 1990). Snowball sampling identified participants at each site from the following three groups:

- Community and primary industry leaders (key informants) residing in and around the research sites.
- Farm and fishing employees or contractors currently or recently (within 12 months) working in primary industry.
- Women or men who have a partner working as an employee or contractor in farming or fishing.

Potential interviewees were initially identified from telephone books and local newspapers. Further participants were identified through local industry groups and networks by snowball sampling. People interested in participating were given an information sheet detailing the scope and aims of the project. In order to maintain participant anonymity, voluntary participation in the study constituted consent and therefore written consent was not required. A total of 115 individuals and 16 groups were recruited and interviewed between October 2010 and June 2011.

Table 2 Description of research participants by site

Site	Dates, key informant interviews, focus groups	Dates, employee/contractor interviews, focus groups	Male/female employees/partners of employees	Surveys completed	Total number of participants
Site 1 Mixed farming	12-15 October 2010 8 individual interviews 4 groups	2-3 March 2011 23 individual interviews	22 males/3 females/2 partners	14	37
Site 2 Fishing	4-5 November 2010 9 individual interviews 1 group	3 May – 3 June 2011 11 individual interviews	8 males/1 female/4 partners (1 group of two)	10	24
Site 3 Fishing and sugar	22-26 November 2010 11 individual interviews 2 groups	3-4 May 2011 3 individual interviews 3 groups	22 males/0 females/0 partners	13	39
Site 4 Grain and cotton	9-11 November 2010 9 individual interviews	2-3 December 2010 13 individual interviews 2 groups	14 males/0 females/3 partners	13	27
Site 5 Grain and cotton	3-4 April 2011 2 individual interviews 3 groups	11-16 April 2011 15 individual interviews	13 males/ 1 female/1 partner	16	24
Site 6 Fishing	2-3 November 2010 1 individual interview	2-3 November 2010 1 group interview	3 males/2 females/0 partners?	5	5

Key informant interviews

Key community informants across participating rural settings were identified as the most relevant source of information for exploring social and cultural factors influencing drug and alcohol use among farming and fishery industry groups in their community. The people who live and work in rural areas should be seen as the authorities who have special knowledge of their material and cultural resources (Gee 2005). Key informants were community members with roles in health, primary industries and business, local government representatives, publicans, police and members of civic groups such as the Country Women's Association. Credibility and trustworthiness of the interview data was addressed by including participants with diverse community roles within a number of rural locations (Denzin & Lincoln 2005).

A total of 46 interviews were conducted with key informants. These semi-structured interviews lasted approximately 60 minutes and were conducted in person at a place chosen by the interviewee, mostly the workplace. Interview participants were asked about their perceptions of drug and alcohol use in their community, their experiences of drug and alcohol use in their community role, including benefits and problems, and what intervention or support was required for those who experienced problems as a result of drug and alcohol use (see Appendix A). The interviews were recorded and transcribed verbatim into word documents and coded into themes using NVIVO9 (QSR 2011).

Farm and fishing workers and partner interviews

Farm and fishing worker participants performed a variety of roles in the primary industry workforce. These roles included shearers, labourers, truck drivers, irrigation contractors, casual farm hands, fencers, processing plant operators and deckhands. A total of 69 individual and group interviews lasting approximately 40 to 60 minutes were conducted with 99 participants. Most participants (81%) in the employee/contractor group were male. However, seven female workers and 10 female partners of employees participated in interviews.

Interviews were conducted at a place chosen by the interviewee and included the local hotel, interviewer's car, interviewee's home, the riverbank and on fishing vessels. Interview participants were asked to describe their own or their partner's drug and alcohol use, including patterns and quantities used, problems and benefits experienced, attitudes to drug and alcohol use in the community and what intervention or support was required for those who experienced problems as a result of drug and alcohol use, including any personal experiences of help seeking. Interviews were audio recorded, transcribed verbatim into word documents, and coded into themes using NVIVO9 (QSR 2011).

Qualitative data analysis

A thematic analysis was conducted based on the interactional workplace culture model developed by Pidd et al (2006). This model identifies workplace conditions, controls and culture and external factors such as community and family as the key factors influencing drug and alcohol use. A coding framework was developed from this model (see Appendix B). The coding framework also included questions about participant's patterns of drug and alcohol use and statements related to gender, culture and intervention strategies for problematic use.

The transcripts were coded independently by two members of the research team who checked a selection of each other's coding to ensure fidelity with the framework and the research objectives. Themes not included in the framework were identified during the preliminary analysis. These included employer expectations, job role, gambling, tobacco, quantity of substances consumed and migrant workers. Preliminary findings were reviewed by the five member research team. Subsequently, one researcher coded the key informant interviews and another coded the employee and partner interviews.

The research team took a narrative approach to analyse the transcripts in more depth following the first round of coding (Fox 1993). A narrative analysis highlights the stories participants tell about the study topic. The analysis identified social practices and behavioural norms in relation to drug and alcohol use (Fox 1993; Gee 2005). For example, how do participants describe learning to drink alcohol? What patterns and practices of drinking and substance use are described? What types of drinking or drug taking behaviours are described as normal? What benefits accrue from maintaining drinking and drug using norms? What happens to people who do not participate in drinking? What types of problems are caused by alcohol consumption and who experiences them? The analysis asked not only how do research participants consume alcohol but how they viewed alcohol consumption. In narrative data analysis from a social action perspective, discourse in the form of explanation of processes and actions, is central to understanding the data (Foley & Valenzuela 2005).

Summaries of the findings were produced and advisory group members distributed these to industry groups with whom they were in contact and invited feedback. The feedback helped to identify the implications arising from the findings and shaped the recommendations.

Survey data collection and analysis

In addition to individual interviews, participants who were farming and fishing employees or contractors (n= 71) were invited to self-complete a pen and paper survey. The survey was designed to describe participants' demographic characteristics and identify potential relationships between their alcohol use, risk of alcohol-related harm, psychological health and experiences of alcohol-related harms.

The survey (See Appendix 3) included questions covering the following domains: demographics (age, sex, ethnicity, level of education, employment status, income, living arrangements); alcohol and other drug use, as measured by the Alcohol Use Disorders Identification Test (AUDIT) and general drug use questions; psychological distress as measured by the Kessler 10 (a well-being measure); experiences of specific alcohol-related harms (i.e. alcohol-related verbal abuse and violence) and levels of health service usage.

Survey Data was analysed using IBM Statistical Package for the Social Sciences (SPSS) Version 17.0 for Windows. Descriptive statistics were presented using frequency tables and confidence intervals at the 95% level. Key variables of interest were identified and dichotomised into binomial outcomes. Tests of significance (at the 0.05 level) were obtained using 2x2 contingency tables using χ^2 tests. Multivariate regression analysis was not appropriate within this sample as only one variable (psychological distress) was found to be significantly associated with at-risk alcohol use.

Strengths of the study

The quality of this study has been enhanced by:

- multiple points of data collection – sites, participants and key informant interviews
- multiple modes of data collection and analysis – interviews, surveys and a multidisciplinary research team
- critical appraisal and review of findings by advisory group members and stakeholders.

Limitations of the study

A number of factors limited the study methodology and outcomes including:

- Limited representation of employees on temporary work visas. Anecdotal evidence suggested that backpackers were a significant part of the temporary and casual primary industry workforce because Australian visa requirements specified a 12 month visa extension for those working for three months in primary industry. They were perceived to increase risks because of drug and alcohol use. Only three participants with temporary visa holders were recruited to the study. However, several key informant participants made reference to temporary visa holders as employees and noted there were fewer of them than usual because of the widespread flooding experienced during the data collection period. It was also noted that employer practices in relation to acceptance of drug and alcohol use are influential in recruiting temporary visa holders. That is it is well known which worksites accept drinking and drug use and those who use substances seek work there. One worksite manager refused to allow the researchers' access to employees on temporary work visas. Given this limitation, the drug and alcohol use patterns of this group are worthy of further investigation.
- The survey sample size was very small, limiting the range of analyses that could be undertaken and the generalisability of findings. A convenience sample was used, with only farming and fishing workers accessible at the time of the study invited and able to participate. Self-report data is prone to biases, even when bias is minimised by using psychometrically validated tools. Despite assurances of confidentiality, survey participants may have been reluctant to report their alcohol and drug use in the workplace.
- There was reluctance by research participants to describe and discuss illicit drug use. Limited illicit drug use was disclosed by research participants. However, many participants referred to illicit drug use by others, describing it as more frequent than the findings would suggest. In spite of assurances of confidentiality and anonymity, research participants may have been cautious about revealing their own illicit drug use, especially since the study was clearly linked to workplace impacts. It is also possible that stereotypical views of illicit drug use by some groups

(for example, truck drivers and shearers) strongly influenced perceptions of use. The prevalence of illicit drug use in the primary industries workforce requires further investigation.

- Fewer employee partners than expected were recruited in this study. The women partners who participated described qualitatively different experiences of problematic drug and alcohol use than had been described by the male employees. The way women experience their partner's problematic drug and alcohol use and the impact it has on them is worthy of further research.

1. Patterns and predictors of drug and alcohol use in farming and fishing workers: pilot survey results

The overall aims of this chapter are to, firstly, describe the demographic characteristics, drug and alcohol use and psychological wellbeing of the sample of farming and fishing workers participating in this study; and secondly, examine the extent to which their demographic characteristics and psychological wellbeing are potentially associated with their risk of alcohol-related harm.

Number and Characteristics of survey participants

Seventy-one of the ninety-nine (72%) farming and fishing workers participating in the study completed the survey. The mean age of survey participants was 41 years old (SD, 13.8).

As shown in Table 3, survey participants were more likely to be male, married, born in Australia, to have not continued education after Year 10, to be working full time, to perceive themselves as being a light, occasional or social drinker, and report low levels of psychological distress.

Table 3 Demographic characteristics of the sample (n=71)

Characteristic	n	%	95% CI
Gender			
Male	59	83.1	(72.3 - 91.0)
Female	12	16.9	(9.0 - 27.7)
Age			
Range	18 - 75 years		
Mean (SD)	41.0 years (13.8)		
18 – 24 years	11	15.5	(8.0 - 26.0)
25 – 29 years	5	7.0	(2.3 - 15.7)
30 – 39 years	16	22.5	(13.5 - 34.0)
40 – 49 years	22	31.0	(20.5 - 43.1)
50 – 59 years	8	11.3	(5.0 - 21.0)
60 – 75 years	9	12.7	(6.0 - 22.7)
Country of birth			
Australia	62	87.3	(77.3 - 94.0)
Other*	9	12.7	(6.0 - 22.7)
Indigenous status			
Not Aboriginal or Torres Strait Islander	65	91.5	(82.5 - 96.8)
Aboriginal or Torres Strait Islander	6	8.5	(3.2 - 17.5)
Marital status			
Single, never married	16	22.5	(13.5 - 34.0)
Married/de facto/living together	45	63.3	(51.1 - 74.5)
Divorced/separated/widowed	7	9.9	(4.1 - 19.3)
With partner, not living together	3	4.2	(0.9 - 11.9)
Education			
Primary school	1	1.4	(0.0 - 7.6)
Some high school	15	21.1	(12.3 - 32.4)
Completed high school to Year 10	22	31.0	(20.5 - 43.1)
Completed Year 12	8	11.3	(5.0 - 21.0)
TAFE certificate/apprenticeship/diploma	14	19.7	(11.2 - 30.9)
University bachelor degree or higher	10	14.1	(7.0 - 24.4)
Do not wish to answer	1	1.4	(0.0 - 7.6)
Employment			
Full time (\geq 35 hours per week)	47	66.2	(54.0 - 77.0)
Part time ($<$ 35 hours per week)	12	16.9	(9.0 - 27.7)
Other**	11	15.5	(8.0 - 26.0)

* Other includes United Kingdom (3), Phillipines (3), Switzerland (2) and New Zealand (1).

** Other includes employed but temporarily not working due to illness (3), unemployed but looking for work – ready to work as of last week (4), seasonal work (1), in rehabilitation (1), parent/home duties (1), and student looking for part time work (1).

Table 4 Reported drug and alcohol use and K10 scores of sample

		n	%
Perceived drinking status	Non-drinker/Ex-drinker	4	5.6
	Occasional/light drinker	28	39.4
	Social drinker	29	40.8
	Heavy/binge drinker	7	9.9
	Do not wish to answer	3	4.2
Worked under the influence of alcohol in the last 12 months	Yes	10	14.1
	No	55	77.5
	Refused to answer	6	8.5
Past 12 month drug use	Tobacco	26	36.6
	Cannabis	9	12.7
	Amphetamines	6	8.5
	Cocaine	2	2.8
	Heroin/Illegally obtained opioid drug	0	-
	Prescribed medication	26	36.6
	Over-the-counter drugs	24	33.8
	None	10	14.1
	Do not wish to answer	3	4.2
Worked under the influence of drugs other than alcohol in the last 12 months	Yes	14	19.7
	No	52	73.2
	Refused to answer	5	7.0
K10 score	10-19, Likely to be well	53	74.6
	20 - 24 Likely to have a mild disorder	7	9.9
	25 - 29 Likely to have a moderate mental disorder	3	4.2
	30 - 50 Likely to have a severe mental disorder	5	7.0
	Do not wish to answer	3	4.2

Alcohol use

The AUDIT is a 10 item scale comprising three domains: recent alcohol use, alcohol dependence symptoms and alcohol-related problems (Babor et al. 2001). Cut off scores generated by the scale help to identify non-drinkers, at risk drinkers, high risk drinkers and dependent drinkers (Babor et al. 2001; Conigrave et al. 1995).

As shown in Table 5, 49% (n=35) of survey participants consumed alcohol to low risk levels and 44% (n=31) to at risk levels or above (moderate, high risk or dependent) One participant did not drink alcohol and four did not complete AUDIT questions. A greater proportion of fishing (60%) than farming (45.5%) participants reported low risk alcohol use. Similar proportions of farming and fishing participants reported moderate alcohol use, 29.5% and 32% respectively. The proportion of farming participants (18.2%) reporting high risk/dependent alcohol use was more than double that reported by fishing participants (8%).

Table 5 Distribution of AUDIT scores by industry

AUDIT score	Farming			Fishing			Full sample		
	n	%	95% CI	n	%	95% CI	n	%	95% CI
Abstinent (0)	1	2.3	(0.0 - 7.7)	0	0.0	-	1	1.4	(<0.1 - 7.6)
Low risk (1-7)	20	45.5	(30.7 - 60.2)	15	60.0	(40.8 - 79.2)	35	49.3	(37.2 - 61.4)
Moderate risk (8-15)	13	29.5	(16.1 - 43.0)	8	32.0	(13.7 - 50.3)	21	29.6	(19.3 - 41.6)
High risk (16-19)	5	11.4	(2.0 - 20.7)	1	4.0	(0.0 - 11.7)	6	8.5	(3.2 - 17.5)
Dependent (20-25)	3	6.8	(0.0 - 14.3)	1	4.0	(0.0 - 11.7)	4	5.6	(1.6 - 13.8)
Do not wish to answer	2	4.5	(0.0 - 10.7)	0	0.0	-	4	5.6	(1.6 - 13.8)

*** 2 participants did not have site location.

A significant factor in calculating drinking risk using the AUDIT, is that the tool uses a measure of risk higher than the current recommended Australian Drinking Guidelines (NHMRC 2009). Therefore the proportion of survey participants drinking alcohol above Australian Drinking Guidelines, was also calculated. Sixty nine percent (n=49) of survey participants consumed alcohol at levels above Australian Drinking Guidelines.

Relationship between at-risk alcohol use and key demographic variables

Table 6 shows the relationship between at-risk alcohol use and other key variables among survey participants.

Survey participants reporting mild psychological distress or higher were statistically significantly more likely to report at-risk alcohol use ($P < .05$). Household income, education attainment, age, sex and industry were not found to be statistically significantly associated with at-risk alcohol use ($P > .05$)

Table 6 Relationship between at-risk alcohol use and other variables

Demographic characteristic	Based on total AUDIT score		
		Low risk	At-risk (moderate/high/dependent)
		(n=36)^	(n=31)
	n	%	%
Industry			
Farming	44	50.0	50.0
Fishing	25	60.0	40.0
Sex			
Male	55	50.9	49.1
Female	12	66.7	33.3
Age			
18 – 39 years	28	46.4	53.6
40 years or older	39	59.0	41.0
Educational attainment			
Year 10 or less	34	52.9	47.1
Year 12/TAFE/apprenticeship/diploma/university	32	53.1	46.9
Household income before tax			
\$0 - \$41 599	22	40.9	59.1
\$41 600+	43	60.5	39.5
Psychological distress (K10)			
10-19 Likely to be well	53	60.4	39.6
20+ Mild distress or higher	14	58.6	71.4

Note: ^ n may vary due to missing values; percentages may not total 100.0 due to rounding off. Missing responses and 'do not wish to answer' have been excluded.

Use of healthcare services and medications

Healthcare services are where most at-risk drug users or drinkers are likely to initially seek assistance or be assessed for associated problems. The survey results identified minimal health service usage by survey respondents. Only 21 (29.6%) of the 71 survey respondents had attended a healthcare service in the previous 12 months. Of these, 11 had attended a hospital accident and emergency department or a general practitioner. Ten participants were on long term medication for chronic medical conditions including three using morphine patches for chronic pain and two taking anxiolytic medication. Most respondents reported that they had attended health services for injuries or infections.

Table 7 Health service and medication usage

Attendance at accident and emergency	Nights spent in hospital for physical or mental health problem	Consult with GP or outpatient clinic	Taking prescribed medication	Type of medication taken
11 respondents	5 respondents	21 respondents	21 respondents	Anti depressant=3 Anxiolytic = 2 Anti-psychotic= 1 Other – list Antibiotics = 5 Painkillers = 5 'diabetes, crestor, capadex, somac, noise ointment, blood pressure, thyroid'
2 respondents attended more than once (8 and 9 times)	3 = 2 nights 1 = 7 nights 1 = 48 nights	8 = 1 visit 11 = 2 - 4 visits 1 = 10 visits 1 = 'for years since I was young'	10 = 90 days 1 = 30 days 5 = 7 - 14 days 5 = 1 - 5 days	

2. Farm and fishing workers practices and perceptions of drug and alcohol use

This chapter has two sections. Section one includes an overview of the research literature about the quantity and patterns of drug and alcohol use in Australia and ways of addressing problematic use. The second section describes study participants reported levels and patterns of drug and alcohol use.

Drug and alcohol use in the Australian workforce: the research literature

Particular patterns of drug and alcohol consumption by Australian workers are evident in relation to gender, occupation, industry and rurality. In a secondary analysis of a large nationally representative survey of workplace alcohol and drug use, Pidd et al. (2011) found that 8.7 per cent of respondents reported usually drinking alcohol at work and 0.9 per cent reported usually using drugs at work. From employees surveyed, 5.6 per cent reported having attended work under the influence of alcohol and 2 per cent under the influence of drugs, with the majority of these unmarried young males without children.

In Australia, those employed in trades or unskilled occupations are more likely to drink at higher risk levels than those employed as managers or professionals (Gates et al. 2008; Pidd et al. 2006; Roche & Pidd 2006). However, more recently Pidd et al. (2011) found that professionals, particularly managers, represented the highest proportion of workers who usually used alcohol at work. Men are more likely than women to be high risk drinkers (Roche & Pidd 2006), report greater alcohol use across most occupations (Phillips 2001; Pidd et al. 2006) and are more likely to use illicit drugs, with the exception of pain killers and analgesics (Bywood et al. 2006; Roche et al. 2008a). Younger workers are more likely to be high risk drinkers than older workers (Berry et al. 2007)

Men working in male dominated industries are more likely to drink excessively than those employed in industries with a more balanced or predominantly female workforce (Richmond et al. 1998a). Furthermore, women working in male dominated industries have been found to have an increased likelihood of increased drinking while at work (Richmond et al. 1998a; Svare et al. 2004), with one possible explanation being that these women may be experiencing peer pressure to emulate their male counterparts (Richmond et al. 1998a).

Guidelines for safe alcohol consumption levels were established by the World Health Organisation in 2010 and follow Australia's NHMRC guidelines which suggest limiting consumption to two standard drinks per day each containing 10 grams of alcohol (NHMRC 2009). An investigation into Australia's patterns of drinking and perceptions of safe drinking levels found that most Australians were unaware of the 2009 guidelines and that many Australians consumed alcohol in excess of the recommended levels (Livingstone 2012). Rural and urban differences were highlighted by Livingstone (2012). Forty three per cent of men and 32 percent of women in inner regional areas were identified as drinking alcohol in excess of the 2009 guidelines and 45 per cent of men and 33 per cent of women in outer regional or remote areas of Australia (Livingstone 2012).

Farm and fishing workers drug and alcohol use

Approximately 3.5 per cent of Australia's workforce is directly employed in the farming and fishing industries, with the majority of workers being men and over half working in NSW and Victoria (Australian Bureau of Statistics [ABS] 2008). In 2007-08, approximately 13 000 people were employed in commercial fishing in Australia (ABARES 2008). In the 2006 Australian census, 35 per cent of all agriculture, forestry and fishing industry employees were labourers and related workers

(Safe Work Australia 2010). Ninety per cent of agricultural farms are family owned and operated, over 70 per cent of the workforce is over 35 years of age and there is a high rate of self employment and casual labour (ASCC 2006).

Research suggests that primary industry workers may be a group likely to use drugs and alcohol at hazardous levels (Berry et al. 2007). The analysis by Hagen et al. (1992; cited in Pidd et al. 2006) of 1989-1990 Australian National Health Survey data found that while 15 per cent of workers in the agriculture industry drank at risky or high risk levels, this increased to over 32 per cent of workers employed in the fishing and hunting sector. A more recent analysis conducted in Australia found that agricultural workers are more likely than other workers to drink at high risk levels, with 10.3 per cent of skilled agriculture and horticulture workers drinking at long term risky levels, compared to 4.6 per cent of skilled workers (Pidd et al. 2006). Widespread recent illicit drug use (46%) and risky alcohol consumption (30%) was also found in a study of 89 Victorian transient fruit and vegetable pickers (Pedrana et al. 2008).

Available Australian data for fishing workers indicates higher than average use of both licit and illicit drugs. In an analysis of National Drugs Strategy Household Survey (NDSHS) data, Gates et al. (2008) found that commercial fishing workers had the highest level of use of at least one illicit drug (40.5%). Other studies have found high rates of marijuana and alcohol use in a West Australian fishery (Carruthers et al. 2002), high rates of intravenous drug use amongst Queensland trawler crews (MacDonald et al. 1998), and high rates of recreational marijuana, alcohol and amphetamine use in the South Australian mariculture and seafood industry (Evans et al. 2005). Evans et al. (2005) concluded that the high level of self-reported use within the 48 hours preceding the survey supported anecdotal evidence that workers are often under the influence of alcohol and drugs while at work.

Study findings: practices and patterns of drug and alcohol use by farming and fishing workers

Drinking alcohol was so ubiquitous in the 71 survey participants included in this study that interview participants used words and phrases such as 'integral', 'intrinsic' and 'part of the culture' to describe how embedded drinking was as an everyday practice in the farming and fishing workforce. Moderate to high risk consumption was common with minimal knowledge apparent about potential physical or psychological harms associated with drinking alcohol. Only one (1.4%) farm and fishing worker participant in the current study was identified as a non-drinker.

Illicit drug use was infrequently described by the 71 participants. However, some participants reported regular current use of marijuana. Other participants reported the past use of illicit drugs. It is likely that these rates of illicit drug use are inaccurate as interview participants were cautious about disclosing illicit drug use because of illegality and the perceived association of illicit drug use with crime and poverty that was particularly evident in this study. Further, the study was linked to workplace risks and caution about disclosing illegal activity could be expected. Interestingly, such concerns were not apparent when participants were describing their alcohol consumption.

Alcohol was used by the majority of interview participants including key informants. Key informants typically described farm and fishing worker's alcohol use as heavy and daily. Industry workers interviewed reported that their average daily consumption of alcohol was four to six schooners of full-strength (425ml per drink, 4.8% alcohol, 1.6 standard drinks) or mid-strength (425ml per drink, 3.5% alcohol, 1.2 standard drinks) beer. This is the equivalent of between 4.8 and 9.6 standard drinks per day. Only one study participant (1.4%) described never drinking alcohol. Some participants described their alcohol use as decreasing as they got older. Several interview participants reported having used marijuana on a regular basis in the past. All interview participants reported that illicit drugs were available in their home town. Several farm worker participants stated they used prescription medication, with the most frequently used being analgesics and anti-depressants. Twenty six (36%) of survey respondents smoked tobacco and a number of interview participants described their use of tobacco as a concern to them.

Interview participants who smoked tobacco were keenly aware of its associated health risks. Most stated they wanted to stop smoking and identified tobacco as a substance they could not stop or cut down the use of, even though they wanted to or tried to.

I smoke 40 cigarettes a day. (Farm worker)

And see, I cough now because I smoke cigarettes. (Shearer)

Forget drinking, it's the smokes that's hard to give up. (Fishing worker)

The current smokers said that they could not cut down or stop smoking even though they reported health concerns:

When I have one smoke, this hand goes all tingly and numb and I've got to get the circulation of blood back in it again, and I get a massive pain down the side. Yeah, so that's why I back off. I can't seem to give these bloody things up. (Fishing worker)

Respondents noted that the work environment contributed to the quantity of cigarettes smoked:

And they smoke a shit load on the boat. I mean really, because once you put your net or your line in the water, you've got hours to just wait and do nothing. (Fishing worker's partner)

Drinking alcohol was also perceived as increasing tobacco consumption:

At a B&S as well, I just chain smoke when I'm drinking heavily. I associate heavy drinking with heavy smoking ... I'm addicted and I still like it ... (Rural reporter)

Yeah, because once you actually start drinking, once in a while I start drinking, I've got to have a cigarette. I can't drink without a cigarette. I need my fags. (Fishing worker)

I do smoke quite a lot more on a drinking night. Two packs on a drinking night. (Farmer)

While all participants felt that alcohol consumption was heavy amongst farm workers, they also noted variability between differing population groups. For example, it was perceived that younger male workers, shearers and contractors were most likely to engage in the highest level of alcohol consumption; that older workers drank less, or were less likely to binge drink, as their bodies were already badly affected by large quantities of alcohol and they became more responsible and family oriented over time. However, this group of men over 25 or 30 years of age were also perceived by key informants as drinking heavily and regularly but less publicly:

Age comes into it. Among the farming group... the younger groups from about 16 to 26 are more likely to be binge drinking on the weekends, together with the footy, so social occasions, bachelor and spinster parties... whereas after 26 on to about 50 more likely to get the chronic drinking on a daily basis. (General practitioner)

Interview participants described their patterns of drinking and how much they consumed:

I'll always have a couple of beers at home. Probably about half a dozen a day. That's after work. At home, a couple of long necks, that's equivalent to about four of them. (Shearer)

I'm heading to it every day when I get home. I like my moselle, which is half water anyway. It would be six drinks to start but it is nothing to have eight or ten (Cotton gin worker)

There was considerable confusion amongst participants about the amount and alcohol content of beer. Because of the many different sizes and descriptions of drinking containers and different understanding of light, mid-strength and full-strength beer, participants were not clear how much alcohol they drank. This made it difficult to identify how many standard drinks were consumed or how blood alcohol would be affected:

I drink light beer. Four stubbies or lights, which is equal to about two heavy. When you work it out, four stubbies of light beer is only equal to two strong drinks. (Wool classer)

Because 10 schooners is actually five bottles, five big bottles. (Cotton gin owner)

Binge drinking was frequently described. Many participants talked about big drinking nights when they drank six to 10 drinks of beer, wine and rum:

Oh well, say it was a Tuesday, I'd have probably three or four. If it was a Wednesday like today, I'd probably have 10, (Carrot farmer)

Probably half a dozen or thereabouts. Probably half a dozen, 10 at the most. Yeah, bundy, bourbon, whatever is going. (Dealership employee)

I do a bit of drinking. Weekends I might have one or two [drinking sessions] a day. I drink to get drunk, a carton. I drink for two days, Friday and Saturday straight, or maybe Saturday Sunday, yeah. (Cotton employee)

However, participants did not perceive a risk from excessive alcohol drinking and tended to identify themselves as a social drinker or a light drinker. For example:

Personally, I don't drink much I might have two or three middies a day. I don't drink schooners, I only drink middies. I might go out and get pissed on a Friday night every couple of weeks if I can get away from the kids. (Fishing worker)

Interviewer: Most Wednesday nights you have between five and 10 drinks?

Response: Yep. I'm a social drinker. (Farm worker)

Typical drinking behaviour

Interview participants were asked to describe their perceptions of typical drinking behaviour. Accepted drinking behaviour was described as follows:

It's not seen as an issue that someone drinks a lot. It's just a part of the life (Local government representative)

... it's almost like... you're less complete if you haven't got a can in your hand. (Farm manager)

Consuming alcohol at social occasions, as a sign of hospitality and as part of sport and community life, were examples of expected drinking practices given by participants. Key informants tended to describe their own drinking behaviour as well as that of others. Several interview participants used the word 'practice' to describe typical and acceptable drinking behaviour.

What's in my beer fridge at the minute? ...there'd be a slab of beer in there at the minute. Because if someone drops around you've got to have beer, that is common practice. As soon as you run out of beer there is a potential problem. If someone drops around and you can't offer them a beer personally you would feel that you'd failed. (Irrigation contractor)

As far as social activities go such as attending each other's houses, barbecues, community events...alcohol plays a big part in acceptable practice for those things. We're also from a farming background, we don't go anywhere without taking the esky. It's just what you do. (Community nurse)

A sense of belonging to the peer group or community was also demonstrated with symbols of alcohol as well as drinking behaviours:

...loyalty to or promotion of alcohol seems to be stronger out there. They'll have their bundy rum and RMW stickers all over their cars, whereas in town no one has bundy stickers or that kind of stuff on their cars. It's part of the culture. 'We're outback boys and this is what we do,

this is what we stand for'. That seems to be thicker there, and that's right in the thick of farming out there. (Agricultural extension worker)

Views that were exceptional to those commonly reported by participants about endemic alcohol consumption amongst the farm and fishing workforce occurred on only two instances. One participant did not perceive high level alcohol consumption as being problematic. However, he did acknowledge that some alcohol consumption was common:

Our traditional farming sector are very conservative, traditional family people and so forth who have been brought up in such a way that really alcohol doesn't play a big part in their lives. I do get around socially with a lot of the blokes in this area. There's a lot of them that do enjoy a glass of red and a cold beer but not in a manner that I would say that they have a problem (Sugar cane manager)

The other participant with an exceptional view heralded potential change in people's perceptions of alcohol consumption:

People do say now to me ... "I've had two alcohol free days this week." Twenty years ago I would never have heard anybody ever say that, so they are out there thinking about it ... whereas you might have talked to people 20 or 30 years ago and "What's wrong with having a couple of long necks every night?" (Rural general practitioner)

Illicit drug use

While alcohol occupies an important place in rural society as the most commonly used recreational drug, the use of illegal drugs was not widely accepted:

No. If there is, it's an absolute minority. You can't say there's a drug culture in the agricultural sector, no, absolutely not. (Farm supply manager)

I see in a town like this, alcohol is very socially acceptable, so it's okay to get drunk. If they saw you shooting up in the pub, they'd immediately put a label on you, so if something's acceptable, a lot of people can do it. (Community training worker)

However, some illicit drug use, particularly marijuana was acknowledged:

If you want a packet of smokes, you go to the smoke shop. If you want to go to the ganja shop, you go to the ganja shop, and no-one knows where the ganja shop is, only the people that do know, or have to know, know where the ganja shop is. (Farm employee)

Yeah, it wouldn't be a problem... I could make one phone call and get you whatever you wanted [drugs]. I know that. (Shearer)

But if I wanted to go and buy drugs this afternoon, I could probably. (Farmer and manager)

I suppose we're like any other little town. We have our underage drinkers, you know? There's a bit of smoking and the marijuana and that about. It's a typical little country town. (Community nurse)

Several study participants pointed out the negative impact of drugs on the personalities, behaviours and appearance of drug consumers. For example, an 18 year old farm student reported drinking alcohol heavily on a weekly basis but rejected marijuana:

[Marijuana is] 20 times the price. You sound like an idiot, look like an idiot. Just all the general reasons. I wouldn't touch it. And also personal choice. (Farming student)

Despite the low acceptance of drugs in rural communities, more respondents (19.7%) reported having worked under the influence of drugs in the previous year than under the influence of alcohol (14.1%). Some participants described using marijuana:

I don't smoke cigarettes but I've smoked marijuana since I was 18. Yeah, I smoke that flat out as a fucking chicken unfortunately. (Skipper)

Yeah, but there was no hard drugs and shit. We were only into pot and a bit of marijuana and beer. There's not many people into heavy shit, no. (Fishing employee)

Yeah. I used to smoke a bit of marijuana, but found it did no good for me. I wouldn't go out of my way to buy it. (Farm manager)

A partner of a fishing worker reported that fishing employees smoke marijuana before they start working:

... so people who are heavily reliant on things like marijuana will have a smoke before they go to sea. (Partner of fishing worker).

Conclusion

The results of this study are consistent with findings of high levels of alcohol use in the farming and fishing workforce (Evans et al. 2005; Gates et al. 2008). Interview data about the context of drinking alcohol identified frequent, regular consumption of large quantities of alcohol by the majority of participants, although reports of acute harms commonly associated with heavy episodic drinking, such as for example, accident and injury, were uncommon. Although not commonly reported, there are likely to be negative impacts of participants' high levels of alcohol use on their work performance and fitness for work.

Interview data suggested that participants generally acquired knowledge and information of health risk behaviours from public health campaigns. Such knowledge, however, is unlikely to lead to behaviour change. For example, although participants knew the health risks of smoking from public health campaigns, smoking rates in this sample were much higher than in the general population. As such, additional strategies are required to encourage and support the farming and fishing workforce to quit smoking. This is particularly necessary in their workplace environment, where few restrictions or sanctions for smoking are in place, to discourage it and promote a smoke free workplace.

Participants were unlikely to have sought healthcare for drug or alcohol-related problems and few attended any healthcare services at all. Those who did seek support for themselves or others, for mental health and/or alcohol-related problems, described significant access barriers. Healthcare use and availability will be examined in more detail in Chapter 3. Only two participants linked their poor mental state with drug use, although some indicated they used marijuana or alcohol to manage stress or depression. Reports of illicit drug use mostly came from participants who were describing other's use. The less visible sub-culture of illicit drug use requires further exploration.

3. Benefits and harms of drug and alcohol use

Chapter Three has three sections. Section one provides an overview of the research literature related to drug and alcohol use and abuse and intervention approaches for problematic use. Section two reports on the harms and benefits study participants identified during interviews in relation to their own or others drug use, primarily alcohol. Section three reports the study findings about participant's health care use and access.

Harms associated with drug and alcohol use: The research literature

Drug and alcohol use is considered along a continuum from no use to problematic use of legal or illicit drugs. Common terms used to describe problematic use include misuse, risky, hazardous, dependency and addiction. Some of these terms relate to specific criteria used to identify a disorder according to the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association [APA] 2000). Substance dependence is defined as a maladaptive pattern of drug or alcohol use, leading to a clinically significant impairment or distress (APA 2000). However, use without the person being dependent can also be problematic, because of the impact it has on a person's health, relationships or finances. For example, media campaigns about binge drinking point out the unexpected or undesirable consequences of consuming more alcohol than the NHMRC guidelines of two drinks per day each containing 10grams of alcohol (NHMRC 2009). Safe or less harmful levels of use vary between types of drugs, the methods used to ingest them, and the processes associated with their manufacture or procurement, particularly if the substance is expensive, illegal, or both. For example, there are endemic rates of Hepatitis C virus infection amongst Australian injecting drug users (MacDonald et al. 1997).

Impacts of drug and alcohol use

The number of Australians drinking at risky or high risk levels significantly increased between 1995 and 2005 (ABS 2006a; Miller et al. 2010), and while illicit drug use is more prevalent in younger adults (Hancock et al 1992 cited in Brown et al. 2008), the number of people who use illicit drugs at least once in their life is increasing (ASCC 2007).

Alcohol can cause physical and social harm. Alcohol's ability to cause physical harm can be understood through three central mechanisms: physical toxicity, intoxication and dependence (Roche et al. 2009). Alcohol is implicated in more than 60 medical conditions (Babor et al. 2010) including road crash injuries, suicide, assault/homicide, fall injuries, fire injuries, drowning, occupational and machine injuries, alcohol poisoning, alcohol psychosis, acute medical illnesses (such as stroke, gastro-oesophageal haemorrhage, gastritis, pancreatitis), spontaneous abortion, low birth weight and chronic illnesses (such as liver cirrhosis, cardiovascular diseases, cancer, epilepsy, polyneuropathy, oesophageal varices, chronic pancreatitis, psoriasis and alcohol dependence) (Chikritzhs et al. 2003; Rowland & Toumbourou 2009). "Dependence is usually characterised by heavy and prolonged drinking, preoccupation with alcohol, loss of control, and withdrawal symptoms such as tremors, sweating and inability to sleep when the individual stops drinking" (Rowland & Toumbourou 2009, p. 3).

In addition to the physical effects of alcohol, social harms include family violence, interpersonal violence, drink driving, unsafe sex, sexual coercion, drink spiking, homelessness, crime, child safety issues, work-related problems and unemployment (Laslett et al. 2010; Roche et al. 2009). Compared to women, men experience a higher burden of health risk factors from misuse of alcohol, use of tobacco and drugs and related disease (Australian Institute of Health and Welfare [AIHW] 2010; Begg et al. 2007). Research also suggests that women who are living with partners with alcohol problems are

more likely to experience victimization, injury, mood disorders, anxiety disorders, and being in fair or poor health than women whose partners do not have alcohol problems (Dawson et al. 2007).

A greater proportion of Australians who drink at risky or high risk levels experience high or very high psychological distress (ABS 2006a). Additionally, people with mental health or drug and alcohol abuse problems are more likely to smoke cigarettes (Guydish & Tsoh 2007; Lawrence et al. 2009). Rural Australian men have a higher incidence of depression than men living in cities (AIHW 2008) and are also more likely than their city counterparts to have experienced a mental disorder associated with substance use throughout their lifetime (AIHW 2010). Furthermore, farmers and farm workers have higher suicide rates than the national male population (Fragar et al. 2008). Research also indicates that alcohol misuse may be associated with the pressures experienced by farmers as a result of recurrent drought conditions (Fragar et al. 2008). Compounding these issues is the additional disadvantage of rural and remote populations experiencing more limited access to prevention, assessment and treatment (Allan & Ball 2008).

Drug and alcohol treatment approaches

Addressing problematic drug and alcohol use covers a range of strategies. Berendts (2004) suggested the most effective measures to reduce problematic drug and alcohol use at the population level are supply restrictions (for example, reduction of alcohol outlets and opening times) combined with structural responses such as increased employment opportunities. Those experiencing the personal impacts of problematic use have a strong imperative to do something to understand and address the damage being done to their relationships, health, and future opportunities.

For individuals who are unaware of the risks their drug use poses, and/or are not dependent on drugs or alcohol, screening and brief intervention have proven effective. For example, a 10 minute drinking feedback and advice web site led to reductions in drinking by over 2 000 Dutch men in one year (Boon et al. 2011). Common interventions include abstinence approaches such as Alcoholics Anonymous (AA) and the recovery model where treatment such as Cognitive Behavioural Therapy (CBT) is applied successfully and the person goes on to achieve life goals such as employment and successful relationships (Goddard 2003).

It is important to distinguish between problematic drug and alcohol use and drug dependence. The adaptive model proposes that substance dependence is one example of a chronic and relapsing disorder, similar to mental illness (McKay 2009). Harm minimisation is the typical approach to intervention for drug dependency, which has moved on from concern with the deviance of the individual to the way individuals are managed and controlled (Edwards et al. 2003). Drug and alcohol users are perceived to need information and education to manage their problematic substance use, higher levels of professional support at times when use is out of control, and medical treatment for withdrawal (perhaps including drug replacement therapies such as methadone or naltrexone). In rural Australia, drug and alcohol treatment typically relies on specialist healthcare professionals even though these professionals are rarely accessible in rural areas (Allan 2010).

Rural men's help-seeking behaviour

A further aspect of masculine risk taking may be evident in men's access of healthcare. Appropriate use of healthcare services is critical for disease prevention and management, yet there is a growing awareness that men and women have quite different healthcare seeking behaviours (Smith et al. 2006). In Australia, there are much lower levels of healthcare service use among men compared to woman (AIHW 2011; Bayram et al. 2003; Department of Health and Ageing 2008a). Cultural norms and values influence the way men think about their health and how they seek help for physical and mental problems (AIHW 2010; Begg et al. 2007). While rural men's attitudes towards, and perceptions of, healthcare impacts on their healthcare service use, little is known about these attitudes and perceptions (Humphreys & Mathews-Cowey 1998; Lindstrom et al. 2001), particularly in relation to addressing hazardous substance use or related mental health problems. While men are not necessarily less interested or concerned than women about their health, they are generally less likely to see themselves

as being at risk of illness or injury (Courtenay 2000) and are more likely to dismiss health symptoms until they become severe or life-threatening (Galdas et al. 2005).

Rural and remote men, particularly young men, are much less likely to seek healthcare than their urban counterparts and, if they do, are reluctant to discuss a range of potential health problems or are unsure what to discuss (Caldwell et al. 2004). Alston and Kent (2008) found that despite farmers being more likely to talk about mental health problems as drought worsened, they remained reluctant to access healthcare services. Seasonal, itinerant and low paid farm workers may experience additional barriers in accessing and utilizing healthcare services (Arcury & Quandt 2007). An attitude of self-reliance and reluctance to seek help, combined with fewer opportunities to access preventative healthcare and public health education, contribute to the poorer health of rural men that has been documented in previous studies (AIHW 2008; Strong et al. 1998).

In rural Australia well-being is often linked to productivity (Elliot-Schmidt & Strong 1997; Weinert & Long 1987) and sickness and pain are de-emphasised, while importance is attached to being able to carry out daily tasks. The response of people in rural areas to illness is dependent upon the effects that it has on productivity (Elliot-Schmidt & Strong 1997). Elliott-Schmidt and Strong (1997) found that "maintaining performance or productivity, despite adversity, is an important concept for well-being amongst rural dwellers" (p. 63). For this reason rural Australians may delay seeking help. Understanding these masculine identities is essential for overcoming barriers to improved health status (Albrecht et al. 1998)

Study findings: benefits and harms of drug and alcohol use

The benefits that study participants associated with drug and alcohol use

Employee participants described a variety of benefits from drug and alcohol use. Low risk drinkers stated the main benefit of drug and alcohol consumption was the strengthening of social connections. Employees reported enjoying meeting friends and other families at parties, entertainment venues, sheds and sporting functions. Alcohol and drug consumption were also reported to alleviate boredom, help people relax and open up towards others.

Medium and high risk drinkers described a greater variety of benefits, primarily associated with the physical effects of alcohol, compared to low risk drinkers. They described enjoying drinking and activities with mates, that alcohol and marijuana helped with depression, that they liked to get drunk, it quenched their thirst, improved their sleep and also their work performance.

Some participants felt that the importance of social interaction for isolated people was so great that it was preferable for people to experience alcohol-related harms rather than the harms associated with ongoing isolation. For example:

I never thought I would hear myself saying this but to balance up the importance of social interaction with alcohol use, it's so important... I never thought I would say it – if it's a drinking session that's going to get them to socialise with other people then do it. I'd rather see them at least with a group of blokes than on their own At the moment it feels like it's definitely one or the other. (Farm extension officer)

Interview participants reported the importance of being able to socialise at a pub in order to bond with friends:

Answer: No, it's pretty important when your mates are there. You've got to have a beer.

Question: You've got to have a beer. Are there any guys that go down there and that don't drink?

Answer; No. No, there wouldn't be. (Truck driver)

... being with your mates and going out, just telling stories, drinking and having fun. (Cotton employee)

Yeah, what other people see as a drinking problem, to them, it's no, they're having fun. It's not a problem to them. (Fishing worker)

It's about enjoying yourself. (Fishing worker)

Alcohol was also perceived as improving sleep and relaxation:

You've had a nice hard day's work, you go and have a couple of beers and you have a good night sleep. (Farm worker)

...and just relax I guess. It's probably the best reason to do it. (Farm worker)

Then when you come home from work and you're totally exhausted it is a good relaxer, there's no two ways about that. (Drought worker)

Some respondents reported that using drugs and alcohol relieves boredom:

Other than that, once it gets dark there's nothing else to do. (Vessel pilot)

A cotton employee described how he drinks to get drunk:

I do a bit of drinking. Weekends I might have one or two [drinking sessions] a day. I drink to get drunk. (Cotton employee)

Drinking was also reported by some participants as giving them the feeling of power:

You're invincible. (Fishing worker)

The harms that study participants associated with drug and alcohol use

Participants in the current study reported that drug and alcohol use resulted in some physical, mental and social harms for farm and fishing workers. Most frequently described were unsafe driving after alcohol consumption and financial costs associated with drinking. Seven employees reported they had lost their driver's licence as a result of drinking. Some described feeling sick at work as a result of drinking. Others reported road and work accidents as a consequence of alcohol use. One respondent stated that he '*tormented*' other people when drunk but could not remember it. One participant reported that he had developed drug-related schizophrenia. A number of family members described relatives or friends suffering from alcohol issues and causing disruption in their families. One partner described an incident of drug and alcohol use resulting in violence causing death and reported cruelty against animals in connection with alcohol. Some respondents gave accounts of friends with alcohol issues leading to physical illness and to an early death. However, the majority of farm and fishing workers participating in this study perceived few physical or social impacts of drug or alcohol use and did not view drinking four to six beers daily as having any detrimental impacts.

Some comments about the financial costs of drug and alcohol use are as follows:

I've been truthful. I spent, I reckon I could have bought two houses with the money that I spent on drinking and drugs. (Farm worker)

That's money that you've just spent all day earning and you go and drink it. (Fishing worker)

One downside, I suppose, it's bloody dear. It knocks the pocket around a bit. (Farm worker)

Examples of comments about drink driving were:

I've been caught drink driving three times over the limit. (Farm worker)

So I'd drink all day then I'd drive home, and I'd dodge the white posts going home. (Farmer)

I'll have a couple of beers. Then you get tangled up with your mates and next thing you have another three and next thing you're half cut and you try to drive home and the breathalyser gets you. (Shearer)

Oh, I got caught for drink driving a couple of times when I was young, but never had any trouble. (Farmer)

Yes, I did get done once, yes [DUI]. (Farmer)

A very high percentage of blokes around here would have lost their licence at some point for drink driving, so transport is always an issue. (Farm manager)

Blood alcohol limits for drivers were introduced in Australia more than 20 years ago. However, most interview participants noted restrictions on driving after drinking as the greatest barrier to rural social interaction and community events. They reported that the harm is not associated with the impact of the alcohol itself, or even the effect of alcohol on an individual's driving, but instead was the result of being caught. Socialising in rural areas was perceived by participants as being reduced because of people limiting their driving rather than limiting the amount they drink.

Physical health impacts

The health impacts that affected wellbeing immediately after drinking were described:

When I drank heavily, you just pull up the next day, and you just feel like dying. It was just awful. (Farm worker)

I was drinking rum and things, where it just goes straight on you. Mum was starting to make comments like "Look, you know your health is going downhill. Your fitness is gone. Your weight's gone up." (Rural reporter)

And I just can't understand it. My partner had a friend who died of cirrhosis of the liver due to drinking, and he lived not far from us and he's about my age. (Partner of a farmer)

Accidents

Participants also reported accidents associated with drug and alcohol use:

The worst stupid thing that I've done was about 500 metres from home when I drove my ute into a drain one night. That's about the stupidest thing I've done, drinking alcohol. (Grain employee)

... he went to the boat to sleep intoxicated and fell in the bait tank and died, drowned. Now, that wouldn't have happened if he hadn't been intoxicated. (Fishing worker)

Family impacts

Drug and alcohol use was seen to affect families:

Well I mean a lot of my mates lost their wives and that, not lost them but their wives left them through working hard and drinking. You know what I mean, no time for their wives and that. (Cotton employee)

Crime and violence

A GP described a range of impacts his patients had experienced. These included physical health problems such as pancreatitis, social consequences such as conflict in the family, personal consequences such as car accidents, violent aggressive confrontations, increased gambling behaviour, poor control, and clouding of judgement which can lead to accidents, such as motorbike accidents on farms:

I do a lot of referring of the farm communities for social problems in marriages and things like that; violence and so on, which is often alcohol-linked as well. (GP)

Nine times out of 10 it's alcohol related. There would be very few serious family violence incidents we go to that alcohol hasn't been an issue. (Police inspector)

Six schooners and I could torment everyone and anybody and not remember. (Fishing worker)

It is because we had a murder over 12 months ago. Yeah, just out the front of the [building]. That was drug and alcohol related. About five boys chased down a guy. I think he started it, had been at the pub all day or something. He started it, the boys chased him down to the [building] and belted him and he died right there. (Partner of farmer)

We've had one shearer that gets very, very angry and hits the sheep and a lot of swearing. He's an alcoholic so it probably is related. (Partner of farmer)

The police officers interviewed noted that they had brought alcohol-related violence under control in public places but people were now going to sheds or other private premises for drinking sessions and were outside of police control. Police officers described drinking seasons:

Our peak times for assaults are September, which is your footy finals basically, because that's when everyone is out and about and passionate and getting pissed, basically, and there's probably another peak in January, late January, early February, and that's when most of the cropping is being done, because they're flat out for – cropping season probably starts December, depending on the season. And that's the other thing, you can say there's a particular month, but we look back through our stats and you can tell when the season was by some of the crime figures. (Police inspector)

Because there is a culture here where you get drunk, you have a punch up, you dust each other off and everyone thinks that's okay. (Police officer)

Mental health

One farm worker participant described severe mental health impacts from drug and alcohol use:

I've used too much. It has stuffed me, because I've got drug-attached schizophrenia from it all. Because I used to be a heroin user, a speed user chronically. Everything, anything I could get my hands on, I'd take. So now I'm just a chronic pot smoker. (Farm worker)

One woman described her partner's significant mental health problems:

Ever since he tried to take his own life, he's had so many doubts and so many down days, even that weren't alcohol induced, that I think because – I couldn't manage him; basically I've been his carer. He's an able bodied man, and he's physically fit, but mentally, unfit, unable to make decisions, personally, in his life ... I have to manage every aspect of his personal life, to a degree. (Partner of farmer)

One participant identified marijuana use as a strategy to relieve depression:

Well, I smoke pot. I have since I was 16, but I find I do have trouble with depression, but I can't operate my business taking the tablets that they give you, and I find it easier if I just smoke my pot whenever I want. ... It just relaxes me. In this sort of game, if you go out there and you don't catch anything and you're running at a loss, it really gets on top of you. (Fishing worker)

However, most study participants did not identify an association between drug or alcohol use and stress or depression. Rather, they enjoyed their work and enjoyed drinking, associating drinking with social activities, sport and work colleagues. Because of the low numbers, no consistent relationship could be demonstrated between at-risk alcohol use and psychological functioning. The survey results

did however identify a relationship between high risk drinking and poor psychological wellbeing (see Table 1). This finding is consistent with other studies.

Key informants participating in the study were much more likely to link alcohol use and mental health. A GP participating in the study identified mental health problems in the community. He stated that alcohol had affected most patients presenting with depression:

Oh absolutely. With most of the folks that come, that are suffering from depression, alcohol usually plays a role in that. Many people don't realise that alcohol causes depression, it does.
(GP)

Some key informants stated that farmers used alcohol as self-medication in order to relax and improve their sleep:

We talk about anxiety, depression, stress, all the rest at length, and it's amazing how many people then come to you in that one-on-one at the end of the day and say, hey, I've been struggling for ages, and you might say, "What do you do? How do you cope with that?" "I have a few beers when I knock off. It helps me settle down. It helps me relax a little bit, so I can sleep a bit better for a while." So they're using it as a coping mechanism, (Nurse)

Nearly 100 per cent of people with mental health problems will use the drug and alcohol in that capacity as the form of medication and control. (TAFE teacher)

Problems such as alcohol dependence were acknowledged by most participants when they were asked directly about them. However, the cause was attributed to individual weakness or poor upbringing rather than the alcohol related harm. For example:

It comes back to their family environment, their upbringing. (Contractor)

Where ever you have some lower socio-economic groups, you'll have problems. (Farm employer)

Addressing problematic alcohol use was generally viewed as an individual issue unrelated to the prevalence of use in the community. For example:

It's very hard to help someone until they realise that they've got a problem themselves.
(Community nurse)

Because nobody can help him like he can help himself. (Partner of a farm worker)

Individual action was viewed as critical to addressing problematic use. Even when interview participants reported that they were aware of someone experiencing problems with alcohol, they were reluctant to address what was seen as a personal and private issue. For example:

They have to recognise that they've got a problem and I really don't think that this guy is prepared to recognise that he's got a problem. I know over the years we have had guys like that and all you can do is take the attitude "He's doing his job, what he does outside of his hours we can try and assist him but really we don't have a great deal of control over that." (Sugar factory manager)

There was a strong perception amongst participants that people with alcohol problems could be identified and separated from normal and acceptable drinking. For example:

You know which ones are going to be the alcoholics and which ones aren't. (Grain manager)

Addressing problematic substance use – healthcare and support services availability and access

There is an industry and gender-related reluctance to seek information and assistance about the potential health concerns or risks associated with alcohol consumption. Some employees with risky drinking behaviour did not perceive that they had a problem whilst others admitted that they drank too much but did not intend to seek help. For example:

No. If anyone says to me “You’re an alcoholic,” I said “What? I can go without a beer, I can go without a beer.” All of a sudden I just hit it on the head, and I can go. I would say, some people have to have problems, yeah, I would say, but I don’t know anyone. (Former fishing worker)

Many interviewees who had personal experience with drug and alcohol-affected acquaintances stated that nothing can be changed or improved if the affected person does not acknowledge their problem or does not want to change their behaviour, Nor did they see it as their role to seek help for this person but chose to ignore it. For example:

It took me a lot to go through it but when I actually sat back and listened to what people had to say – like this is after I give it up, and they can turn around and say “Look, you were doing this and doing that and causing all this type of trouble” but as far as you were concerned at the time you weren’t hurting anybody or ... (Farm worker)

It was noted that men did not tend to seek help for excessive drinking from their GP. Instead, they sought help for other symptoms despite their drinking problems.

It would be rare that I get someone who comes to say, to see me, and just says ‘I’m drinking too much and I need to do something about it’. That would be a rare primary presentation. It’s more something that I can lead them on to once I discovered that they are actually drinking a bit too much. (GP)

A nurse and a community health worker stated that farmers try to repair their injuries themselves and often make it worse because they wait to seek help until they have no alternatives.

Well, trying to get a farmer to go to the doctor is pretty hard. ... they’re used to fixing things themselves; they have this culture where they fix it themselves, and that includes the medical side of it as well. (Community health worker)

Work demands were identified by participants as a barrier to accessing health care. For example:

It’s an hour there and an hour back, time spent waiting around because they’re running late, can’t afford the time or the fuel. (Fencing contractor)

They tend to look after their own health. If they cut themselves down to their bone, they’ll just wrap it up with a bit of duct tape and leave it for a week until it festers. (Nurse)

Two farm workers reported that they had attempted to seek help for mental health problems with little success. For example:

And then it’s always pass the buck. You ring up one person and then you’ve got to go to somewhere else and they say they’ll get back to you. They say “I’ll get back to you in three or four days,” but ... Yeah, you don’t ring up for help if you don’t want it. You need it right then and there, you’re not going to program yourself for two months in the head and say “Well I’m going to need help in two months ahead” and ring up and ask for help. Stop the delay for a start. You know? (Wool classer)

A partner of a farm manager who was in alcohol treatment stated that every single appointment he had was cancelled and re-scheduled by the mental health unit in the district. There were no services bridging the gap for support when clients were placed on the waiting list. Furthermore, there were no alcohol counsellors in the area and clients had to go to the bigger town.

So they would say that's it, we're on a waiting list, we'll just have to wait. So they sit. Who knows when their number comes up if they're still alive. The mental health department in this area is an absolute shambles and the people working within it will tell you that. (Partner of a farm manager)

Some key informants were healthcare or community workers and had a good understanding of the healthcare and welfare systems including what assistance was available. They confirmed support services were inaccessible:

We haven't got much. Someone comes from [town] once a fortnight but that's about it. There's a waiting list. (Community nurse)

You can go into [town]. That's about 50ks or there's the hospital at [town], that's further. (Community skills worker)

Two key informants had work roles that included addressing rural stress and depression by promoting socialisation and discussions on depression and healthcare. Consumption of alcohol was a key part of these events and seen as important to get people to attend:

We held a night at the pub and had a famous cricketer come and talk about depression and how he dealt with it, the local doctor was there. It was important it was at the pub where blokes get together; and at night. Everyone had a few drinks and talked after. (Rural extension worker)

We put a barbie on once a month in different locations, at the wharf or the co-op, around the district. There's me, the financial counsellor, a few others. We don't supply alcohol but someone usually brings some. It's to get men together, talking and maybe share some information. (Community worker)

Conclusion

Participants described some negative impacts from drinking alcohol. However, losing a drivers licence or spending a lot of money on alcohol were more frequently described as negative impacts than physical or mental health problems or violence. While the literature describes a range of negative impacts associated with drug and alcohol use (Laslett & Room 2011; Babor 2001), an understanding of these negative impacts was not evident in the interview data. Thus, among participants there appears to be limited awareness or concern of alcohol's negative health impacts, as reflected in their reluctance to examine the role and impact of alcohol on their own health and wellbeing. Although key informants identified a number of significant adverse impacts of drug and alcohol use, particularly alcohol use, farm and fishing worker participants did not report any problems associated with drug taking or drinking, except for hangovers and loss of a driver's licence.

The widespread beliefs and values about drinking alcohol being a positive social practice were transmitted, rewarded and reproduced across the industry (Collier & Morgan 2007). When the impact of alcohol consumption became problematic, participants ascribed that to individual weakness. Rectifying an alcohol problem was perceived as being the responsibility of the individual rather than the community. The most common conceptualisation of problematic alcohol use related to individual deviance. Solutions to drug and alcohol problems were also perceived to be found within the individual rather than supportive others.

While the negative impact of alcohol consumption of men featured more prominently in interview participants' discussions, it may be that the male dominated nature of the farm and fishing sector renders the drinking of women less visible. One of the most challenging aspects of future interventions to address excessive alcohol use will be to consider the fact that alcohol use is so deeply entrenched in these settings and the critical role it plays in promoting social interaction.

A major problem identified in the research sites investigated in this study, was that there were currently very few, if any, support services or treatment services for substance use or mental health.

4. Drug and alcohol use and farming and fishing workplaces

This chapter has three sections. In section one the research literature in relation to the impact of substance use on the Australian economy, workplace, accidents, injuries, lowered work capacities, productivity and absenteeism are discussed. Section two describes participants' experiences of the impact of drug and alcohol use on their work participation. Section three discusses the way workplace conditions, controls and culture influence and are influenced by substance use, particularly alcohol.

Impact of substance use on the Australian workplace and workforce: The research literature

Previous research has explored the costs and consequences of drug and alcohol use for individuals, families, communities and business, and drug and alcohol use has been identified as an increasingly important issue for Australian employers (ASCC 2007). In 2004-05, the intangible and tangible costs of alcohol use were estimated to be \$15.3 billion, while the cost of drug and alcohol use to the Australian economy, including reduced productivity, healthcare provision and costs to the legal system, has been estimated at \$55.2 billion (Collins & Lapsley 2008).

The greatest costs are borne by workplaces as a result of reductions in the size and capacity of the workforce and worker absenteeism due to alcohol-related issues. (Ministerial Council on Drug Strategy 2006, p. 4).

Research into substance misuse clearly identifies strong relationships between the use of drugs and alcohol and physical injury, reduced workplace productivity, accidents, drink driving, violence and mental health problems (Collins & Lapsley 2008; Griffiths & Christensen 2008). Drug and alcohol use has been found to affect workplace productivity through absenteeism, reduced productivity and workplace accidents (Midford et al. 2005; Pidd et al. 2006; Roche et al. 2008b). Intoxication and hangovers can result in workplace accidents, reduced productivity or poor work relationships. Ill health resulting in absenteeism or general lowered capacity may result from regular use; and behaviours associated with a higher priority given to obtaining and using substances resulting from dependence means work declines in importance to the employee (Allsop & Pidd 2001).

It is well known that the pattern of an individual's use of drugs and alcohol is variable and its impact on their workplace will vary accordingly. For example, individuals who only drink occasionally but become highly intoxicated are more likely to experience work-related intoxication problems, while those who consume moderate amounts of alcohol regularly may experience the more long-standing problems associated with regular alcohol useage (Allsop & Pidd 2001).

While the costs to Australian employers due to drug-related absenteeism and attending work under the influence of an illicit drug are estimated as significant (Gates et al. 2008), there are more available data relating to alcohol. The extent and cost of alcohol-related absenteeism is greater than previously thought, and the costs of absenteeism and productivity loss by low risk and infrequent drinkers has been understated (ASCC 2007; Harris 2007). Indeed, nearly 50 per cent of the total costs of alcohol-related absenteeism is attributable to low risk drinkers (NHMRC2001; Roche et al. 2009). Lost production represents over one third of the costs associated with alcohol use (Roche et al. 2009). In 2001, it was estimated that 2.5 million workdays were directly lost and 7.5 million days indirectly lost as a result of absenteeism relating to alcohol consumption (Harris 2007). This translates into a direct cost of \$437 million per year and an indirect cost of \$1.2 billion per year. More recently, Laslett et al. (2010) explored the impact and costs of alcohol use on others:

...the cost of absenteeism due to someone else's drinking (\$348 million) is almost as large as that due to one's own drinking (\$368 million). This is a cost of alcohol that has not previously been considered when assessing the impact of drinking in the workplace. (Laslett et al. 2010)

Alcohol and illicit drugs may also play a role in Australian workforce fatalities and traumatic injuries (Phillips 2001; Pidd et al. 2006). Farming and fishing workers operate in dangerous workplaces and workplace deaths and accidents have been well documented (Fragar et al. 2008; Loureiro 2009; Lower et al. 2011). However, previous Australian studies have not investigated risks to farm and fishing workers as a result of drug and alcohol use. There are significant knowledge gaps in this area with limited research exploring the association between work accident risk and prescription or over-the-counter drugs (Phillips 2001). The National Occupational Health and Safety Commission (1998) found that between 1989-1992 alcohol appeared to contribute to 4 per cent of all workplace deaths. In a third of these deaths, alcohol had been consumed at least partly in connection with work, during work duties or as part of a work-sponsored function. Drinking frequency, including light or moderate drinking, has been found to be correlated with an increased chance of occupational injury (Dawson 1994) and, in an exploration of 1737 Australian work related fatalities between 1982 and 1984, 16 per cent of victims registered some blood alcohol content (Hollo et al. 1993). While the industry costs and consequences of drug and alcohol use have not been explored in fishing and farming contexts, it can be assumed that these industries would bear a proportion of the costs of drug and alcohol-related absenteeism, reduced productivity, injuries and accidents.

Workplace conditions which can lead to alienation and stress include dangerous work, shiftwork, physical workplace features, task complexity, lack of control over work pace (Pidd et al. 2006). Several of these workplace conditions are evident in fishing and farming contexts, such as the seasonal nature of work, reliance on uncontrollable factors such as weather, pests and disease, and the fact that workers are regularly working long hours in adverse conditions and in isolation. Workplaces associated with high stress, job insecurity, long hours and isolation, or combinations of these factors, are believed to be catalysts for workplace cultures that are supportive of substance use, with increased risks arising from this behaviour (Ames & Grube 1999; Holland & Wickham 2002). This is a familiar context in primary industries workplaces where working hours and locations are directed by seasons, markets and weather. Rural re-structuring including corporate management of rural assets and lengthy drought has increased the temporary and contractual workforce (Garnaut et al. 2001; Gray & Lawrence 2001a) and these workers are most at risk of workplace accidents. Indeed, Pidd et al. (2006) suggested that the high prevalence of long term risky drinking in agriculture may be due to workplace conditions.

Workplace controls refers to all those factors that contribute to alcohol availability in the workplace including physical and social availability, alcohol policy and procedures, supervision levels and low visibility (Pidd et al. 2006). A lot of fishing and farming work may be characterised as having low levels of supervision and low visibility. The manner in which managers and supervisors deal with and perceive alcohol use can also influence the workplace culture. Pidd et al. (2006) noted that workplaces which tend to have higher levels of work-related drinking are those with poor strategies in place with unions or management regarding alcohol-related disciplinary action, those which rely on informal as opposed to formal measures for managing alcohol issues and those which emphasise production quotas over dealing with alcohol issues.

Workplace culture and sub-cultures based on norms, values and behaviours may either encourage or discourage risky alcohol use. Thus, workplace culture is central to influencing attitudes towards alcohol and its consumption, including the level of awareness of and preparedness to perceive drinking as problematic, the consumption patterns of young workers entering the workforce, and the development of sub-cultures where alcohol consumption may be a behaviour reflecting a shared and distinct group identity (Pidd et al. 2006). Workplace culture can also inhibit the development of problematic substance use in the same way. Norms of behaviour and management of those are significant factors in workplace attitudes to substance use. The way the workplace participates and contributes to the wider community environment is also important. Drug and alcohol use at work functions and celebrations, or colleagues drinking together after 'knock off' time, is important. The

significance and historical occurrence of this latter type of drinking is widely acknowledged (Allsop & Pidd 2001) and has been common in male dominated industries such as fishing and farming.

Alcohol and drug use in fishing and farming has not previously received widespread attention, including in OH&S information or reviews of workplace safety (Lower et al. 2011). Workcover NSW, for example, has published a guide to developing a workplace alcohol and other drugs policy in order to better deal with this issue at the workplace (Workcover NSW 2006). However, there are many instances where work safety information does explicitly acknowledge drug and alcohol misuse. For example, alcohol and drugs are noted as a component of safe farm work practices which should be discussed in a farm worker induction (Temperley & Fragar 2010). As drug and alcohol issues and interventions are considered to be part of a broader agricultural OH&S platform, attention also needs to be given to variables necessary to achieve behavioural change within both farming and fishing contexts (Pollock 2010). Existing industry health programs such as the 'Sustainable Farm Families Train the Trainer' program, which has been successful in enhancing primary health for farming families (Brumby & Smith 2009), also provides a future opportunity for industry-specific drug and alcohol interventions.

Workplace safety standards do not include addressing or monitoring the health and off-duty behaviour of employees. Yet, the Australian Chamber of Commerce and Industry views individuals, government and healthcare providers as responsible for the identification and treatment of substance misuse. The Chamber's recent issues paper states:

Employees are responsible for their own health and their productivity. Employers have a right to expect employees to present for work in a state that is safe and productive, and to clamp down on misuse of sick leave. (ACCI 2007, p. 2)

Farming and fishing workforce skill and labour shortages caused by drug and alcohol use can be expected to affect industry success. The critical nature of addressing drug and alcohol use in primary industry becomes evident when, for example, Evans et al. (2005) speculated that if the existing workplace drug and alcohol policies were enforced in the South Australian fishing industry, the prevalence of use among seasonal mobile workers would mean that the workforce may be reduced by up to 40 per cent with devastating financial consequences for the multi-million dollar industry.

Workers' compensation for accidents and injury may be restricted if drug or alcohol misuse is implicated. Guthrie et al. (2009) noted that workers may be disadvantaged by being ineligible to make a compensation claim if they are 'volunteers' (that is, family members, neighbours) who have no formal employment contract, a situation which may also lead to under-reporting of accidents and injury. Furthermore, in several states casual employees who make a claim may only be eligible for a small pro rata payment based on their usual amount of yearly work; and where workers are encouraged or required to reside on a farming property (and presumably a fishing vessel), legal judgements imply that these employees may be considered to be at work while physically on the property (and presumably vessel) irrespective of whether they are physically engaged in farm work or not. The legislation and recommendations around compensation and insurance are complex and difficult to understand.

Study findings: impact of substance use on participants' workplaces and work participation

Alcohol was the substance identified most frequently as having an impact on farm and fishing participants' work. Farming and fishing employees reported a variety of impacts from consuming alcohol at work, in work breaks or in the hours prior to work, particularly the night before. These impacts included reduced focus and concentration on work, unsafe driving and machine operating, near-accidents and accidents, decreased work performance, sick days and loss of employment. The most frequently reported days of working under the influence of alcohol were Thursdays, Saturdays and Sundays. The risk of working under the influence of alcohol was reported to be at its highest in

September at the end of the football finals and in the harvest season, particularly January and February. Alcohol use was described as common and frequent. For example:

They drink all night and work all day, and then drink all night. (Partner)

The value of work is high in rural communities. Alcohol use is widely accepted if work does not seem to be affected. Heavy drinkers who are able to work enjoy a hero status:

And he'd nearly go through three six packs a night. Yeah. And he'll get up at 6 o'clock in the morning and go to work again. Yeah, it don't even affect him. (Cotton employee)

He was a good worker. He could work drunk, sober or anything. (Cotton employee)

A number of study participants described working under the influence of alcohol, or suffering effects of alcohol use, such as feeling sick, a lack of concentration and tiredness. For example:

If I am going to throw up or whatever, I've got to pull over the tractor and throw up, and keep on working, just because I've put myself into that state. (Farm worker)

Yeah, I've been still drunk while I'm working, or hung over while I'm working [after being called back in to work]. (Farm contractor)

The effect of alcohol on individuals was perceived as being influenced by working hours and work demands. A grain grower employee stated that farmers work long hours and have little sleep. As some consume alcohol and then have a short sleep before they start work again, this may result in blood alcohol remaining in the body because the liver has not had enough time to metabolise it before the work shift starts.

You might catch up with a few people in the district, have a few beers in the shed or something, and talk about what's been happening for the last few weeks. Generally most people are working that 15 to 18 hours, then they're sleeping for five or six hours and then they're back into it again. (Grain employee)

Participants provided many examples of experiencing hangovers at work from drinking the night before and its impacts on their work performance:

My work performance would slip. Every time I would rock up to work hung over, my brain just wasn't in it, and I started getting comments at work and stuff like that, (Rural reporter)

Hung over, yes it affects his ability and his thinking. Even though he did it the night before, I mean that hangover affects his physical ability and his mental ability to work. (Piggery manager)

Because at the end of it you can't focus enough. (Farm irrigator)

Some of them are a bit, look a bit worse for wear some mornings, especially when you start at 6 o'clock in the morning, on a Saturday morning. (Farm manager)

One participant described alcohol-affected employees as being commonplace. He had identified co-workers who were still affected by alcohol experiencing hangovers later in the day:

Most people come to work by 7 o'clock and they're hung over by 2 o'clock. (Cotton employee)

Sick days because of excessive drinking were described:

On a big night would be 10 to 12 drinks on a big night. [Next Day] Sometimes I'm fine, and I don't know what happened. Then sometimes I just don't want to get out of bed, I'm going to be sick. (Farm worker)

... if you get onto the grog and you don't get to work, well you don't get paid, it's as simple as that. But if you work for a boss, you can have a couple of sickies and it probably wouldn't matter. (Fishing worker)

Some participants described accidents occurring because of the effect of alcohol:

Yeah, I had my mate that was going to work just out the road here one morning last year on harvest time and he was just doing big hours and he went and had a few beers and went home and that morning he just fell asleep at the wheel and it just caught up to him [fatal accident]. (Farm contractor)

One study participant perceived that employers have a laissez faire approach to employees working under the influence of alcohol and tolerate intoxicated employees as long as they are able to work:

So long as you do your job, as long as you don't turn up in the morning blind drunk, then they don't mind. (Grain employee)

The concept of not drinking alcohol or using drugs during working hours appears to be a relatively recent change. A number of examples were given about how times have changed. For example:

30 years ago, half a flagon of tawny port, 15 schooners. (Shearer)

Then he had breakfast and shore 200. (Shearer)

About 10 years ago it was a longneck at morning smoko. (Farm worker)

Drinking at lunch was just par for the course mate. Not anymore ... unless the sales are on and you're not going back to work. (Agricultural supply manager)

Technological changes were also described as having an effect on work practices and alcohol consumption. For example:

My brother ploughs his paddocks with a GPS. Sets the coordinates, goes inside and has a few beers, watches a movie, shoots things out the window and then three hours later sets it again. (Irrigation contractor)

There's no chipping [removing weeds] anymore now there's genetically modified cotton. So all those people who used to do three months chipping and then three months on harvest are only needed now for about three or four weeks. Mostly casuals come in who you don't know if they drink instead of the locals who you do. (Farm supply manager)

While drinking at work was rarely identified by employees, drinking after work was commonplace, frequent and had a negative impact on work performance the next day. It is likely that those employees having a minimal break between drinking alcohol and working have impaired work performance and some will still be intoxicated. Having a day off work as a result of drinking was less frequently described than going to work hungover or still drunk.

Impact of employees' substance use on employers' workplaces

Participants' narratives identified that workplace practices influence, and are influenced by, substance use, primarily alcohol, of employees. Labour shortages, particularly in peak harvest times, lead to tacit acceptance of employee substance use by employers because of difficulties in recruiting and retaining workers. Drug and alcohol policies are rare in primary industry workplaces. There are few formal drug and alcohol management systems in place and policies are not followed. When confronted with drug and alcohol-affected employees, employers and managers described handling incidents informally.

Employers stated that they were concerned about employees' drug and alcohol consumption at work because of the increased potential of accidents and damage to machinery which may result in high repair costs and lost yields:

Yeah, machinery is run into trees. You know, \$300 000 to 400 000 machines. (Cotton contractor partner)

And if you're hung over and that, you haven't got the concentration. And with the amount of money and the machinery, and you have a malfunction, they don't pick it up, it could cost you bloody a \$100 000, or they bugger up and you're planting or something like that, it could cost you a million dollars because they haven't done the job right, see? You can't afford to take the risk. (Farmer)

Well, say if they bend a piece of machinery, they've got down time, between when you fix it and when you get going again, and that's time, say, when you've got moisture in the ground, that's... that's the time period that you've lost, too, so that could affect you in the long run with the yield. (Farmer)

Employers recognised that substance use, particularly alcohol was common. For example an employment agent described a turnover of human resources because of excessive alcohol use:

They would all finish a day's work and go straight back to the pub. Quite often you would not see the same people two days in a row, simply because they would be hung over from the night before. (Employment agent)

Some employers were unsure about their responsibility and liability in case of accidents caused by employees working under the influence of drugs or alcohol. For example:

Yeah, and again that's another issue that maybe needs to be looked at, isn't it? What liabilities, or if it's their responsibility if they did some damage, do we sue them because they've come to work drunk? Or are we liable for an accident that they have, even though they're drunk? (Partner)

However, employers are not concerned about employee's alcohol consumption outside work because they feel they have no right to interfere in their employees' private lives, even with known problem drinkers. The benchmark for employer satisfaction is the employee's ability to perform at work. For example:

But from my point of view, in a team, I'm in charge of all the men bar the shearers, so as long as they do their job, what they did the night before is irrelevant to me. (Wool classer)

Some companies were identified as having drug and alcohol policies to address substance use. These tended to be large employers in grain or cotton processing sites. Study participants described a one-time induction process including health and safety information about alcohol use. Drug and alcohol testing prior to first employment was conducted by some large employers:

This time of year, the people have to go and have a medical - new starters. There is always a small majority that don't pass it because of marijuana in their system. (Cotton gin owner).

There was ambiguity about action taken and processes if an employee was affected by drugs or alcohol at work. Managers and employers reported that they handled drug-affected employees informally. For example:

I said, "Why you walk in the cotton, you don't walk in the row? You're drunk. Get away," and then sometimes, I said, "Don't spray the cotton, you just spray the weeds." You know when they're drunk. (Cotton manager)

Well, we have got a local alcoholic, who did have to have a beer at afternoon tea time, and I didn't sack him because we were desperate but normally if there's any alcohol ingestion during the day, they would be asked to leave or not drink alcohol, or they'd get the boot. (Farmer).

Some participants stated that frequent alcohol users could pose a workplace health and safety risk because of workforce shortages or the individual's ability to hide their use. Participants reported that demands for workers were seasonal and especially at harvest time every worker is needed.

Question: So you don't actually talk to them about alcohol or drug use?

Answer: No. You're lucky to get shearers, so you take what you can get a lot of the time.
(Partner of a farmer)

Employee participants reported that companies may announce drug and alcohol testing in advance in order to reduce the dropout of workers and retain full working capacity in the busy times. Furthermore, participants noted that farmers might ignore employees under the influence of drugs and alcohol or suffering from effects of substance use because farmers cannot afford to lose manpower at certain times such as harvest.

Question: It's still happening, farm owners allowing guys under the influence to actually work in the farm?

Answer: Yes. It's ignored.

Question: Why do you think it is happening?

Answer: Because they want the hours done, I suppose they don't care because they want the crops off. They'll see the rain and they don't care who comes. (Farmer)

... I've been out where my husband is working harvesting and you get to know who's on drugs and that quite easily just by the way they act and stuff. Like, it'll be three or two o'clock in the morning and they're bouncing around and then they start grinding their teeth and, you know, it's like, "Hmm, okay." Yeah, so I do find it a lot when they're doing 24 hour work. Like some of them might go for three days. (Partner of a farmer)

A police officer supported the notion that farmers prioritise the work being done over drug and alcohol concerns. He also believed it would be too expensive to drug and alcohol test all employees:

I expect it would be very negative cost-effective to go out and proactively target these people or put all of your workers on drug and alcohol testing. ... The farmers out there want to get their crops off and as long as their people turn up for work and they work hard I think they're happy. (Police officer)

However, employers also reported that they expected their employees to complete their work regardless of their intoxication. For example:

[Workers] they've gone and got on the grog, jobs not getting done properly, but it still needs to get done properly, and they've got on the grog, and we've said, no, finish the job, and then that's it. (Farmer)

Several employer participants described sacking employees who were repeatedly affected by alcohol at work because they could not get their jobs done. For example:

I did have a man in that house down there that had a serious drinking problem and on his second DUI [driving under influence] we had to put him off. ... Well he lost his licence, you see, for a second time and that bugged it up. (Farmer)

While there were numerous accounts of employers ignoring intoxication at work, there were also reports of action taken by managers, farmers and skippers concerning intoxicated employees. Talking to the employee or dismissing them were the most commonly reported events. These actions raised awareness amongst employees of potential health and safety risks of drug and alcohol at the workplace:

I didn't really smoke drugs when I was working on the machinery there anyway. Because he was the sort of bloke that would do a random drug test. (Farm worker)

But we talked to him and we warned him that if he's going to drink too much he shouldn't come to work. If he's not feeling well. (Piggery manager)

Another report was of a boat returning from sea after leaving shore to offload a drug and alcohol-affected employee. This action sent a strong message to other fishing employees in that community:

...the younger people that have the wild parties, that spend their money on partying, they don't last long because they don't work as well, and it's all about safety at sea these days. Even in the last couple of weeks, there have been people that have lost their jobs. (Partner of a fishing worker)

A key informant stated that there were agreements for instant dismissal for alcohol in the workplace. However, he noted that the company had not enforced this policy preferring to take other measures to support an employee with drug and alcohol issues:

When it comes to OH&S alcohol and drug abuse is a big issue. That's why as I mentioned with our workforce we can't afford them to go out and have a big night on the grog and then turn up the next morning and be alcohol impaired. I have agreements which clearly state any alcohol and drug use basically is instant dismissal. Whether we're prepared to invoke that is another question because you've got to go down another path with counselling and all that sort of stuff. (Sugarcane manager)

Workplace culture

Drinking alcohol was described by research participants as intrinsic to being part of the farming and fishing industry. Interview data emphasised the central role of alcohol and drinking practices as part of social activity and belonging:

Alcohol is just huge. It's a very important part of getting blokes together. (CWA president)

There's almost that intrinsic rite of passage - this is what we do, we finish off...we don't have orange juice after, everyone has a beer, and if you don't have a beer you're not a man. (Farm manager)

It is part of the package. There would be a mutiny [if you took alcohol out]. ... It's that important. It's the bonding, it's the teamwork, it's working towards the common goal. (Sugarcane manager)

Socialising while drinking alcohol was also seen as part of doing business in primary industries:

It's a social thing and it's quite a networking thing, as far as a business point of view. A lot of business over the years has been done around having a beer. (Irrigation contractor)

Drinking after work with work mates and friends in the industry was commonplace:

Yeah. As soon as we finished work and that we'd go straight to the pub and have a big feed and just hit the piss and that. Just celebrate our catch basically. (Fishing worker)

Overall, workplace expectations were such that the pressure to work was greater than the risk from employees who are drug or alcohol-affected. Farming and fishing workplaces discouraged drug and alcohol use at work and preferred not to have intoxicated employees working. However, getting the crop off or the catch in had the highest priority in the workplace and in an environment of workforce shortages any employee was better than none. Employees were frequently turning up for work while hung over or intoxicated but still getting the job done. Out of work hours substance use was not considered the responsibility of employers yet was a significant part of being a farmer or a fisher.

Employee sub-cultures and drug and alcohol use

The central role of drinking practices as part of rural culture was identified by participants' perceptions and descriptions of people who did not drink. Non-drinkers were described as visible outsiders who did not fit in. For example:

It's still a bit against the norm of what farming is, to not have a drink and not be involved in it, because it's so intrinsically there. There are people within the community I've worked with who don't drink, but they still get funny looks. (Community skills officer)

[Non drinkers are] outsiders. Definitely, don't fit in. I don't know if it would go so far as being inferior or anything like that, but certainly outsiders. Different. (Farm machinery dealer)

Some sub-groups were described differently in relation to their drug use or drinking behaviour. The sub-groups included seasonal/casual workers, shearers, deckhands, young farming employees and truck drivers. However, most of the reports of drug use or high risk alcohol use by members of sub-groups were anecdotal and supported long-standing stereotypical views of the identified groups.

Contractors

Some study participants described contractors drinking heavily on a regular basis. For example:

Well the contracting staff would tend to consume more but I would say on average they would consume in the order of half a dozen cans of full strength beer each, half a dozen full strength each, every night, it's pretty common and I don't fully understand why they do it. Their drinking is much more than what the farmers would drink. (Farmer)

Deckhands

Deckhands get a percentage of the fishing yield and are well paid workers in the fishing industry when the catch is good. Many deckhands participating in the study reported that they stayed at sea for days or weeks. At landfall after payment they tended to go directly to the pub and spend a large amount of their earnings on alcohol. Skippers described how the families of deckhands suffered because of deckhands' high level of alcohol consumption. This occasionally resulted in financial difficulties, family violence or loss of driver's licence:

Yeah. They [deckhands] get paid on Friday and they're broke on Saturday so they're down borrowing money off you on Saturday afternoon. They're blueing with their missus because they get on the piss, or their girlfriends ... They usually go DUI or do something stupid so then you've got to try and sort out and get them to court at the right time and then you can get them to work and then you've got to sign a piece of paper to say they work for you and they're of good character and this, that and something else. (Trawler owner)

They're the ones that chose to blow all their cash. Most deckies I know are just piss-heads [drunks] and party animals. (Fishing worker)

Shearers

Study participants identified shearers as a group with problematic substance use. Shearers often live at the worksite in the shearing period and drink there heavily after finishing work. Participants reported that some shearers smoked cannabis in the work breaks.

Yes. The shearers get into their little group. They're out in the caravan so they're private, and you can just see the bags and bags from two weeks shearing, and there's bags of [beer] cans. (Partner of a farmer)

A lot of the blokes that I worked up north and that, they just can't survive without it, pull up and have a cigarette (cannabis) on the hour, a couple of smokes and smoko at lunch time. (Shearer)

Shearers are on the cannabis because they believe it focuses them on the shearing, so they'll have the cannabis before they actually stuff ... amongst the younger shearers, they're more inclined to be cannabis users than alcohol users. (Community health worker)

Young farming employees

Young farming employees attending farming colleges reported heavy alcohol use. This happened mainly on weekends and on organised evenings such as bachelor and spinster balls or college balls. There was also peer pressure to fit in by adjusting one's drinking levels to others and demonstrate one's toughness to friends. Hangovers were frequently reported by participants, which influenced their attention and focus on machinery, particularly when these participants had to work on weekends after parties:

Well, usually we get there about lunch time [monthly college balls]. We have a bit of a barbeque or some sort of feed and then into it all afternoon. Then the ball starts at about 7 or 8 o'clock, and then it's a proper ball. Everyone gets dressed up and goes in. You have a drink ticket with 12 drinks or whatever and they clip you off as you use your drinks up. Anywhere between 20 and 30 [drinks] nearly. Well, it's spread over 12 hours, so anywhere between 20 and 30. (Farming student)

Truck drivers

A number of references were made by participants about truck drivers using amphetamines at work to keep them awake. For example:

I've known of blokes that have used speed every day, to cover their work load. I think the transport issue is pretty common, really. (Truck driver)

Culture change

Participants' responses indicated that workforce attitudes were changing towards acceptance of a non-drinking culture while at work and at home:

During the week I probably – oh, before I drive home? I only have two, of light, 4X Light. Because if you've got no licence, once again you've got no job. You can't drive around. (Farmer)

Conclusion

The findings of this research are consistent with other research literature that reports substance use influences work in a variety of ways. Accidents, lowered work performance, absenteeism, damage to material and loss of driver's licence were described by employees, managers and partners. Employees stated that alcohol consumed the night before work still affected them negatively at work the following day. Losing a driver's licence and potentially a job as a result of drinking was identified as a significant problem.

Employees generally accepted that there was an increased danger of accidents at work when under the influence of alcohol. However, there was a strong resistance to change after-work drinking behaviour. Employees wanted to preserve their right to be able to drink as much as they liked after work as long as they appeared for work the next day. Employers were concerned about workplace accidents as a result of drinking but did not perceive the risk as more important than the harvest. Workforce shortages were described as a significant reason why employers ignored workers' intoxication or impaired performance. In this sample, fishing industry participants were more aware of substance - affected workers, describing ways those workers had been prevented from working while intoxicated. Fishing industry participants were also more likely to identify dangers to people rather than equipment as a result of working while intoxicated.

Participants reported few examples of support services for affected employees. There were no occupational health services, employee assistance programs or workplace health screening for the mobile, casual and self employed primary industries workforce. While it has been suggested that the workplace is likely to be a feasible location for healthcare interventions (Richmond et al. 1998b), the most effective methods for their delivery in this setting has not been reliably determined, although work has begun on describing linkages between farmers and service providers (Fuller et al. 2007).

This study indicates that there are no consistent drug and alcohol policies in place in fishing and farming industries. There is insufficient knowledge about both drug and alcohol policies and legal responsibilities. Employers are not concerned about employees' drinking behaviours outside work even though employees may begin work under the influence of alcohol as a consequence of earlier drinking.

5. Community and cultural factors in addressing drug and alcohol use

This chapter will outline community culture of high risk alcohol use, gender- and age-related drinking practices, community perceptions of problematic substance use and addressing problematic substance use.

Cultures of high risk alcohol use: The research literature

The Australian Government expresses great concern about the diversity of drinking cultures in Australia and the unsafe approach to alcohol with its various negative consequences. A key aim of the Government is to produce healthier and safer outcomes by implementing the present National Alcohol Strategy. The Prime Minister additionally announced a National Binge Drinking Strategy to address concerning levels of binge drinking among young Australians (Department of Health and Ageing 2008b).

To put it plainly, too many Australians now partake in 'drunken' cultures rather than drinking cultures. The harms that result from this include deaths, injuries, disease, crime, violence, fires, drowning, verbal abuse, unemployment and family breakdown. (Ministerial Council on Drug Strategy 2006, p. 4)

The Australian Government estimates that around 81 000 people are hospitalised annually and approximately 3200 people die due to excessive alcohol consumption. For example, for Australian men, about 33 per cent of motor vehicle deaths and 25 per cent of motor vehicle injuries have been attributed to alcohol consumption (Rowland & Toumbourou 2009).

"The cost to the Australian community of alcohol-related social problems was estimated to be \$15.3 billion in 2004/05.". (Ministerial Council on Drug Strategy 2006)

Alcohol consumption is considered a social occasion. Allsop and Pidd (2001) noted that in many cultures smoke breaks and after-work drinks have been and remain common workplace rituals relied on for team building and camaraderie, with successful harvests historically being associated with celebration and intoxication. Indeed, common conceptions of the cultural meaning of alcohol use appear to have a particular relevance to the rural/farming/fishing/male dominated community.

Alcohol as a cultural artefact does not have inherent meaning unless understood in a given context. Historical meanings of alcohol often revolve around national drinking rituals such as: 'shouting' (each person in turn buys a round of drinks for the whole group) and 'work and bust' (a prolonged drunken spree following a long period of hard work). These practices are believed to have promoted widespread heavy drinking (Lewis 1992, p. 4). These rituals are often couched within the positively valued Australian ideals of 'mateship' and 'work ethic' (Roche et al. 2007, p. 67) and as such usually refer to male forms of bonding and solidarity (Roche et al. 2009).

In the model described by Pidd et al. (2006), factors external to the workplace that can influence the workplace culture regarding alcohol use include workers' pre-existing attitudes, beliefs, and behaviours regarding alcohol use; the values, behaviours, and expectations of family members; and the social and cultural norms of the wider community. As workplace drug and alcohol use intersects with wider family and community norms, attitudes and behaviours (Midford 2001), and given the primary industry prevalence in rural areas and its male dominated nature, it is proposed that rurality and masculinity may be factors which are relevant to drug and alcohol use among fishers and farmers. Ames and Janes (1992), cited in Midford (2001), suggested that communities characterised by higher drug and alcohol use were likely to have higher work-related use, as social and cultural factors and family and community socialisation interact with socialisation at work.

Community sporting clubs, masculinity and alcohol

In Australia alcohol and community sport are intrinsically connected and form a close partnership (Munro 2000; Rowland & Toumbourou 2009). Three Australian studies of sport clubs undertaken by the Australian Drug Foundation (1998) reported that players and members had far higher rates of alcohol use than the general population (Snow & Munro 2000). Numerous Australian studies have demonstrated that the drinking behaviour of community sporting club members is influenced by peer pressure of a masculine culture of mateship and sporting activity (Duff & Munro 2007; Jones, Phillipson & Lynch 2006; Lawson & Evans 1992). A number of studies have demonstrated ritualised club behaviours regarding alcohol consumption, such as drinking competitions, extended drinking sessions and end of season trips with excessive alcohol use (Mendoza & O’Riordan 1995). A national survey found that one in five men aged between 18 and 30 years reported drinking 10 or more drinks a night connected to their participation in sport (Duff, Scealy & Rowland 2004). The drinking practices within sporting clubs are seen as normal and expected practices (Rowland & Toumbourou 2009).

Rural traditional masculine culture: risk taking and health behaviour

Farming and fishing historically have been and remain male dominated (Coldwell 2010). There is a significant literature base which describes masculine practices and cultures in both fishing (Dowling 2007; Stella 1996) and farming (Liepins 2000). While there is more than one way of being masculine, traditional masculinity ideologies are associated with risk taking, physical and emotional toughness, competition and breadwinning (Connell 1995). Individuals with risky attitudes have also been found to report at-risk drinking practices (Green et al. 2007). AIHW (2008) research found that males in outer regional and remote areas were more likely than their city and regional counterparts to engage in personally risky behaviour, including working, driving or operating hazardous machinery in the previous 12 months while under the influence of alcohol or illicit drugs.

Traditional forms of masculinity are also linked to poorer health outcomes (Courtenay 2000). Health related behaviours such as alcohol consumption may be important in asserting particular masculine identities (Connell 1995; Courtenay 2000). O’Kane et al. (2008) explored health among rural NSW men and concluded that alcohol use remained intertwined with social and cultural traditions. They found that heavy drinking was seen as a male domain, particularly among young men, men did not talk about health amongst themselves and seeking help for health issues was considered a last resort.

In both fishing and farming, the prevalence of family owned and operated businesses mean that farming and fishing is more than just a job. Instead it can be considered a lifestyle enmeshed in a unique cultural context of being a farmer (Guthrie et al. 2009) or fisherman (Borgen et al. 2002) and essential to personal identity. As such, the masculine notions of independence, tenacity, survival, hard work and autonomy may be seen to be further embedded in and critical to the identity of fishers and farmers.

Risk taking and work safety

Farmer’s and fisher’s identities may influence their understanding of risk and their adoption of safer practices. In both fishing and farming, workers’ attitudes have been found to be a major barrier to the adoption of safety improvements and workers have been found to not feel sufficiently personally threatened by the likelihood of injury and accidents to change their practices despite awareness of formal risk assessments (ASCC 2006; Bye & Lamvik 2007; Eklof & Torner 2002, 2005). In both fishing and farming, injuries and accidents are viewed as a normal part of the job (ASCC 2006; Eklof & Torner 2005; Power 2008); workers report that ‘commonsense’, often passed down from fathers, is viewed as being sufficient to avoid injuries and accidents (ASCC 2006; Power 2008); and safety is perceived as less important than productivity and earning income, and equating with greater costs (ASCC 2006; Eklof & Torner 2002). Autonomy and self reliance are also highly valued in both fishing and farming. Several authors noted that some approaches to OH&S may be perceived as undermining these values, and safety perceived as an imposition of standards (ASCC 2006; Guthrie et al. 2009; Power 2008). These findings align with the systematic review on occupational injury in agriculture

conducted by Rautianen et al. (2009) who found that educational interventions alone were insufficient to bring about change, and that success was more likely if educational interventions were combined with other incentives such as financial benefits or legislative requirements.

Thus, masculinity becomes central to considerations of workplace culture and drug and alcohol use. However, some authors have critiqued a direct and simplistic link between hegemonic masculinity and health behaviours. For example, Macdonald (2006), asserting the need for a social determinants approach to men's health, argued the gendered approach to health is limited as it assumes men's health problems are a result of masculinity and 'men behaving badly' and, as such, perpetuates negative views of men. It is also worthy to note the concerns of Smith (2007) who suggested that men's reluctance to seek health-related help in Australia has resulted in social marketing approaches which typically align with hegemonic constructions of masculinity, therefore reinforcing traditional gender-roles and perhaps even reinforcing negative health behaviours among men. Smith (2007) suggested that considering multiple masculinities is critical to develop a range of interventions which target diverse men and resulting in a more adequate approach to targeting and addressing those most disadvantaged.

Study findings: Community culture of high risk alcohol use

The interview data strongly supported the view that drinking practices are learnt in families and passed on through family and peer relationships. Interview participants described children and young people learning to drink alcohol and learning that drinking was acceptable behaviour. For example:

We generally don't have an illicit drug problem, but definitely alcohol. Alcohol starts off at an early age in the community. The culture of a lot of the families is heavy consumption of alcohol so the kids are going to do it and it progresses on. (Paramedic)

I see plenty of young kids. I play footy for one of the local clubs and I see plenty of kids wiping themselves out every Saturday night. (Fisheries officer)

Participants reported an awareness of the risks and harm associated with alcohol consumption existed and were noted in the public sphere but were not perceived to have a widespread influence on drinking behaviour. For example, drinking was described as supported and encouraged by parents even when they acknowledged the potential harms of alcohol in their professional role:

Can I say to the extent that we've had teachers who advocate at school for not drinking and then allow underage drinking in their homes when there's parties. It's a culture and I have a real problem with the fact that it's accepted that the children drink and the parents are aware of it. It just seems that the parents just accept that the kids drink and obviously it's in the home. (School nurse)

Interview data described value in learning to be a competent drinker. Some participants described learning to 'hold your alcohol', as an important lesson that parents had a responsibility to impart and that they had learnt growing up. For example:

As a kid, I used to get a little bit of beer in a glass. I thought it was great. I let my kids drink at home because they need to know how to drink responsibly. (Pre-school teacher)

I said to [son], "Come over here, I'll teach you how to pour a beer, and then you can go backwards and forwards taking beers to the men." So he had a great time, and when he was between pouring beers for the blokes, he said, "Can I have a beer, mum?" Anyway, so I said, "Righto, you pour a beer, not a big one." Anyway, he poured himself – it was a bit bigger than I had anticipated for him because it was a cup about this size – and I tipped about half out and gave it to him. At least he's asking. (Community worker)

Some interview participants described how they learnt to drink when they were younger including the pattern of drinking. For example:

So on a Friday or Saturday night we went out and had drinks. We were still responsible. We'd have more than enough alcohol, [but] we were very responsible. And it all comes back to the way we were brought up I think, the influence from our parents, the do's and don'ts and the rights and wrongs [of drinking]. (Agricultural manager)

Enculturation of drinking from typical family and community practices was described as normal and expected. For example:

People growing up here they see their family, parents, older brothers and sisters using alcohol from a young age and I guess it's just what people do. (Harbour master)

Participants had views about what is normal for both the work role of fisher or farmer and for rural men. For example:

Yeah, people that are, like fishermen, the 'drug taking, the drinking fishermen' I mean, they all like a drink, every single one of them will like a drink. (Partner of a fishing worker)

Question: They drink a lot, and they don't see that there's any problem with that.

Answer: No, they don't because all their mates drink, so they've got to drink. (Farmer).

So you get in a shout of three and they have a dozen stubbies each for the night and someone is more plastered than the other two, the other two will say "Oh, we've got him on the ropes.". (College official)

... there's a lot of peer pressure as far as country blokes are concerned. There wouldn't be many country men that don't drink, because they work hard and at the end of the day they all enjoy a cold beer. That's just the way it is. I grew up with it. There wouldn't be many that don't drink, and so the pressure is there. (Partner of a farmer)

Other interview participants referred to peer pressure in relation to young people learning acceptable drinking behaviour and trying illicit drugs:

I only ever first smoked dope to keep in with my friends because my friends were doing it. That's how I got started. (Farm worker)

Just like skids out in the paddock or whatever. But then you wake up the next morning and you lay there and you think, why the hell, did I do that last night? ... Not a lot of peer pressure to drink, but when I've got pissed if they've said "Oh let's go do this and rah, rah" I'm like "Yeah, why not." It's all fun at the time, then you wake up in the morning and you think, why the hell, did I do that? (Farm employee)

Several key informants stated that alcohol is so highly valued that it is used as currency to pay for services.

It has currency both from a monetary point of view and if someone does a good deed for you and helps you out with whatever you might give them a slab of beer, for example. That slab of beer to a farmer, in terms of value it's \$40 but the amount of work that they gave you might be \$150. (Agricultural college official)

I get my fire wood in rum – I pay in rum. (CWA president)

Women and alcohol

Some key informants observed that women in primary industries drank as much alcohol as men did particularly in connection with social events.

There's a little bit of oestrogen in there these days too, because it used to be the blokes, but the stuff we see on Facebook, because we monitor a few Facebook sites because we get some really good information off them, and the girls are just as likely to say "I got absolutely smashed on Saturday night and I had 15 cruisers" and it's a badge of honour. (Police inspector)

Other participants referred to girls 'keeping up with the boys' and 'wearing bundy singlets and having utes, the symbols of hard drinking'. Several of the key informants were women and they described their own heavy drinking as common. They also emphasised learning to drink and teaching children to drink responsibly. However, when the women interview participants described the drinking practices of their partners and their workmates and the impact of those practices, the narratives were much more likely to be negative factors associated with drinking. The limited amount of data suggests women have a qualitatively different experience of drinking and rural alcohol use than men. The role of gender and drinking and the impact on rural women requires further investigation.

Sports and sporting events

Many respondents acknowledged that sporting clubs, in particular football clubs, were intrinsically associated with an extensive alcohol drinking culture. Bars contributed highly to the clubs income and alcohol advertising was strongly present at events encouraging alcohol use.

And I think the football club culture has got really really bad with the alcohol; it just seems that you have to drink if you're in the football club. (Partner)

I would say it's [football club] heavily involved. Yeah, there's a beer booth there on a Saturday afternoon. There's a lot of supporters that go there from about two in the afternoon until - well it closes about 5.30-6, so I'd say it's extremely involved. (Farm advisor)

Key informants reported risky behaviour of younger people at sporting clubs due to alcohol consumption. There was active rejection by young people of efforts to curb excessive alcohol use on the basis of having the right to enjoy themselves. Key informants also agreed with employees on the view that alcohol is the main fundraiser of a sporting club.

Probably the biggest social event for most smaller communities is their sporting clubs and so forth, and I can tell you, with lots of certainty, that if you're involved with a local sporting organisation, then their main fundraiser is actually their bar. There's a lot of alcohol consumed after these sporting events. (Nurse)

I play for a local footy team, so I also know that binge drinking is quite a big thing on the weekends. (Rural extension worker)

But in terms of the kids who are not yet at more senior levels of taking responsibility in the sporting clubs, from say 15, 16 to say mid 20s to late 20s age group, there's an awful lot of risky behaviour and rejection of that trying to curb the alcohol use a bit, so it's a very active rejection of that crap about responsible serving, and we get around that, and we want to still enjoy ourselves. (Community health worker)

Conclusion

Data collected in this study showed that drinking alcohol has a high value in the rural context. There was strong normative pressure to participate in drinking alcohol and belonging was demonstrated by joining in social activities and having symbols of alcohol displayed on cars and clothing. Alcohol was seen as such a valued resource that it could be used as currency to pay for work. Further, while harms were sometimes acknowledged, drinking practices were unaffected.

Drinking alcohol is a high status social practice in rural communities that is learnt by children and young people and maintained via community and social events. Drinking is integral to rural community life to the extent that acting responsibly is seen to include teaching children to drink alcohol and participate in drinking activities. The potential impacts of drinking alcohol on health status are poorly considered, even though awareness of risks is increasing because of external forces such as recommended drinking limits, drink driving legislation and advertising campaigns warning against the dangers of alcohol. However, the sanctions for not drinking have greater power in rural communities

than those external forces, particularly since social networks influence drinking practices more effectively than external factors (Norstrom 1995).

Drinking alcohol continues to be valued and supported in rural communities because it is integral to community life. Actions by individuals will not change the value of alcohol and those within the community who try to reduce alcohol use are likely to experience lower standing in the community including social exclusion (Lin 2001; Sewell 1992). Extensive community-level actions that become part of local social processes are likely to be most effective in changing local drinking practices. Community coalitions, local level feedback on harms and media advocacy encouraging social practices that minimise the role of alcohol are potential interventions for change in the long term (Czech et al 2010). For now, rural social capital is created and maintained around drinking alcohol even though this is, at least in part, responsible for poorer rural health status. Efforts to reduce rural alcohol consumption will only be successful if the benefits of not drinking outweigh the benefits of drinking.

Drinking alcohol was so ubiquitous that interview participants used words and phrases such as 'integral', 'intrinsic' and 'part of the culture' to describe how embedded drinking was as an everyday cultural practice. Even the two participants with exceptional views about problems associated with alcohol noted it was frequently consumed. Indeed, in this study drinking was described as a cultural practice that defined being rural. For example, social, sporting and community activities revolved around drinking alcohol rather than drinking being a component of those activities. There were community sanctions for outsiders who did not fit in because of not drinking (Lin 2001).

Results

This section summarises the project’s results against the objectives.

Table 8 Study objectives and results

Objectives	Results
<p>Describe primary industry workers’ drug and alcohol use and the way this is supported or encouraged in the workplace</p>	<p>Approximately 44 percent of study participants used alcohol at moderate to high risk or dependent levels</p> <p>Tobacco was the drug causing most concern for study participants and more than double the proportion of participants (36%) smoked tobacco than in the general population (17%).</p> <p>Illicit drug use is infrequent but cannabis is used at work by some study participants. Cannabis was the illicit drug used by most participants (13.6%) in the previous 12 months</p> <p>Drug and alcohol use during work is not supported by employers or most employees. However many farming and fishing workers attend work still intoxicated or hung over.</p> <p>Workplace tasks usually take precedence over the physical state of employees.</p>
<p>Describe the impact of drug and alcohol misuse on the physical and mental health of the primary industry workforce and workplace</p>	<p>There was limited awareness from participants of how much alcohol people were consuming and its long term health implications. A comparison of the Alcohol Use Disorders Inventory Test (AUDIT) score to interview responses indicated that participants were likely to round down how many drinks they consumed.</p> <p>The ability to work regardless of how much alcohol was consumed was perceived as a personal strength.</p> <p>Participants described the biggest potential impact of alcohol consumption as losing their driver’s licence. Other problems associated with alcohol consumption included spending too much money and being hung over at work.</p> <p>Only two study participants identified significant mental health problems associated with drinking or drug use. Several participants identified their drinking or drug use as protective against depression. Survey results found that high risk alcohol use was predictor of psychological distress. This indicates limited awareness of the negative mental health impacts of alcohol use.</p> <p>Alcohol use was clearly identified as negatively affecting the ability of employees to participate in work.</p>

Develop strategies to deliver healthcare and health promotion interventions consistent with workplace culture and participant preferences for healthcare delivery.

Few study participants used health care or support services. Those that did tended to go to medical services for treatment of illness or injuries.

Participants who had tried to use mental health or drug and alcohol services described little or no access to local services and restrictions on access to regional services.

Working hours, privacy and confidentiality were identified as problems in accessing health care.

Alcohol use problems were attributed to individual weakness and people with problems were expected to be able to solve them themselves.

There was strong community support for high risk alcohol use, alcohol was ubiquitous at social and recreational events; and there was little or no community support for reducing alcohol consumption.

An intervention strategy to reduce alcohol use is required. Lengthy working hours and preference for confidentiality and privacy suggest an on-line screening and brief intervention for alcohol use would be most effective.

The efficacy and impact of on-line alcohol interventions have been proven. However, ways of getting the farming and fishing workforce to use such a product would need to be identified. Industry support and promotion of an on-line intervention will be critical to reducing alcohol consumption.

A campaign that raises awareness among employers of the potential loss in productivity as a result of employee's substance misuse, would appear to be a logical and critical first step to reduce risk and improve the health and safety of employees.

Health promotion campaigns targeted at primary industries employees about illicit drug use should concentrate on harms and risks associated with marijuana use.

Restrictions on smoking in the workplace would assist in reducing tobacco consumption.

Implications

The findings of this study suggest high levels of drug and alcohol use among farm and fishing workers. For this population group, the pressures of weather, harvest and workforce shortages strongly influence employers' levels of acceptance of substance use by employees. Accidents, lowered work performance, absenteeism and damage to equipment resulting from alcohol use were described by employees, employers and partners, which is consistent with other research findings about the cost and consequences of alcohol use (Laslett et al. 2010; Collins & Lapsley 2008). Even though some employers identified intoxicated employees, they considered the need to get the job done outweighed the associated risks of allowing the employee to continue working. There were clear conflicts of interest between employers and employees interests in the workplace.

Given the limited action taken by employers for substance-affected employees, along with their focus on productivity, a campaign that raises awareness among employers of the potential loss in productivity as a result of employees substance misuse, would appear to be a logical and critical first step to reduce risk and improve the health and safety of employees. While some large employers do have 'new starter' drug and alcohol testing, most employers do not have strategies in place to either identify or manage substance affected employees and those that do, do not use them. Workers' compensation is complicated and interview participants demonstrated a lack of knowledge about their rights and responsibilities in this area in relation to intoxicated employees. While there are significant financial costs associated with addressing substance use in the workplace, there are even more costs if it is not addressed. While workforce shortages are the predictable short-term result of refusing to support intoxicated or hung-over employees, in the long-term the health and safety of the workforce will improve and support increased productivity.

The strong relationship between drug and alcohol use and the primary industries workplace reflects a rural masculinist culture. Addressing drug and alcohol misuse will require attention to the rural and cultural imperative. Problematic substance use, especially alcohol, goes to the heart of industry productivity even though most people do not connect out of work substance use with workplace health and safety. Challenges include making interventions fit within the industry context and work practices. Employers may need advice and support in order to be able to address substance use, particularly alcohol, directly with employees and to develop workplace practices that discourage alcohol use. Farm and fishing workers need ready access to information and support to reduce harmful alcohol and tobacco use.

Adoption/commercial pathways

The results of this study will be presented at scientific conferences, but the major impact on rural and remote communities will be through reporting of these findings through the media and through dissemination through meetings where the target groups gather such as field days and agricultural shows. The critical element of adoption at this stage of the project is raising awareness of drug and alcohol misuse and related risks. Stage two of the project will trial an on-line alcohol intervention package and adoption and promotion of the package by industry representatives will be critical to changing drug and alcohol use in rural industry.

Drug and alcohol intervention strategies have been extensively researched and a robust evidence base has been established (Loxley et al. 2004). Screening to identify individuals who drink alcohol, followed by the provision of brief advice and information (brief intervention) for those drinking too much can reduce consumption among low-dependence drinkers by an average of 21 per cent for males and 8 per cent for females, and facilitate appropriate referral for more highly dependent drinkers (Babor & Higgins-Biddle 2000). Improved detection rates provide greater opportunities to utilise intervention strategies appropriate to specific community settings, utilising locally available and acceptable resources. Alcohol screening and brief intervention is more likely to be effective and sustainable when its role in the broader provision of services is clearly identified and understood.

Recent work in rural communities in NSW shows that the relationships between various medical, healthcare, education and community workers are very specific to individual communities (Allan 2009; Czech et al. 2010).

Addressing problematic alcohol use is challenging in a climate of strong community support for risky drinking. The unavailability of local healthcare and support services and at a convenient time for farm and fishing workers is a significant barrier for those who wish to reduce their substance use. The implementation and evaluation of an on-line intervention for risky alcohol consumption offers an effective way to reduce individual workers' consumption and associated harms.

In the community setting, primary industry workplaces and healthcare facilities will be the target audiences. At this level, awareness of the risks associated with drug and alcohol misuse, potential impacts and useful interventions relevant to the primary industry workplace will be the key messages. At government and policy level, both industry and healthcare sectors can use the project findings to inform national and state workplace policy directives and health promotion campaigns that link to existing rural and remote health initiatives. A reduction in drug and alcohol use by farm and fishing workers is likely to result in increased profitability and sustainability of Australian rural industries as workplace injury and absences are reduced.

Recommendations

The recommendations arising from this project are targeted at government and industry policy-makers as well as industry leaders and employers.

- Disseminate project findings through national policy processes such as the National Preventative Health Strategy.
- Build strong and sustainable alliances between the rural sector and healthcare providers to facilitate input into, and support for, strategies arising from these project findings.
- Employers be assisted by primary industry leaders to address risks from drug and alcohol consumption and improve the safety of their employees.
- Development of an intervention strategy targeting reductions in alcohol-related harms during high risk drinking times in farming and fishing communities, and evaluate its cost-effectiveness.
- Examine the role and influence of drug and alcohol use on the health and wellbeing of farming and fishing family members, to identify the most appropriate strategies for reducing drug and alcohol related harms experienced by family members.
- Develop an on-line alcohol intervention for farm and fishing workers, and evaluate its effectiveness for reducing their alcohol use and risk of alcohol-related harm.

Appendix A. Interview questions

Semi structured Interview Schedule – Farm and fishing workers drug and alcohol use

- Can you tell me about your job?
 - Prompts – how long have you been working here?
 - Do you work other places?
 - Good things and bad things
 - Relationship to seasons
- Can you tell me about your family?
 - Prompts – work involvement, ages of children etc
- This project is about drug and alcohol use. Can you tell me about any drugs or alcohol that you use?
 - Prompts – how often, how much, with who, ask about prescription drugs and tobacco (use product or slang names used by interviewee from this point or just say drugs or just alcohol as identified)
- Tell me about the other people you work with. Do they use drugs and or alcohol?
 - Prompts - how often, how much, with who
- What are the good things about drugs or alcohol?
 - Prompts – social activities, emotional or mental effects
- Can you tell me about any problems you have experienced from using drugs or alcohol?
 - Prompts –problems related to work, family, community
- What about when problems experienced when someone else has been using?
 - Prompts – violence, crime, accidents
- If someone has a problem with drugs and/or alcohol what do you think would help them?
- If you had a problem or were sick where would you get help?
 - Prompts – sources of treatment, sources of information
- Describe any problems getting help when you needed it?
- Any other comments or questions?
- Ask for consent to complete the survey.

Appendix B. Coding framework (from Pidd et al. 2006)

1. WORKPLACE CONDITIONS

- a. Work pressures -What types of work pressures are experienced/described?
- b. Family relships and workplace
- c. Living on worksite
- d. Task complexity
- b. Work patterns - What work patterns are described?
- c. Work environment - How is the physical environment of workplace described
 - a. Equipment, environment
 - b. Working alone
- d. Work dangers/risks - What workplace dangers or risks are described?
 - a. What physical impacts of work are described?
- e. Control over workplace
 - a. Natural weather
 - b. Production and planning (employing staff, markets, supply chain)
 - c. Regulation (external)
 - d. Job security

2. WORKPLACE CONTROLS: factors that contribute to substance availability in the workplace

- a. Policies and rules - How are policies and rules described?
 - a. What policies exist
 - b. Formal D&A strategies - How are managers and management processes described?
 - c. Informal D&A strategies – what managers permit or prevent
 - d. How is employer responsibility for addressing D&A described?
- b. Supervision - How are supervision and visibility described
 - a. Levels of supervision
 - b. Descriptions of low visibility
- c. Substance controls - What controls over substance use are described?
 - a. Physical availability
 - b. Social availability (given alcohol, encouraged to drink)
- d. Workers comp/insurance - What workers comp/insurance issues are described?

3. EXTERNAL FACTORS

- a. Family norms / behaviours - How are family norms/values/behaviours about substance use described?
 - 1. Activities
 - 2. Risks
 - 3. Benefits
- b. Community norms / behaviours - How are community norms/values about substance use described?
 - a. Activities
 - b. Risks
 - c. Benefits
- c. Friends norms / behaviours - How are friends norms/values/behaviours about substance use described?
 - a. Activities
 - b. Risks

- c. Benefits
- d. Family comments - What do family members say about levels, patterns of use?
 - a. Alcohol
 - b. Drug use
- e. Substance user constructions - What ways are problem drinkers described?
 - a. By family
 - b. By community
 - c. What variations between communities can be identified?
- f. Interventions/health services - What types of interventions or treatments are described?
 - a. Availability
 - b. Perceptions of intervention
- g. Community data relating to use – crime, suicide, violence, hospital separations by sex and age for each site compared to state average

4. WORKPLACE CULTURE

- a. Workplace expectations and behaviours:
 - 1. What substance use is described as acceptable
 - 2. When is substance use acceptable?
 - 3. When does it occur but is described as unacceptable
 - 4. When is substance use resisted or change sought
- b. Sub- cultures - Who is described as using substances
- c. Work identity - How is the occupation described?
- d. Work-related social events - What work-related social events are described?
 - a. What relationships/networks exist
- e. Workmate construction - How are workmates with problems described?
 - a. Social problem
 - b. Individual problem
- f. Workplace safety - What ways is workplace safety described?
- g. Workplace health interventions - What types of supportive interventions or treatments are described?
 - a. Availability
 - b. Accessibility
 - c. Who finds interventions acceptable?

5. PATTERNS OF EMPLOYEE SUBSTANCE USE

- a. Types of drugs used – survey
- b. Frequency, pattern, amount (Binge vs regular use)
- c. When, where, with who
- d. Planning for use
- e. Construction of problems history - What reasons are given for using/not using substances?
 - a. How is history of substance use described?
- f. Impacts - How are impacts of substance use described?
 - a. What impacts exist and on who
 - b. What are the consequences of substance use
 - 1. To me
 - 2. At work
 - 3. At home
 - 4. In the community
 - c. Impacts – audit
 - d. Impacts – k10
- g. Strategies - How do people manage the impacts of use

- h. Interventions – how are experiences of or needs for interventions/treatment for substance use described?

6. GENDER

- a. W EXP of partners - What are women's experiences and perceptions of partners and their substance use?
- b. W EXP of men - What are women's experiences and perceptions of men and their substance use?
- c. W EXP of own - What are women's experiences and perceptions of their own role and substance use?
- d. M EXP of partners - What are men's perceptions and experience of partner's and their substance use?
- e. M EXP of women - What are men's perceptions and experience of women and their substance use?
- f. M EXP of men? – men's expectations of other men and substance use
- g. Other Gender related statements?

7. CULTURE/ETHNICITY

- a. General statements

8. INTERVENTION STRATEGIES – knowledge about what works or suggestions about what would work

FREE NODES

- a.) Employer expectations: finance, wages, working hours, training
- b.) Gambling: any statements about gambling
- c.) Job role: Employees description of work duties, title, wages, name of job, responsibilities
- d.) Migrant workers: any statements about migrant workers, backpackers etc
- e.) Quantity: any statement about how much alcohol or drugs are consumed
- f.) Sayings: phrases, platitudes, jokes, slang etc
- g.) Tobacco: any statements about smoking tobacco, quitting, cost

Appendix C. Survey form

Pseudonym

Site Code

A Survey for Farming and Fishing Workers

2010

Version 3

The *Farming and Fishing Worker Survey* is being conducted as part of a study on drug and alcohol use in the farming and fishing industry. Researchers for the study come from The Lyndon Community, Monash University, Charles Sturt University and the University of New South Wales.

Personal details

1. What is your sex?
 Male
 Female
2. How old were you on your last birthday?
Please write your age in years: _____
3. Where were you born?
Please tick one box only
 Australia
 Another country ⇒ please write the country here: _____
4. Where were your parents born?
Please tick one box only
 Australia
 Another country ⇒ please write the country here: _____
5. What is the main cultural/ethnic group you identify with (e.g. Italian, Greek...) _____
6. Are you of Aboriginal or Torres Strait Islander origin?
Please tick one box only
 No
 Yes, Aboriginal
 Yes, Torres Strait Islander
 Yes, both Aboriginal and Torres Strait Islander
7. Which of the following best describes your highest level of education?
Please tick one box only
 Primary school
 Some secondary / high school
 Completed secondary /high school to Year 10 level
 Completed secondary /high school to Year 12 level
 Certificate qualification from TAFE
 Apprenticeship or similar
 Diploma qualification from TAFE
 University Bachelor degree or higher
8. What is your current relationship status? *Please tick one box only*
 Never married
 Widowed
 Divorced
 Separated but not divorced
 Married or de facto or living with life partner
 Yes, I have a partner but we do not live together
 Yes, I have a partner and we do live together
9. How many dependent children are currently living with you all or most of the time? _____

Money and work

10. What is your main source of income?

Please tick one box only

- No income
- Paid work (e.g. wages, salary, own business)
- Youth allowance
- ABSTUDY payment
- AUSTUDY payment (students aged 25 yrs or older)
- Disability support pension
- Age pension
- Parenting payment
- DVA pension or support
- Other government payment (Please write in: _)
- WorkCover / workers compensation
- Maintenance / child support (from previous partner)
- Spouse's / partner's income
- Dependent on family or friends
- Other source of income (Please write in: _____)

11. Which of the following best describes your current work situation?

Please tick one box only

- Worked for wages/salaries, or in your own business, for 35 hours or more last week
- Worked for wages/salaries, or in your own business, for less than 35 hours last week
- Employed but temporarily not working due to ill-health/workers compensation, a shift arrangement, a strike or lockout, or waiting to start a new job last week
- Unemployed, but looking for work and available to start work last week
- Other
(Please specify: _____)

12. Do you work on your own farm or boat as well as for an employer on their farm, boat or industry related business? Yes / No

13. Which of the following groups would represent your combined household annual income, before tax, from all sources? *Please tick one box only*

\$78 000 - or more (\$1500- or more /week)	<input type="radio"/>
\$52 000 - \$77,999 (\$1000- \$1499/week)	<input type="radio"/>
\$41 600 - \$51,999 (\$800- \$999/week)	<input type="radio"/>
\$36 400 - \$41,599 (\$700- \$799/week)	<input type="radio"/>
\$31 200 - \$36 399 (\$600- \$699/week)	<input type="radio"/>
\$26 000 - \$31 199 (\$500- \$599/week)	<input type="radio"/>
\$20 800 - \$25 999 (\$400- \$499/week)	<input type="radio"/>
\$15 600 - \$20 799 (\$300- \$399/week)	<input type="radio"/>
\$10 400 - \$15 599 (\$200- \$299/week)	<input type="radio"/>
\$8 320 - \$10 399 (\$160- \$199/week)	<input type="radio"/>

\$6 240 - \$8 319 (\$120- \$199/week)	<input type="radio"/>
\$1 - \$6 239 (\$1- \$119/week)	<input type="radio"/>
Nil - Negative income	<input type="radio"/>
Prefer not to say	<input type="radio"/>
Don't know	<input type="radio"/>

14. Which of the following best describes where you live when you are working and where you live when you are not working? (unemployed, in between jobs, off contract) *Please tick one box in each column below*

	(A) Where I live when working	(B) Where I live when not working
A house or unit I own or am buying	<input type="radio"/>	<input type="radio"/>
Private rental housing	<input type="radio"/>	<input type="radio"/>
Public housing	<input type="radio"/>	<input type="radio"/>
Community housing	<input type="radio"/>	<input type="radio"/>
Boarding/rooming house or hostel (own bedroom but shared bathroom and kitchen facilities)	<input type="radio"/>	<input type="radio"/>
Caravan	<input type="radio"/>	<input type="radio"/>
Hotel or motel room	<input type="radio"/>	<input type="radio"/>
Worksite (Property station, fishing boat, farm)	<input type="radio"/>	<input type="radio"/>
A squat, car, tent or makeshift dwelling	<input type="radio"/>	<input type="radio"/>
In state care or foster care	<input type="radio"/>	<input type="radio"/>
Crisis accommodation service for those who are homeless	<input type="radio"/>	<input type="radio"/>
Health or treatment facility (e.g. general hospital, psychiatric hospital, drug and alcohol detox/rehab)	<input type="radio"/>	<input type="radio"/>
Prison or other detention centre (including adult and juvenile facilities)	<input type="radio"/>	<input type="radio"/>
Other (please specify) _____	<input type="radio"/>	<input type="radio"/>

General Health & Wellbeing

The following questions ask about your general health and mental well-being.

15. These questions are about how you have been feeling over the past 30 days. For each question tick the box that best represents how you have been feeling.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
15a. During the last 30 days, about how often did you feel tired out for no good reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15b. During the last 30 days, about how often did you feel nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15c. During the last 30 days, about how often did you feel so nervous that nothing could calm you down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15d. During the last 30 days, about how often did you feel hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15e. During the last 30 days, about how often did you feel restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15f. During the last 30 days, about how often did you feel so restless you could not sit still?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15g. During the last 30 days, about how often did you feel depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15h. During the last 30 days, about how often did you feel that everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15i. During the last 30 days, about how often did you feel so sad that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15j. During the last 30 days, about how often did you feel worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Alcohol use

These questions are about your current and past alcohol use. Please tick (✓) ONE box for each question (AUDIT)

16.	How often do you have a drink containing alcohol?	Never <input type="checkbox"/>	Monthly or less <input type="checkbox"/>	2 to 3 times a month <input type="checkbox"/>	2 to 3 times a week <input type="checkbox"/>	4 or more times a week <input type="checkbox"/>
17.	How many standard drinks do you have on a typical day when you are drinking?	1 or 2 <input type="checkbox"/>	3 or 4 <input type="checkbox"/>	5 or 6 <input type="checkbox"/>	7 to 9 <input type="checkbox"/>	10 or more <input type="checkbox"/>
18.	How often do you have 6 or more drinks on one occasion?	Never <input type="checkbox"/>	Less than monthly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Daily or almost daily <input type="checkbox"/>
19.	How often during the last year have you found that you were not able to stop drinking once you had started?	Never <input type="checkbox"/>	Less than monthly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Daily or almost daily <input type="checkbox"/>
20.	How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never <input type="checkbox"/>	Less than monthly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Daily or almost daily <input type="checkbox"/>
21.	How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never <input type="checkbox"/>	Less than monthly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Daily or almost daily <input type="checkbox"/>
22.	How often during the last year have you had a feeling of guilt or regret after drinking?	Never <input type="checkbox"/>	Less than monthly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Daily or almost daily <input type="checkbox"/>
23.	How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never <input type="checkbox"/>	Less than monthly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Daily or almost daily <input type="checkbox"/>
24.	Have you or someone else been injured as a result of your drinking?	No <input type="checkbox"/>		Yes, but not in the last 12 months <input type="checkbox"/>		Yes, in the last 12 months <input type="checkbox"/>
25.	Has a relative, friend, doctor or other health worker been concerned about your drinking or suggested you cut down?	No <input type="checkbox"/>		Yes, but not in the last 12 months <input type="checkbox"/>		Yes, in the last 12 months <input type="checkbox"/>

26. At the present time, do you consider yourself? (mark one box only).

- A non-drinker
- An ex-drinker
- An occasional drinker
- A light drinker
- A social drinker
- A heavy drinker
- A binge drinker

27. How many times in the last 12 months that you worked, were you under the influence of alcohol at work (Please give best estimate to whole days, e.g. 2 days):

Number of days:

Drug use other than alcohol

The questions in this section ask about your use of drugs **other than alcohol**.

28. Which of the following drugs, other than alcohol, have you used in the last 12 months?

Prescribed medication	<input type="checkbox"/> Please specify, _____
Over the counter medication (e.g. NoDoz, pain killers, anti-inflammatories)	<input type="checkbox"/> Please specify, _____
Tobacco	<input type="checkbox"/>
Amphetamines (e.g. speed, ecstasy uppers, goey, crystal meth, ice)	<input type="checkbox"/> Please specify, _____
Heroin/opiates	<input type="checkbox"/>
Cannabis (yarni, marijuana, pot, weed)	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>
No drug of concern	<input type="checkbox"/>

29. Which of the following drugs, other than alcohol, have caused you concern in the last 12 months?

Prescribed medication	<input type="checkbox"/> Please specify, _____
Over the counter medication (e.g. NoDoz, pain killers, anti-inflammatories)	<input type="checkbox"/> Please specify, _____
Tobacco	<input type="checkbox"/>
Amphetamines (e.g. speed, ecstasy uppers, goey, crystal meth, ice)	<input type="checkbox"/> Please specify, _____
Heroin/opiates	<input type="checkbox"/>
Cannabis (yarni, marijuana, pot, weed)	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>
No drug of concern	<input type="checkbox"/>

30. Which drug/s in the last 12 months did you find you couldn't stop or cut down your use of, even though you wanted to or tried to?

Prescribed medication	<input type="checkbox"/> Please specify, _____
Over the counter medication (e.g. NoDoz, pain killers, anti-inflammatories)	<input type="checkbox"/> Please specify, _____
Tobacco	<input type="checkbox"/>
Amphetamines (e.g. speed, ecstasy uppers, goey, crystal meth, ice)	<input type="checkbox"/> Please specify, _____
Heroin/opiates	<input type="checkbox"/>
Cannabis (yarni, marijuana, pot, weed)	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>
No drug of concern	<input type="checkbox"/>

31. How many times in the last 12 months that you worked, were you under the influence of drugs other than alcohol while at work (Please give best estimate to whole days, e.g. 2 days):

Number of days:

Harms from Alcohol & other Drug Use

The following questions are about harms that you might have experienced as a result of someone drinking alcohol or using drugs:

32. In the last 12 months did any person affected by alcohol...? *(mark all the boxes that apply).*

	Yes	No
Verbally abuse you	<input type="checkbox"/>	<input type="checkbox"/>
Physically abuse you	<input type="checkbox"/>	<input type="checkbox"/>
Put you in fear	<input type="checkbox"/>	<input type="checkbox"/>

33. In the last 12 months did any person affected by drugs other than alcohol...? *(mark all the boxes that apply).*

	Yes	No
Verbally abuse you	<input type="checkbox"/>	<input type="checkbox"/>
Physically abuse you	<input type="checkbox"/>	<input type="checkbox"/>
Put you in fear	<input type="checkbox"/>	<input type="checkbox"/>

If No to all in 32 and 33, Skip to 35 on page 15

34. Which of the following persons affected by alcohol or other drugs were responsible for the incident(s) referred to above? (Select each of the incidents that occurred to you from the top row, and moving down the list of persons, mark all that apply)

	Verbal Abuse	Physical Abuse	Put you in fear
Spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other house/flat resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current boy/girl friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Former spouse/partner/ boy/girl friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work mate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other person known to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. How many times in the last 6 months that you worked, did a workmate affected by alcohol or other drugs verbally abused you or put you in fear, but not physically assaulted you?

Approximate number of times

Number of times you reported to police

No incident occurred (go to Question 37)

36. Where did the incident/s occur?

- At home
- At someone elses home
- In a pub or club
- At work
- In the street/on public transport
- Other, please specify

37. How many times in the last 6 months that you worked, did a workmate affected by alcohol physically abused or injured you?

Approximate number of times _____

Number of times you reported to police _____

Number of times you got medical attention _____

No incident occurred (go to Question 39)

38. Where did the incident/s occur?

- At home
- At someone elses home
- In a pub or club
- At work
- In the street/on public transport
- Other, please specify

The next questions are about things you may have done while under the influence of alcohol or other drugs.

39. How **many** times in the past 12 months, while **under the influence** of alcohol, have you:

	Never	Number of times
Driven a car?	<input type="radio"/>	___
Operated heavy machinery?	<input type="radio"/>	___
Driven a boat?	<input type="radio"/>	___
Created a public disturbance or nuisance?	<input type="radio"/>	___
Verbally abused someone?	<input type="radio"/>	___
Physically assaulted someone?	<input type="radio"/>	___
Stolen goods or damaged property?	<input type="radio"/>	___

40. How **many** times in the past 12 months, while **under the influence** of drugs other than alcohol, have you:

	Never	Number of times
Driven a car?	<input type="radio"/>	___
Operated heavy machinery?	<input type="radio"/>	___
Driven a boat?	<input type="radio"/>	___
Created a public disturbance or nuisance?	<input type="radio"/>	___
Verbally abused someone?	<input type="radio"/>	___
Physically assaulted someone?	<input type="radio"/>	___
Stolen goods or damaged property?	<input type="radio"/>	___

Use of Health Services

The questions in this section ask about your use of health services over the past 3 months.

41. During the past 3 months (90 days):

41a. How many times have you had to go to the accident and emergency department for any physical or mental health problem?

_____ times

42b. How many nights total did you spend in a hospital for any physical or mental health problem?

_____ nights

43c. How many times did you see a doctor in a GP office or outpatient clinic for any physical or mental health problem?

_____ times

44d. How many days did you take prescribed medication for any physical or mental health problems?

_____ days

45e. Please specify the type of medication taken:

- Anti-depressant
- Anti-anxiety
- Anti-psychotic
- Alcohol medication
- Other medications, please specify

Thank you for your help.

Thank you very much for your help. Please give your survey to the Researcher in the envelope provided.

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Drug and Alcohol Use by Farm and Fishing Workers

by J. Allan, P. Meister, A. Clifford, K. Whittenbury, M. Alston, P. Ball

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This study collected qualitative and quantitative data to describe farm and fishing workers' use of drugs and alcohol, their understanding of drug and alcohol related harms and the influence of workplace culture on drug and alcohol use.

It is for rural industry employers, employees and policy makers, health policy makers and contains important findings for rural communities who are integral to rural industries.

The research was conducted in Victoria and New South Wales. Research sites included grain, sugar, cotton and fishing as the key rural industries. Farming and fishing employees make up three and a half per cent of Australia's total workforce but are a much more significant part of rural communities. This research will benefit employers, employees and rural communities across Australia.

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