

Alcohol and drug use amongst fishing and farming workers: preliminary indications, perceptions and implications

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Work related drug and alcohol use is increasingly being recognised as a significant issue in Australia which warrants further investigation. Previous substance misuse research identifies relationships between drug and alcohol use and mental health problems (Harris & Edlund 2005), physical injury, reduced workplace productivity, accidents (Pidd et al 2006), drink-driving (Harrison 1996) and violence (Collins & Lapsley 2008). Alcohol in particular has been identified as a key factor affecting the health of Australians (National Preventative Health Taskforce 2009). Furthermore, the co-occurrence of drug and alcohol and mental health problems, particularly depression and anxiety, is under-recognised and under-treated in Australia (Griffiths & Christensen 2008).

Workers are more likely to use drugs and alcohol than those who are not employed (Pidd et al 2006). There are also significant costs and consequences associated with this use including poorer physical and mental health; impacts on families, communities and others; reduced productivity; and increased risk of injury. As stakeholders have recognised the association between drug and alcohol use and workplace injury, performance and productivity, there is increasing attention being paid to intervention strategies for workers (Allsop & Pidd 2001). However, there is a lack of data on which to base these interventions, and previous research has been characterised by methodological difficulties and inconsistent results including diverse approaches, differing measures used to assess prevalence, under reporting, and a lack of evaluation (Allsop & Pidd 2001, ASCC 2007a, Pidd et al 2006).

Social context and culture has a significant impact on our practices. As Roche et al (2009) points out, while alcohol has been identified as 'integral to the Australian way of life', there is a lack of understanding about this cultural context which makes drinking meaningful. Considering culture in the workplace context is also critical, and recently, workplace culture has emerged as a concept for understanding patterns and prevalence of work related drug and alcohol use, and developing successful interventions (Pidd et al 2006).

The workplace is a distinct cultural environment within the larger community that can either support or inhibit the development of problem drinking among workers (Pidd et al)

The primary industry workforce

Approximately 3.5% of Australia's workforce is directly employed in farming and fishing industries, with the majority of workers being men and over half working in NSW and Victoria (ABS 2008, DEEWR 2008). In 2007-08, approximately 13 000 people were employed in commercial fishing (ABARE 2008). In the 2006 Census, 35% of all agriculture, forestry and fishing industry employees were labourers and related workers (Safe Work Australia 2010). With 90% of agricultural farms family owned and operated, over 70% of the workforce is over 35 years of age and there is a high rate of self employment and casual labour (ASCC 2006). Approximately 60% of the agricultural workforce is engaged in horticulture, fruit growing, grain, sheep and beef cattle (Safe Work Australia 2010).

While there are some indications, both empirical and anecdotal, that drug and alcohol use may be prevalent in certain fishing and farming sectors, there is a knowledge gap concerning how industry workplace culture supports or discourages this use. The perceptions and knowledge of substance use risks among the workforce

and their experience of related harm are unknown. Farming and fishing are recognised as hazardous industries and there are some indications that drug and alcohol use may be a contributing factor in some work related injuries and accidents. Furthermore, both fishing and farming have been acknowledged as experiencing pressure as a result of continually adjusting operations to remain economically viable in a challenging climate, and substance use has been associated with these pressures (Fragar et al 2008). Noting the lack of research, several authors have identified the need for in depth research on alcohol use and related harms in Australian farming communities (Fragar et al 2010; Miller et al 2010), and in the fishing industry (Carruthers, Boots & Midford 2002, Stella 1996).

While previous studies have tended to conceptualise drug and alcohol use as use which occurs only during work hours, the relationship between drug and alcohol consumption and impairment is not straight forward, and it cannot be assumed that use outside of work hours does not impact during work time. Therefore, this research employs an expanded definition of work related use. In recognition of the need to account for individual differences in patterns and use, and differences between communities and individual workplaces, this research employs the interactional workplace culture model of Pidd et al (2006). This model draws together previous theory and research and proposes that workplace conditions (eg, dangerous work, shiftwork, physical workplace features, lack of control over planning); workplace controls (eg, availability, policy, supervision levels and low visibility); external factors (eg, workers' pre-existing beliefs and behaviours regarding alcohol use, and those of families and broader communities); and workplace culture (eg, drinking subcultures, networks, norms and management culture) all interact with employee alcohol consumption. This research builds on this model by incorporating drug use, and by identifying and expanding knowledge relating to workplace culture, conditions, controls, external factors and employee use relevant to and evident in fishing and farming.

The Collaborative Partnership for Farming and Fishing Health and Safety has acknowledged that a change in farmers' and fishers' values and beliefs may improve health and safety in the industry. This research investigates farm and fishing workers' knowledge, perceptions and use of drugs and alcohol; their experiences of drug and alcohol related harms (physical and mental); and the interaction between workplace culture, controls and stressors, and drug and alcohol use. In recognition of the fact that women often contribute their labour with little recognition from themselves or others, this research also endeavours to incorporate women and other less visible groups of industry workers.

Methodology

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

- explore industry awareness of risks posed by drug and alcohol use
- describe farm and fishing workers perceptions and patterns of drug & alcohol use and physical, mental and social harms experienced from 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 and general health and workplace participation
- develop an intervention package to reduce alcohol and drug related harms among farm and fishing workers and improve health & safety.

The hermeneutic approach taken in this project permits a constructivist view of farming and fishing work (Guba & Lincoln 1991). The multiple perspectives include triangulation of data sources, analysis by researchers working from varied knowledge bases (gender, culture, health care service provision, bio-medicine and outcome measurement) and review of this analysis by primary industry representatives.

This project's comprehensive and in-depth investigation is detailing substance use and related impacts within the primary industries workforce across several industry sectors. Purposive sampling in six research sites across NSW, Victoria and Western Australia will recruit 170 interview participants—50 key industry and community leaders, 96 primary industry employees or contractors and 24 adult partners or family members of employees/contractors. In March 2011, 50 key informant interviews have been completed and industry employee interviews have commenced.

The in-depth semi-structured interviews are investigating perceptions of drug and alcohol use, patterns of drug and alcohol use, the context of workplace culture (seasonal effects, markets, employment practices), knowledge or experience of any strategies designed to minimise harm associated with drug and alcohol use, problems experienced as a result and knowledge of the relationship between high risk use and health impacts. Current sources of, and perceptions of, health information and intervention are identified.

A survey was administered to all consenting interview participants currently or recently working as an employee or contractor (n to date = 27). The survey comprised questions across a number of domains, including: demographics (including age sex, employment patterns, tasks and working hours, marital status and living situation). Drug and alcohol behaviours, alcohol-related harms and psychological and general health were measured with standardised instruments that have adequate evidence for their reliability and validity.

Qualitative data is being analysed thematically. Quantitative data will determine any relationship between participants' behaviours and experiences (dependent variables) and perceived knowledge and attitudes (independent variables) using univariate logistic regression analysis. In particular the two analyses will identify differences in knowledge, perceptions and experiences between participants assessed to be at high risk of alcohol and/or drug related harm, with those assessed to be moderate to low risk. The manner in which workplace environment and culture might influence drug and alcohol behaviours and pose a risk to workplace safety is of particular interest.

Preliminary findings

The findings presented are a selection from preliminary analysis of key informant interviews in two farming sites and industry employee interviews and surveys completed in one farming site.

Patterns of use

Alcohol is used by the majority of interview participants including key informants. Key informants typically described worker's alcohol use as heavy and daily.

Industry workers interviewed to date reported their average daily consumption of 4 to 6 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. However, a minority of industry workers described never or rarely drinking alcohol and others described their alcohol use as decreasing as they got older.

Around one fifth of interview participants had used cannabis on a regular basis in the past.

All interview participants described illicit drugs as available in their town. However, no interview participants stated they currently used any illicit drugs.

Several farm worker participants stated they used prescription medication. Products identified included painkillers and anti-depressants.

A majority of interview participants smoked and described their use of tobacco as a concern to them.

Awareness of risks related to substance use

Interview participants who smoked tobacco are keenly aware of the health risks associated with smoking. Most stated they wanted to stop smoking including identifying tobacco in the survey as a substance they could not stop or cut down use of, even though they wanted to or tried to.

Key informants identified daily consumption of alcohol as a health concern stating that daily consumption of 5 or 6 schooners of beer was typical of many men, not only primary industry employees.

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 Nurse)

One key informant described loyalty to alcohol increasing with geographical distance, and a stronger and more visible presence of the masculine identity.

...loyalty to or promotion of alcohol that 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. (Police Officer)

Industry worker participants *did not* identify 5 or 6 schooners of beer as having health impacts. Risks related to substance use were described as getting in fights when drunk, drinking in places where fights frequently occur and being caught for drink driving.

Blood alcohol limits for drivers were introduced into 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. The harm is not associated with the impact of alcohol itself, or even the effect of alcohol on an individual's driving but the result of being caught.

Socialising and communication in rural areas is perceived as reduced because of people limiting their driving rather than limiting the amount they drink. 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.

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)

Substance use and work

While all participants felt that alcohol consumption was heavy amongst farm workers, there were also differences noted amongst differing population groups. For example, it was felt 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 badly affected by large quantities of alcohol and they became more responsible and family oriented. However, this group of men over twenty five or thirty years of age were perceived to drink heavily and regularly;

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. (Medical Practitioner)

Most interview participants noted that drinking while at work was not acceptable. Examples were given of colleagues and acquaintances who had lost contracts or been laid off because of either drinking or being affected by alcohol while at work; or being unreliable or unable to complete tasks because they were hung-over. The risk to machinery, stock and other workers (in that order) was identified as the main reasons for not being alcohol affected at work. For example:

They're using it, yeah. That's six blokes up in [town] here, just only about three weeks ago now, that were sacked from the shearing shed for using. Marijuana and drinking on the board at lunch time. I don't agree with the drinking on board at lunch time or the smoking, it affects you. And the hand piece is a very dangerous thing. If they find out you're drinking or drugs, your compensation's all null and voided. (Shearer)

You can't let a pisshead be in charge of a million dollars of machinery (Farm worker)

However, not drinking 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. Then I had breakfast and shore 200. About ten 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)

A number of interview participants noted that business is done in the pub although less often than in past years. For example:

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)

While most participants felt that there was ample availability of workplace safety information which incorporated information relating to the farm as both the place of work and residence (eg, child farm safety), several participants discussed the lack of inclusion relating to drug and alcohol use in this material, including in farm safety courses at the agricultural college. For example;

Oh, none of the work that I can think of that I've been involved in, have we ever really sort of thought about that [drug and alcohol use] from a safety perspective. Usually when we sort of think about safety, we think about safe use of chemicals and things like that. (OH&S Educator)

Addressing problematic substance use

The notion of problematic substance use as an individualised problem with an individualised solution was very apparent in the interview findings. Key informants and industry workers clearly identified personal responsibility and individual action as critical to reducing or abstaining from substance use. For example;

I suppose go home, get off the grog or get off your drug, that's the way it works. (Farm worker)

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. (Farm worker's wife)

Placing responsibility for addressing problematic substance use was closely tied to perceptions of alcoholics and substance users as troublesome, unemployed, crime participants with dysfunctional family histories. For example;

It also comes back to their family environment, their upbringing (Farm worker)

Wherever you have some lower socio economic groups, you'll have problems (Farm worker)

Implications for health care

Particular constructions of drug and alcohol use and users shape both the perception of users and the nature of responses to drug and alcohol related harm (Allsop & Pidd 2001). The most common conceptualisation of use relates to individual deviance, which infers that negatively stereotyped users, for example 'alcoholics', are most likely to exhibit behaviours associated with harm, including in the workplace. This perception aligns with the medical model which constructs the drug user as a social victim and apports blame for addiction within the individual and the drug itself (Midford 2001). These individualistic constructions lead to individual based interventions which are targeted to those within the narrowly defined stereotypical group (Allsop & Pidd 2001). Interview participants in this study clearly perceive drug users and alcoholics as poor people with dysfunctional families who are likely to be engaged in crime. Solutions to substance problems are also perceived to be found within the individual rather than supportive others.

The critical factors affecting the implementation and success of any health care targeting substance use by farm workers are:

- The central role alcohol plays in rural life, particularly in relation to establishing and maintaining social and business relationships but also as an integral part of daily life
- A lack of recognition or perhaps denial by high risk drinkers of the long term impacts of alcohol

- A commonly held belief that addressing problematic substance use is the responsibility of the individual and the ability to do that comes from within that person
- The diversity of the rural workforce including a pool of casual mobile, frequently migrant, labour

While the alcohol consumption of men featured more dominantly in interview participant's discussion, it may be the case that the male dominated nature of the farm sector renders the drinking of women less visible. The most challenging aspect relating to possible future interventions in this study is the dilemma between the critical importance of opportunities for social interaction, coupled with the fact that alcohol is so deeply entrenched and associated with social interaction. The less visible subculture of illicit drug use requires further exploration, and there is also a need to consider campaigns relating to substances such as energy drinks and over the counter stimulants which some people may be using as a substitute for alcohol.

References

- ABARE (2008) Australian Fisheries Statistics 2008 Employment ABARE
http://www.abare.gov.au/interactive/09_afs/htm/chapter_3.htm
- Allsop, S. & Pidd, K. (2001). The nature of drug related harm in the workplace In Allsop, S, Phillips, M & Calogera, C eds *Drugs and Work: Responding to alcohol and other drug problems in Australian workplaces*, IP Communications, Melbourne, pp 5-20
- Australian Bureau of Statistics (2008) *Labour Force Australia*, February 2008
- Australian Safety and Compensation Council—ASCC (2006) *Beyond Common Sense: a Report on the barriers to adoption of safety in the agricultural industry* Department of Employment and Workplace Relations
- Australian Safety and Compensation Council—ASCC (2007a) *Work-related alcohol and drug use: A fit for work issue*, Department of Employment and Workplace Relations <http://www.workplace.gov.au/NR/rdonlyres/B959FB32-EFB9-4D65-9B0A-91FFF99434BF/0/ALMUApril08.pdf>
- Carruthers, S, Boots, K & Midford, R (2002) Perceived and self reported illicit drug use among fishing industry workers on the mid-north coast of Western Australia, *Drug and Alcohol Review*, 21 (4), pp 357-62
- Collins, D & Lapsley, H (2008) The avoidable costs of alcohol abuse in Australia and the potential benefits of effective policies to reduce the social costs of alcohol. National Drug Strategy Monograph Series No. 66. Commonwealth of Australia
- Fragar LJ, Henderson A, Morton C & Pollock K (2008). *The mental health of people on Australian farms—the facts*. Canberra: Rural Industries Research and Development Corporation & Australian Centre for Agricultural Health and Safety.
- Griffiths, K., & Christensen, H. (2008). Depression in primary health care: from evidence to policy. *Medical Journal of Australia*, 188(8), S81-3. Retrieved February 15, 2011, from ProQuest Health and Medical Complete. (Document ID: 1468497191).
- Guba, E.G. & Lincoln, YS (1991). what is the constructivist paradigm? In DS Anderson & B Biddle (eds) *Knowledge for policy: improving education through research*. Falmer, London pp58-170
- Harrison, WA (1996) An exploratory investigation of aspects of drink-driving and enforcement in rural areas of Victoria, Monash University Accident Research
- Harris, KM & Edlund, MJ (2005) Self-Medication of Mental Health Problems: New Evidence from a National Survey, *HSR: Health Services Research*, 40(1), pp 117-134
- Midford, R (2001) The nature and extent of drug-related harm in the community and the implications for the workplace. In Allsop, S, Phillips, M & Calogera, C eds *Drugs and Work: Responding to alcohol and other drug problems in Australian workplaces*, IP Communications, Melbourne, pp. 42-56
- Miller, P, Coomber, K, Staiger, P, Zinkiewicz, L & Toumbourou, J (2010) Review of rural and regional alcohol research in Australia, *Australian Journal of Rural Health*, 18 (3), pp 110-117
- National Preventative Health Taskforce (2009) *Australia: the healthiest country by 2020 National Preventative Health Strategy—Overview*. Commonwealth of Australia. Accessed at [http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/AEC223A781D64FF0CA2575FD00075DD0/\\$File/Overview.doc](http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/AEC223A781D64FF0CA2575FD00075DD0/$File/Overview.doc)
- Pidd, K, Berry J, Harrison J, Roche A, Driscoll T & Newson R (2006) Alcohol and work: patterns of use, workplace culture and safety. *Injury Research and Statistics Series Number 28*. (AIHW cat no. INJCAT 82) Adelaide: AIHW
- Roche, A. M., Bywood, P., Freeman T., Pidd, K., Borlagdan, J., Trifonoff, A. (2009). *The Social Context of Alcohol Use in Australia*. Adelaide: National Centre for Education and Training on Addiction
- Safe Work Australia (2010) *Compendium of Worker's Compensation Statistics Australia 2007-08*
<http://www.safeworkaustralia.gov.au/swa/AboutUs/Publications/CompendiumofWorkersCompensationStatistics.htm>