ALCOHOL-RELATED HARMs AND RISKy DRINKING AMONG YOUNG PEOPLE IN VICTORIA, AUSTRALIA

BACKGROUND

Most studies of alcohol-related harms have focused on the most severe and least common harms (e.g. physical assault). Multiple binge-drinking campaigns have targeted these severe harms, which young people have evaluated as unrelatable and ineffective. We investigated a broader spectrum of alcohol-related harms and risky drinking among young people in Victoria, Australia.

METHODS

Participants: 15-29 year olds in Victoria, Australia

Recruitment: Emails, social media (Facebook, Twitter, Instagram)

Data collection: 2018 online Sex, Drugs and Rock ‘n’ Roll survey through REDCap

Measures: In the past 12 months, have you experienced any of the following alcohol-related harms (including physical, social, criminal, transport and sexual-related harms)? AUDIT-C categorised participant’s alcohol consumption as low (score <6) or high (score 7-12) risk

Analysis: We used logistic regression to test for associations between each alcohol-related harm and high-risk consumption (adjusting for age, gender and age at first alcohol consumption). Results are presented using odds ratios (OR) and confidence intervals (CI).

RESULTS

1272 participants

70% female

Mean age: 22

91% consumed alcohol in the past year

82% low risk drinkers

18% high risk drinkers

Participants categorised as high-risk had significantly higher odds of reporting each alcohol-related harm than low-risk drinkers

CONCLUSIONS

Participants experienced a broad range of alcohol-related harms including lower severity (e.g. arguing, not getting up for plans) and higher severity harms (e.g. memory loss, regretted/unwanted sexual activity). Harms were more common among high-risk drinkers. To design more effective alcohol harm prevention measures, it is essential to better understand the full range of negative effects experienced by young, risky drinkers. This knowledge can inform tailored alcohol risk reduction measures and broader population-level strategies.

Caitlin Douglass 1,2, Cassandra Wright 1,3, Megan Lim 1,2,4
1. Burnet Institute, Melbourne. 2. School of Population and Global Health, University of Melbourne. 3. Department of Public Health, La Trobe University. 4. School of Public Health and Preventive Medicine, Monash University.

@CaitlinDouglass
@BurnetInstitute
caitlin.douglass@burnet.edu.au
www.burnet.edu.au