

Introduction

Over the past decade, Australian national alcohol and other drug (AOD) data indicate:

1. a decline in risky drinking, and
2. an increase in illicit drug use (Australian Institute of Health and Welfare, 2017).

It is unclear whether this trend is evident across all population subgroups identified as at-risk of AOD harms. In particular, little is known about changes among high risk workforce groups.

Previous research has indicated that prevalence of AOD use varies according to employment status and across different industry groups (Pidd, Shtangey, & Roche, 2008a; 2008b). However, it is not clear if changes in AOD prevalence over time among these groups are consistent

with general population trends. This information is important for strategies that aim to reduce AOD related harm.

The current study examined patterns and correlates of AOD use across industry groups in 2007 and 2016.

Discussion and Conclusions

Results indicated that 10 year changes in population level AOD prevalence were more pronounced among those in paid employment compared to those not in paid employment.

Moreover observed 10 year trends were not consistent across workforce industry groups. While most of the workforce experienced a decline in risky drinking, similar to those not in the paid workforce, some industry groups

experienced a trend in the opposite direction. Regression analyses indicated that for those in paid employment, the industry of employment was a significant predictor of risky alcohol and illicit drug use, in addition to demographic factors.

Implications for Practice or Policy

Findings that changes in consumption patterns are not consistent across population subgroups reinforce the need for targeted and tailored strategies. In addition, ongoing monitoring is required to establish factors that contribute to differential consumption patterns.

Strategies need to identify and address individual, social, and structural factors that contribute to differential consumption patterns among particular high risk subgroups.

Method

Secondary analyses of 2007 and 2016 National Drug Strategy Household Survey (NDSHS) data.



Results

11,789 and 11,795 employed Australians, aged 14 or more years, completed the 2007 and 2016 NDSHS, respectively. Changes in AOD use amongst employed Australians were similar to the total population but more pronounced.

Between 2007 and 2016:

- lifetime risk drinking decreased by 4.4% among those in paid work and by 1.8% among those not in paid work
- weekly risk drinking decreased by 3.4% among those in paid work and by 1.7% among those not in paid work
- illicit drug use in the past 12 months increased by 2.5% among those in paid work and by 1.8% among those not in paid work (Table 1).

Compared to those not in paid work, decreases in lifetime risk and weekly risky drinking were significantly larger ($p < .0001$ and $p < .0001$ respectively) among those in paid employment as were increases in illicit drug use ($p = .0004$).

Industry groups

Trends in AOD use were not consistent across industries. In contrast to other industries that experienced a decline in lifetime and weekly risky drinking, workers in 3 industries reported increases (Figures 1 & 2).

Lifetime and single occasion risk drinking significantly increased among workers in:

- **construction** ($p = .04$ & $p = .03$, respectively)
- **agriculture** ($p = .0004$, & $p = .02$, respectively), and
- **education** ($p = .04$ & $p = .0005$, respectively) (Table 2).

Logistic regression analyses of 2016 data indicated that in addition to demographic variables such as age, gender, marital status, ethnicity (ESB/NESB) and education level, industry of employment was a significant predictor of lifetime drinking risk ($X^2(18) = 58.5$, $p < .001$), weekly risk drinking ($X^2(18) = 33.5$, $p = .015$), and illicit drug use ($X^2(18) = 60.9$, $p < .001$).

Table 1: Changes in AOD prevalence by employment status: 2007 to 2016

Drug use (last 12 months)						
	2007	SE	2016	SE	% DIFF	SIG
In Paid Work	15.1%	0.4%	17.6%	0.5%	+2.5%	$X^2 = 26.9$ $p < .0001$
Not in Paid work	10.8%	0.4%	12.6%	0.4%	+1.8%	$X^2 = 16.5$ $p < .0001$
Alcohol Lifetime Risk						
	2007	SE	2016	SE	% DIFF	SIG
In Paid Work	25.4%	0.6%	21.0%	0.5%	-4.4%	$X^2 = 64.1$ $p < .0001$
Not in Paid work	14.2%	0.4%	12.4%	0.4%	-1.8%	$X^2 = 14.8$ $p = .0001$
Alcohol Single Occasion Risk (weekly or more often)						
	2007	SE	2016	SE	% DIFF	SIG
In Paid Work	20.4%	0.5%	17.0%	0.4%	-3.4%	$X^2 = 44.8$ $p < .0001$
Not in Paid work	10.7%	0.4%	9.0%	0.4%	-1.7%	$X^2 = 17.2$ $p < .0001$

Source: 2007 & 2016 National Drug Strategy Household Survey data

Table 2: Changes alcohol risk prevalence by industry: 2006 to 2016

Alcohol Lifetime Risk						
	2007	SE	2016	SE	% DIFF	SIG
Agriculture	23.9%	2.8%	33.9%	3.7%	+10%	$X^2 = 12.9$ $p = .0004$
Construction	35.8%	2.1%	40.6%	2.7%	+4.8%	$X^2 = 4.0$ $p = .04$
Education	12.5%	1.2%	15.4%	1.6%	+2.9%	$X^2 = 4.2$ $p = .04$
Other industries	25.8%	0.6%	20.7%	0.7%	-5.1%	$X^2 = 72.1$ $p < .0001$
Alcohol Single Occasion Risk (weekly or more often)						
	2007	SE	2016	SE	% DIFF	SIG
Agriculture	17.5%	2.5%	23.2%	3.7%	+5.7%	$X^2 = 5.1$ $p = .02$
Construction	28.4%	2.0%	33.5%	2.6%	+5.1%	$X^2 = 4.3$ $p = .03$
Education	7.4%	1.5%	11.6%	1.5%	+4.2%	$X^2 = 12.3$ $p = .0005$
Other industries	21.0%	0.6%	16.8%	0.7%	-4.2%	$X^2 = 57.0$ $p < .0001$

Source: 2007 & 2016 National Drug Strategy Household Survey data

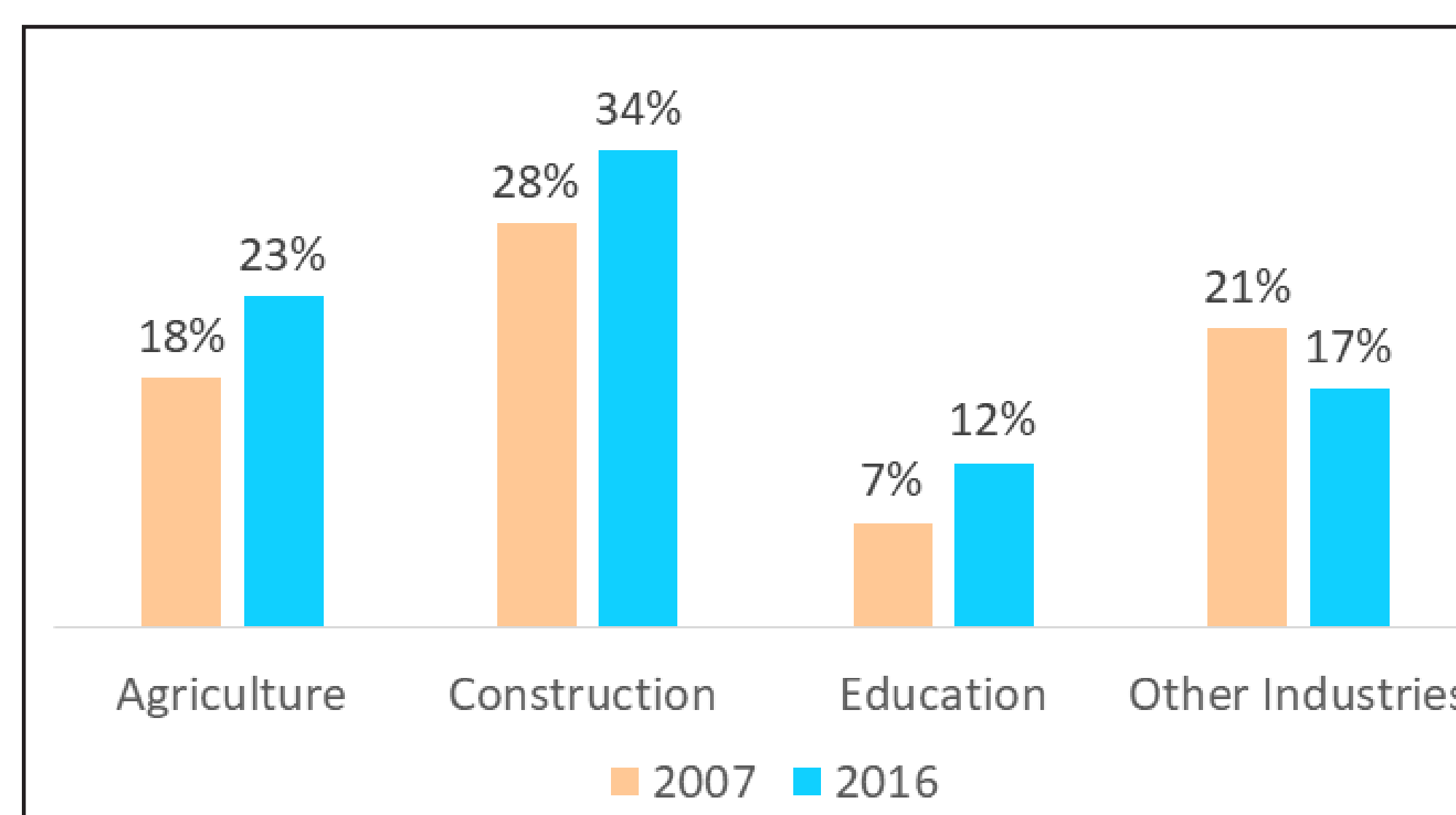


Figure 1: Single occasion risk drinking (weekly or more often) by industry (2007 - 2016 National Drug Strategy Household Survey data).

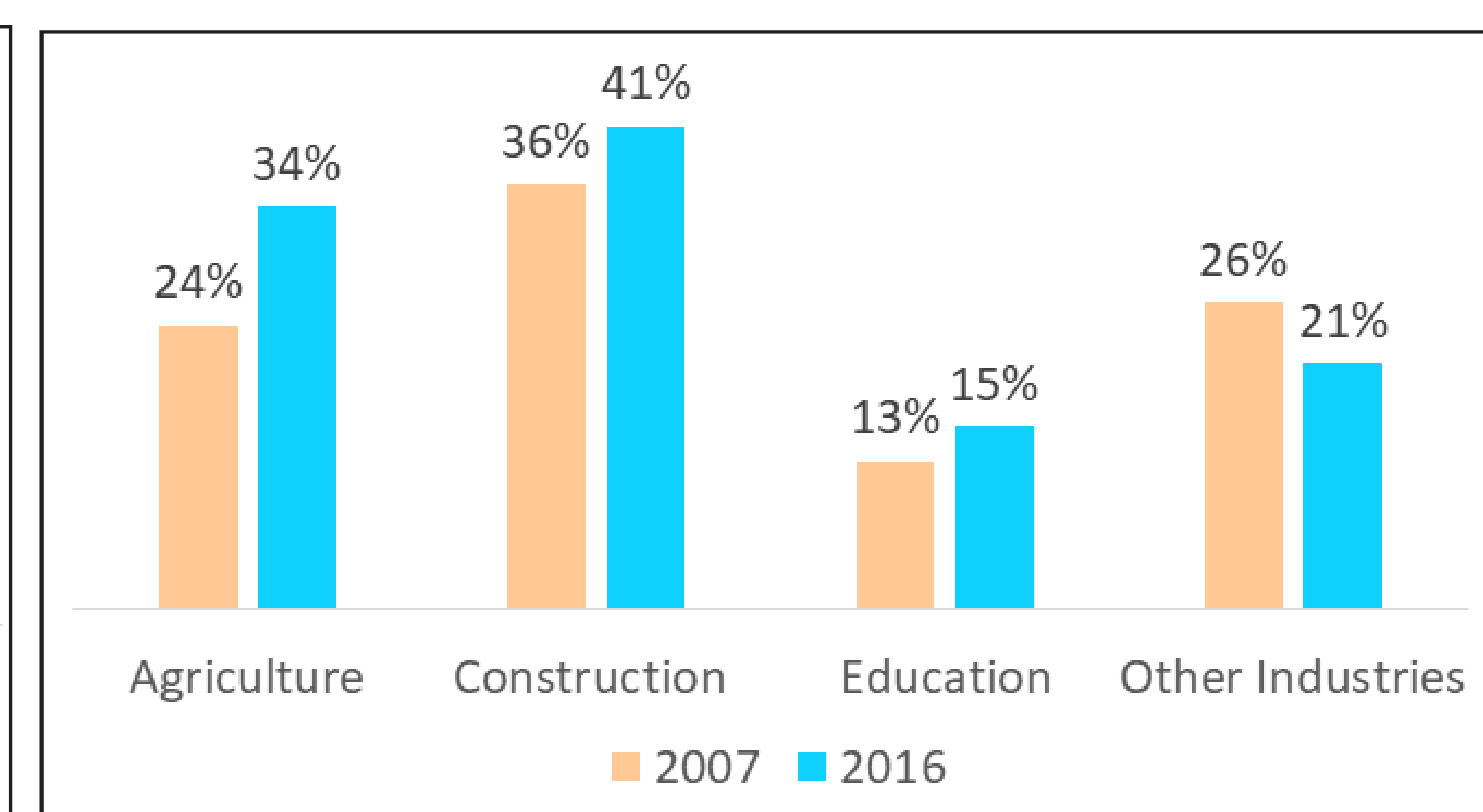


Figure 2: Lifetime risk drinking by industry (2007 - 2016 National Drug Strategy Household Survey data).

References

Australian Institute of Health and Welfare 2017. National Drug Strategy Household Survey 2016: detailed findings. Drug Statistics series no. 31. Cat. no. PHE 214. Canberra: AIHW.

Pidd, K., Shtangey, V., Roche A.M. (2008a). Alcohol use in the Australian workforce: Prevalence, patterns, and implications.

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Pidd, K., Shtangey, V., Roche A.M. (2008b). Drug use in the Australian workforce: Prevalence, patterns, and implications. Findings from a secondary analysis of 2004 NDSHS data. NCETA, Flinders University, Adelaide, South Australia.

For more information about NCETA's workplace program, visit <http://nceta.flinders.edu.au/>

