

## **Changes in AOD consumption patterns among Australian workers 2007-2016: Beyond national norms.**

### **Authors:**

KEN PIDD<sup>1</sup> & ANN ROCHE<sup>1</sup>

<sup>1</sup>*National Centre for Education and Training on Addiction (NCETA), Flinders University, South Australia.*

Presenter's email: [ken.pidd@flinders.edu.au](mailto:ken.pidd@flinders.edu.au)

**Introduction and Aims:** Australian national AOD data indicate a decline over the past decade in 1) risky drinking and 2) an increase in illicit drug use. It is not clear if 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. The current study examined patterns and correlates of AOD use among high risk workforce groups from 2007 to 2016.

**Method / Approach:** Secondary analyses of 2007 and 2016 National Drug Strategy Household Survey (NDSHS) data.

**Results:** 11,789 and 11,795 employed Australians completed the 2007 and 2016 NDSHS respectively. Changes in AOD use amongst employed Australians were similar to the total population but more pronounced. Compared to those not in paid work, decreases in risky drinking were significantly greater ( $p < .0001$ ) among those in paid employment as were increases in illicit drug use ( $p = .0003$ ). Changes in AOD use were not consistent across workforce subgroups. Lifetime and single occasion risk drinking significantly increased among construction ( $p = .03$  &  $p = .0004$ , respectively) and agriculture ( $p = .02$ , &  $p = .02$ , respectively) workers. Regression analyses indicated that in contrast to the wider workforce, demographic factors were not significantly associated with risky drinking among these two industry groups.

**Discussions and Conclusions:** Results indicated that 10 year changes in population level AOD prevalence are not consistent across workforce subgroups, with important implications for prevention and intervention strategies. Drivers of these differential patterns will be outlined.

**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 and ongoing monitoring 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.

### **Disclosure of Interest Statement:**

*Ken Pidd and Ann Roche receive funding from the Australian Government Department of Health. No pharmaceutical grants were received in the development of this study.*