SOCIAL PROCESSES

‘You’re Less Complete if You Haven’t Got a Can in Your Hand’: Alcohol Consumption and Related Harmful Effects in Rural Australia: The Role and Influence of Cultural Capital

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Abstract — Aims: This study aimed to explore rural Australians’ perceptions of social and cultural factors influencing alcohol use in their communities. Methods: Semi-structured interviews exploring rural community key informants’ (n = 46) perceptions of social and cultural factors influencing alcohol consumption in their community were conducted. A narrative analysis identified cultural capital as a salient concept for explaining how rural community life is created and sustained via drinking practices. Results: Themes relating to participants’ accounts of learning to drink, normal drinking; exclusion because of not drinking and problematic drinkers are described. Conclusion: In rural communities, beliefs and values about drinking as a positive social practice are transmitted, rewarded and reproduced across multiple groups and settings, reinforcing that drinking is an integral part of Australian rural culture. Drinking is so important that engaging in drinking practices creates and sustains cultural capital. As a result, alcohol-related harm is of little concern to rural dwellers.

INTRODUCTION

In Australia, alcohol use is part of every-day activities in many people’s lives (Laslett et al., 2010). The most commonly used recreational drug (Miller et al., 2010), it is legal, widely promoted and marketed and socially accepted (Roche et al., 2009). Alcohol consumption often occurs communally on sociable occasions and is typically prevalent at significant life event occasions, including births, deaths, graduations and marriage (Roche et al., 2009). This is despite alcohol being a key factor affecting the health of Australians (National Preventative Health Taskforce, 2009) and a major contributor to preventable disease, illness and death. Alcohol is also associated with social harms that cost in excess of $15 billion per year (Roche et al., 2009), with serious long-term health effects, disease, hospitalizations, accidents, violence, homicides and suicides (Miller et al., 2010).

Rural Australians experience a disproportionately higher burden of alcohol-related harm than urban Australians (Australian Bureau of Statistics, 2006a). The reasons for this vary, but include for example, higher per capita consumption of alcohol in rural locations, particularly among men (Strong et al., 1998); higher density of liquor outlets in rural relative to urban locations, which increases the availability of alcohol to rural populations (Williams, 2000); and socio-economic differences—lower incomes and educational attainment, more single parents and poorer infrastructure in rural relative to urban locations. (Alston, 2004; Arcury and Quandt, 2007).

Rural culture has been identified as an important factor influencing the disproportionately high burden of alcohol-related harm experienced by rural Australians (Hartley, 2004). Culture is fundamentally shaped by the physical and economic environment (Bourke, 2001). For example, in rural settings, primary industry is typically the defining economic activity and the physical environment is characterized by small and widely dispersed populations within rugged terrain and limited infrastructure. This in turn leads to specific stereotypes and lifestyle ideals ascribed to rural locations. In Australia, for example, masculinity, mateship, hardship and relationship to an unforgiving land are enduring depictions of Australian rural culture (Phillips, 1966; Whitlock and Carter, 1992).

The rural cultural context includes underpinning norms and values, beliefs and assumptions of rural community members and attitudes and dispositions that influence a person’s thinking (Bandura, 2002). In relation to alcohol consumption, there is some evidence that rural and urban cultures in Australia vary in their attitudes towards alcohol in terms of quantity, frequency and setting of consumption, and in definitions of problematic, safe and normal levels of alcohol consumption (Room and Makela, 2000). Social networks have been found to influence drinking behaviour more than external factors such as price (Norstrom, 1995).

Gender is a significant factor in the organization of rural social roles and practices (e.g. Alston et al., 2006). The role of drinking alcohol as an expression of hegemonic masculinity in rural agricultural settings has been identified (e.g. Campbell, 2000; Leipens, 2000). However, every-day rural cultural practices involving men and women that support or contribute to alcohol consumption are unexplored. There is limited literature on this topic both from Australia and internationally. This is despite recent studies that highlight how community and cultural norms are essential for understanding drug use (Midford, 2001) and for reducing problematic alcohol use and related harms in rural settings (Czech et al., 2010).

Broadly, the aim of this study was to explore the notion that regular consumption of large amounts of alcohol is part of Australian rural culture. Drinking behaviour is theorized to have value within rural communities even though it has negative health impacts. More specifically, this paper aims to explore key rural community members’ perceptions of social and cultural factors influencing alcohol use among members of their community.
METHODS

Conceptual framework—cultural capital and social action

In this study, culture is understood as beliefs, values and practices learnt from others. Beliefs and values are transmitted, rewarded and reproduced via social networks, including families, workplaces and peers (Collier and Morgan, 2007). Cultural capital is theorized to be the way that some practices, attitudes, goods and resources are more valued than others and are shared and transmitted via respected roles and the ability to perform them (Lamont and Lareau, 1988; Lin, 2001). People are persuaded to engage in a practice via joining in with others (Lin, 2001) and creating a sense of belonging (Sewell, 1992).

A social action approach was used to investigate the intrinsic value of drinking over and above the cost of alcohol and its physical effects. From a social action perspective, commonsense formulations of participants about what constitutes acceptable and appropriate behaviours, activities and reasoning are critical to understanding the subject of investigation and its value as cultural capital (Holstein and Gubrium, 2005). In this study, the way norms of acceptable drinking behaviour are established and accounted for by research participants in rural locations is critical because the way a person drinks is an enactment of their cultural values (Lindsay, 2006).

Ethics

The study was approved by Monash University Human Research Ethics Committee (No. CF10/2621-2010001445).

Settings

Six research sites with primary industry, either farming or fishing, as the key industry in the area were identified for the study via consultation with primary industry leaders (Table 1). All the sites were in rural areas. Five of these sites were classified outer regional and one as inner regional according to Australian Bureau of Statistics remoteness classifications (Australian Bureau of Statistics, 2006b). Population densities in most sites were low but varied from 1 to 5.4 persons per sq. km (Australian Bureau of Statistics, 2006b). As a comparison, the most populated Australian state of NSW has an average population density of 9 persons per sq. km and the state’s capital, Sydney, has 380 persons per sq. km (Australian Bureau of Statistics, 2006b) (see Fig 1).

The average income across all the research sites was lower than the national average of $43,921pa (Australian Bureau of Statistics, 2011a) except in Site 6, where the annual income was higher than the national average even though the population (Australian Bureau of Statistics, 2010) was very low.

Participants and sampling

Key community informants across participating rural settings were identified as the most relevant source of information for exploring social and cultural factors influencing alcohol use among farming and fishery industry groups in their community. Key informants were a subset of the research sample which also included 99 farming and fishing employees and 10 partners of employees. Key informants were important as the authorities who have special knowledge of the material and cultural resources of rural areas because they are the people who live and work there (Gee, 2005; Kemmis, 2009). Key informant participants 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 and Lincoln, 2005).

Data collection and analysis

Potential interviewees were initially identified from telephone books and local newspapers. Further participants were identified through local industry groups and networks by snowball sampling. This is an efficient and acceptable method for purposively recruiting key community informants through community groups and settings (Rice and Ezzy, 1999). People interested in participating were given an information sheet detailing the scope and aims of the project. In order to maintain participant anonymity, voluntary

<table>
<thead>
<tr>
<th>Site</th>
<th>Total population</th>
<th>Remoteness area</th>
<th>LGA population density (persons per km²)</th>
<th>Average income ($ per annum)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>13,741</td>
<td>Outer regional</td>
<td>1.1</td>
<td>36,698</td>
</tr>
<tr>
<td>2</td>
<td>20,232</td>
<td>Outer regional</td>
<td>4.8</td>
<td>35,304</td>
</tr>
<tr>
<td>3</td>
<td>6818</td>
<td>Outer regional</td>
<td>1.3</td>
<td>33,875</td>
</tr>
<tr>
<td>4</td>
<td>3157</td>
<td>Inner regional</td>
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<td>5</td>
<td>3006</td>
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<td>5.4</td>
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<tr>
<td>6</td>
<td>972</td>
<td>Outer regional</td>
<td>2.1</td>
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</tr>
</tbody>
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Fig. 1. Geographic distribution of the Australian population (Australian Bureau of Statistics, 2008).
participation in the study constituted consent, and therefore, written consent was not required as requested by the ethics committee approving the study. A total of 46 key informants were recruited and interviewed between October 2010 and April 2011.

In-depth semi-structured interviews were conducted individually with each of the 46 study participants. The interview participants were asked about their perceptions of alcohol and other drug use in their community, their experiences of alcohol and other drug 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 substance use. The interviews were transcribed verbatim into word documents and coded into themes, using NVIVO8 (QSR, 2009).

A narrative approach was used to analyse the transcripts (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 alcohol use (Fox, 1993; Gee, 2005). For example, what types of drinking behaviours are described as normal? What benefits accrue from maintaining drinking norms? What happens to people who do not participate in drinking? And what types of problems are caused by alcohol consumption and who experiences them? The analysis asked not only how rural dwellers consume alcohol but also how they view 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 and Valenzuela, 2005). The analysis sought similarities and differences in views across industry (farming or fishing) and across the six sites.

FINDINGS

Learning to drink

The interview data strongly supported the view that drinking practices are learnt in families and passed on through family and peer relationships. The 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).

The participants attributed value to learning how 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 dos 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).

Normal drinking behaviour

Interview participants perceived drinking to be normal and expected behaviour;

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. 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).

Benefits of drinking

Drinking behaviour was described as intrinsic to being part of the community and of belonging to a rural culture. The interview participants emphasized the central role of alcohol and drinking practices as part of social activity and belonging;
It’s the lubricant. It’s almost like no one will turn up to the function unless the bar is open, or unless they can bring alcohol (Police Officer).

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).

Belonging was 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 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).

Alcohol was also described as a commodity that had value over and above its actual price;

You go and do $150 worth of work for your neighbour then they would never give you $40 but a case of beer; that would be seen to be worth more than $150 (Publican).

I get my firewood in rum – I pay in rum (CWA President).

**Non-participation in drinking**

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

People know who the non-drinkers are; they’re identified in each community and there are one or two blokes who are teetotters (Pre-school Teacher)

[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)

**Problematic drinking**

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, not a harmful effect of drinking too much alcohol. 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 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. (Farm worker’s wife)

Individual action was viewed as critical to addressing problematic use. Even when the interview participants 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 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).

**Exceptional views**

There were only two exceptions to participant’s views on high levels of alcohol consumption in rural areas. One participant did not perceive high level alcohol consumption to be problematic supporting the view that conservative family upbringing was responsible for promoting safe drinking. 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).

One participant 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.” 20 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 GP)

**Limitations**

The main limitations of this study are that key informants were selected using convenience sampling and there were a relatively small number of key informants from each site.
There were no key informants who reported not drinking alcohol; therefore, the views of abstainers are not represented. However, key informants’ descriptions of alcohol consumption and the role of alcohol in their community were consistent, suggesting that the sample was sufficient to capture the main social and cultural factors influencing alcohol consumption in rural communities as perceived by key community members.

DISCUSSION

Drinking alcohol has a high value in the Australian rural context. Cultural capital specific to the field of rural community life is created and sustained via enculturation of drinking. There was strong normative pressure to participate in drinking 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 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 on problems associated with alcohol noted that it was frequently consumed. There were sanctions from the community for outsiders who did not fit in because of not drinking demonstrating the power of persuasion as a critical component of cultural capital (Lin, 2001). Potentially newcomers to a rural area could encourage their acceptance into the community by demonstrating their drinking ability.

Masculinity was not the critical factor in supporting or maintaining drinking practices (Campbell, 2000; Alston et al., 2006). The roles of families, women and young people were all noted in participant narratives about the way drinking alcohol occurs. The beliefs and values about drinking as a positive social practice are transmitted, rewarded and reproduced alcohol occurs. The beliefs and values about drinking as a positive social practice are transmitted, rewarded and reproduced (Collier and Morgan, 2007) across rural communities. Adherence to the value of competent drinking is highlighted in views on problem drinkers or alcoholics. When the impact of alcohol consumption becomes problematic, the blame for that is ascribed to individual weakness. The ‘governing image’ of an alcoholic is the opposite of the hero who drinks frequently and in quantity without harm (Room and Makela, 2000: 479). Rectifying an alcohol problem is perceived to be the responsibility of the individual rather than the community. The role of collective support for and the social benefits of high-risk alcohol consumption is not acknowledged or even recognized.

Cultural capital is typically seen as created via family of origin where values and attitudes to certain practices are learnt and behaviours reinforced (Lamont and Lareau, 1988). In this study, the commonsense reasoning of interview participants explained acceptable drinking behaviour as passed on by the family. This is critical to explaining the way cultural capital around drinking is created and maintained (Holstein and Gubrium, 2005). 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 the field of rural community life, so much so that acting responsibly means teaching children to drink alcohol and participating in drinking activities. The potential impacts of drinking alcohol on health are not 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).

It makes sense that drinking 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 the resource and those within the community who try to reduce alcohol use are likely to experience lower standing in the community, including social exclusion, and this is fundamental to the creation and maintenance of cultural capital (Sewell, 1992; Lin, 2001). Extensive community level actions that become part of local social processes are likely to be most effective in changing drinking practices. Community coalitions, local level feedback on harms and media advocacy encouraging social practices that minimize the role of alcohol are potential activities for change in the long term (Czech et al., 2010). For now, rural cultural capital is created and maintained around drinking alcohol. The impact is represented in poorer rural health status. Somehow, the benefits of not drinking will have to outweigh the benefits of drinking to reduce rural alcohol consumption.

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REFERENCES


