Part A | Alcohol in a university setting

Through the examination of alcohol consumption data and the exploration of a variety of alcohol management issues evident in university and community-based settings, Part A of this toolkit provides a rationale for why harm minimisation in relation to alcohol (particularly through appropriate, university-wide event management policies and procedures) continues to be a priority for The University of Western Australia.

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1.0 | Alcohol consumption across all groups in Australia and Western Australia

In Australia and throughout many countries of the world, the misuse of alcohol represents one of the primary causes of preventable illness, injury and death\textsuperscript{1}. While many Western Australians consume alcohol in moderation and do not experience any immediate adverse health or social consequences, research indicates that alcohol is still a drug of concern to the community.

Results of the Australian Institute of Health and Welfare’s 2007 National Drug Strategy Household Survey provides a useful insight into the drinking status of Australians, including a breakdown of drinking data pertaining to Western Australians aged 14 years or older.

Between 1993 and 2007, the percentage of all Australians aged 14 years or older who had recently consumed alcohol (in the 12-months preceding the survey) increased five percentage points, from 77.9\% to 82.9\%\textsuperscript{2}. In 2007, almost 90\% of Australians had consumed alcohol at least once in their lifetime and almost one in ten (8.6\%) reported drinking at levels considered risky or high-risk for short-term and long-term harm\textsuperscript{2}.

Among all Australians, daily alcohol consumption was highest among the 60 plus age group and people aged between 50 and 59 years. However, weekly drinking was most common among 20 to 29 and 30 to 39-year-olds\textsuperscript{2}.

Table 1 outlines the alcohol drinking status of the Western Australian population aged 14 years or older and compares each rate to the Australian average. It is evident that the percentage of the Western Australian population that consumed alcohol daily or weekly in 2007 exceeded the Australian average for both males and females.

<table>
<thead>
<tr>
<th>DRINKING STATUS</th>
<th>WESTERN AUSTRALIA</th>
<th>AUSTRALIA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MALES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily</td>
<td>12.8</td>
<td>10.8</td>
</tr>
<tr>
<td>Weekly</td>
<td>51.8</td>
<td>46.8</td>
</tr>
<tr>
<td>Less than weekly</td>
<td>24.9</td>
<td>28.3</td>
</tr>
<tr>
<td>Ex-drinker (Consumed at least a full serve of alcohol, but not in the past 12 months)</td>
<td>4.5</td>
<td>5.8</td>
</tr>
<tr>
<td>Never a full serve of alcohol</td>
<td>5.9</td>
<td>8.2</td>
</tr>
<tr>
<td><strong>FEMALES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily</td>
<td>6.9</td>
<td>5.5</td>
</tr>
<tr>
<td>Weekly</td>
<td>42.1</td>
<td>35.9</td>
</tr>
<tr>
<td>Less than weekly</td>
<td>34.1</td>
<td>38.5</td>
</tr>
<tr>
<td>Ex-drinker</td>
<td>7.2</td>
<td>8.1</td>
</tr>
<tr>
<td>Never a full serve of alcohol</td>
<td>9.6</td>
<td>12.1</td>
</tr>
<tr>
<td><strong>ALL PERSONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily</td>
<td>9.8</td>
<td>8.1</td>
</tr>
<tr>
<td>Weekly</td>
<td>46.9</td>
<td>41.3</td>
</tr>
<tr>
<td>Less than weekly</td>
<td>29.5</td>
<td>33.5</td>
</tr>
<tr>
<td>Ex-drinker</td>
<td>5.9</td>
<td>7.0</td>
</tr>
<tr>
<td>Never a full serve of alcohol</td>
<td>7.8</td>
<td>10.1</td>
</tr>
</tbody>
</table>

1.1 | Youth alcohol consumption

In addition to the information presented in section 1.0 above, which indicates that younger age groups are more likely to consume alcohol on a weekly basis, a 2009 report published by the National Health and Medical Research Council identified young adults aged between 18 and 25 as a specific population group at increased risk of alcohol-related harm\textsuperscript{3}.

According to a paper released by the Australian Medical Association (AMA) in 2009, the age at which Australians have their first alcoholic drink is steadily decreasing. By age 14, 90\% of Australians have tried alcohol, and the majority of Australians have consumed at least one full glass of alcohol by the time they reach 16\textsuperscript{4}.

An alcohol consumption study conducted with 379 residential college students from The University of Western Australia in 2003 found that almost 28\% of this cohort had consumed their first full standard drink before the age of 15\textsuperscript{5}. In parallel with this earlier initiation to alcohol consumption are higher levels of alcohol intake, more regular drinking episodes and an increased risk of health and social harm\textsuperscript{5}.
Managing Alcohol at Events

Among young people, alcohol is regularly consumed in a manner that places the drinker and the community at risk. This pattern of consumption is often referred to as ‘binge drinking’. While there is no universal definition for binge drinking, it centres on consuming alcohol at a level that is likely to incur short-term harm[5].

The following youth binge drinking facts appeared in the aforementioned 2009 AMA report:

- while binge drinking among young people aged 14 to 19 has decreased from 46% in 1998 to just over 39% in 2007, there is still cause for concern around this pattern of drinking;
- young people aged 20 to 29 are more likely than people in other age groups to binge drink; and
- in 2007, binge drinking at least once a week was reported by 14% of Australians aged 20 to 29[5].

The University of Western Australia’s 2003 alcohol consumption survey found that of those students who had consumed at least one full standard drink, 54% had drunk more than six standard drinks on a single occasion before turning 18 years of age[6].

1.2 | Alcohol and tertiary students

Australian and international literature highlights the importance of targeting alcohol harm minimisation initiatives at a particular subset of young people: tertiary students. These students drink at more hazardous levels and display a higher prevalence of alcohol-related conditions than their non-tertiary counterparts. The reasons for this variance in alcohol consumption will be explored in section 5.0 below.

The results of a 2007 study reveal that more than one third of tertiary students drink to harmful levels and to a level that exceeds that of their non-student peers. The research, which was conducted with over 7,200 Western Australian tertiary students aged 17 to 24 found that:

- tertiary students are often unaware they are drinking at risky levels;
- 34% of students scored in the harmful or hazardous alcohol consumption range1; and
- only 5% of these students sought alcohol-related help over a six-month period[7].

In 2002, The University of Western Australia’s Medical Centre conducted an alcohol audit during a health promotion event. Of the 252 students surveyed, over 50% scored in the harmful or hazardous range for current alcohol consumption. Residential tertiary students were identified as being particularly at risk of alcohol-related harm, with almost 70% of these students reporting harmful or hazardous consumption[9].

While any level of alcohol consumption increases the risk of short and long-term health effects, people that drink large volumes of alcohol on a regular basis (often in a short period of time such as a weekend or during a sporting or social event) are more likely to present to a hospital emergency department for treatment.

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1 Previous NHMRC guidelines stated that low-risk alcohol consumption was no more than four standard drinks per day for males and no more than two standard drinks per day for females. Hazardous consumption was more than four and, at most, six standard drinks per day for males and more than two and, at most, four standard drinks per day for females. Harmful consumption was more than six standard drinks per day for men and more than four standard drinks per day for women[8]. These guidelines have now been superseded by the Australian Guidelines to Reduce Health Risks from Drinking Alcohol, which are available online at www.nhmrc.gov.au/publications.
2.0 | Alcohol-related morbidity and mortality in Western Australia

The misuse of alcohol places considerable burden on the health system. In 2006, alcohol-related hospital costs were $33 million in Western Australia, which represented a substantial increase since 2002. In addition, hospital emergency department presentations resulting from alcohol-incurred injuries and assaults cost the state health system $7.15 million\(^1\).

In Western Australia in 2005, there were 11,878 alcohol-related hospital admissions. The top five contributing factors were:

- injury due to falls;
- assault;
- supraventricular cardiac dysrhythmia (abnormal electrical activity in the heart);
- alcohol abuse (a pattern of alcohol consumption that harms a person’s health, relationships or work); and
- alcohol dependence\(^2\)\(^,\)\(^1\).

The highest proportion of admissions due to alcohol was among 15 to 24-year-olds. For acute alcohol-related conditions, hospitalisation and mortality rates increase significantly among 15 to 19-year-olds and peak among 20 to 24-year-olds\(^1\).

Young Western Australians figure prominently in the mortality rates attributed to alcohol use. Between 1997 and 2005, almost 4,000 deaths were alcohol-related. The five leading causes of these deaths were:

- suicide;
- alcoholic liver cirrhosis;
- stroke;
- road injuries; and
- oesophageal cancer\(^2\)\(^,\)\(^3\).

Data from this time period indicate that male deaths rose sharply in the 15 to 19-year-old age group, before peaking among 20 to 24-year-olds at 23 deaths per 100,000 population. Female deaths peaked at five deaths per 100,000 population among 25 to 29-year-olds\(^1\).

In 2005 alone, just over 20% of all deaths among Western Australian males aged 15 to 24 and 15% of all deaths for males aged 25 to 44 were due to alcohol. For females, nearly 10% of deaths among those aged 15 to 44 were alcohol-related\(^1\).

3.0 | Alcohol-related health and social harms

As previously noted, many Western Australians who consume alcohol responsibly do not experience any adverse short-term consequences. However, higher levels of consumption and binge drinking, including by tertiary students, increase the likelihood of harm.

In addition to the extra financial and resource burden that is placed on the health system, misusing alcohol may result in a number of short and long-term health complications, as well as social ramifications that affect the drinker, their family and friends, work colleagues and the community.

3.1 | Health consequences of alcohol consumption

The effects of alcohol consumption on health are well-researched and widely publicised to the community through alcohol education and prevention initiatives, which often commence in the primary school setting. Consuming alcohol produces both short-term (acute) effects and cumulative, long-term effects.

The development of these effects will vary between individuals due to an array of factors, including:

- the type of alcohol consumed;
- how much alcohol is consumed;
- the frequency of alcohol consumption;
- environmental factors such as the setting in which alcohol is being consumed and the temperature (people are likely to drink more when they are in a setting they feel comfortable with and when the temperature is high);
- gender (women usually reach a set blood alcohol level before men);
- genetics (people who have a family history of alcohol dependence have an increased risk of also developing a dependence on the drug);
- mental health status (people who have, or are prone to, mental health conditions may experience worse symptoms after consuming alcohol);
- the presence of other medical conditions (e.g. liver cirrhosis, epilepsy and pancreatitis);
- medicinal intake (alcohol has the potential to interact with prescription, over-the-counter and herbal medications, which can exacerbate the effects of alcohol and/or the medication); and
- the age of the drinker (younger drinkers are often less tolerant to alcohol and lack experience in certain situations, such as driving a vehicle)\(^4\).

\(^1\) Alcohol dependence is characterised by tolerance to alcohol (drinking a large quantity of alcohol without appearing intoxicated), a strong desire to drink, continuing to consume alcohol despite experiencing health and/or social harms and difficulty in controlling consumption\(^10\).
Age is an important determinant of the health risks related to alcohol. Alcohol-related harm in the form of accidents and injuries is experienced disproportionately by people in the younger age bracket. The NHMRC state that more than half of all serious alcohol-related road injuries occur among young people aged between 15 and 24 years. However, harm attributable to alcohol-related disease is more common among Australians aged 60 years and above.

Due to the factors listed above, no level of alcohol consumption is safe for everyone. This is an important point for Event Managers to note when planning and managing events that will be attended by guests from differing age groups, genders and physiological and psychological backgrounds.

There are a range of short-term and long-term consequences of alcohol use, some of which are listed in Table 2. The short-term consequences relate to high levels of drinking on a single occasion (i.e. binge drinking), while the long-term consequences are associated with high levels of consumption over a prolonged period.

**TABLE 2: SHORT-TERM AND LONG-TERM HAZARDS ASSOCIATED WITH ALCOHOL USE**

<table>
<thead>
<tr>
<th>SHORT-TERM HAZARDS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hangover effects – headaches, diarrhoea, nausea, vomiting</td>
<td></td>
</tr>
<tr>
<td>Reduced concentration, coordination and judgement</td>
<td></td>
</tr>
<tr>
<td>Injuries (e.g. assault, road traffic accidents and self-harm)</td>
<td></td>
</tr>
<tr>
<td>Unprotected sexual intercourse resulting in pregnancy or sexually transmitted infections</td>
<td></td>
</tr>
<tr>
<td>Loss of valuable items</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LONG-TERM HAZARDS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Various cancers – mouth, oesophagus, breast and bowel</td>
<td></td>
</tr>
<tr>
<td>Mental health conditions (e.g. depression and anxiety)</td>
<td></td>
</tr>
<tr>
<td>Liver cirrhosis</td>
<td></td>
</tr>
<tr>
<td>Alcohol dependence</td>
<td></td>
</tr>
<tr>
<td>Sleep disorders</td>
<td></td>
</tr>
<tr>
<td>Eye disease</td>
<td></td>
</tr>
<tr>
<td>Male impotency and complications during pregnancy</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td>Overweight and obesity</td>
<td></td>
</tr>
<tr>
<td>Brain damage</td>
<td></td>
</tr>
</tbody>
</table>

Injury attributed to alcohol consumption is a concerning issue for The University of Western Australia. The University’s 2003 alcohol consumption survey that was conducted with residential college students found that 76.5% of respondents had been injured as a result of drinking in the 12-months preceding the survey. Just over 20% of these injuries required medical attention. The survey also found that almost one-quarter of respondents had caused injury to another person while under the influence of alcohol, with 22% of these injuries needing medical attention.

Polydrug use, or the action of using multiple drugs at the same time, is an important risk factor to consider in relation to alcohol consumption. Drinking alcohol while concurrently using other drugs such as cannabis, amphetamines or cocaine increases the likelihood of cardiac and respiratory issues, an overdose, or engaging in risky behaviour such as drink driving or unsafe sexual practices.

3.1.1 | Does drinking alcohol have any health benefits?

Alcohol consumption (at a low level) may have some health benefits for people in particular age groups. Research studies into the protective health effects of alcohol have had varying results. Some studies have found that a low level of alcohol consumption reduces the risk of:

- cardiovascular disease (particularly in middle-aged and older males); and
- ischaemic stroke (in post-menopausal women).

However, other studies have found no significant protective effects of alcohol on cardiovascular health.

The NHMRC report that consuming half a standard drink each day may have protective cardiovascular health benefits. However, it is important to remember that these benefits can also be achieved by participating in regular physical activity and eating a healthy, balanced diet.

3.2 | Social consequences of alcohol consumption

There are a variety of social consequences linked to alcohol use, which affect not only the drinker but also their friends, family, work colleagues, bystanders and strangers. These consequences include, but are not limited to:

- vandalism;
- domestic violence and assault;
- road traffic accidents;
- offensive behaviour;
- noise and litter;
- petty and serious crime; and
- reduced workplace productivity and absenteeism.

Any one of these consequences could occur during or in the hours following an event at which alcohol has been consumed by guests. Some of these issues, as well as other social harms experienced by tertiary students and a university community, will be explored in section 6.0 below.
4.0 | Alcohol in the workplace

The misuse of alcohol in the workplace can result in a range of health and social harms, many of which are listed in sections 3.1 and 3.2 above. Alcohol use can also affect a person’s ability to undertake their work safely.

As noted by the Commission for Occupational Safety and Health, consuming alcohol in the workplace or before attending work is an occupational health and safety issue\(^{[11]}\). Being a depressant drug, alcohol adversely affects coordination, balance, judgement, alertness, concentration and fine motor skills. In the workplace, this increases the risk of morbidity and mortality to the drinker, other staff, students and the general population. Excessive alcohol consumption may also result in the drinker experiencing a ‘hangover’, which reduces work performance and may inhibit the drinker from attending work\(^{[11]}\).

Research indicates that regular, heavy alcohol consumption can lead to a range of physical, psychological and social problems, which are inextricably linked to reduced workplace attendance, lateness and poor work performance\(^{[11]}\). Furthermore, there is a risk of damage to workplace equipment and property, and stress is often incurred by a drinker’s work colleagues when they decide to cover up poor work performance or report their colleague’s alcohol misuse to management\(^{[11]}\).

Analysis of data obtained through the 2001 National Drug Strategy Household Survey was recently undertaken to determine the alcohol consumption patterns of Australia’s workforce\(^{[13]}\). Key information obtained through this analysis includes:

- 90\% of the workforce were drinkers;
- of all drinkers, half drank at levels associated with a risk of harm and 11\% drank at long-term risky or high-risk levels;
- risky patterns of consumption were most prevalent among workers aged between 14 and 29 years;
- risky consumption patterns were associated with a higher prevalence of self-reported negative work-related behaviours and work absences; and
- approximately one in five workers reported being put in fear, verbally abused, or physically abused by a person under the influence of alcohol\(^{[13]}\).

Workers who drank at short-term risky or high-risk levels at least once each week were:

- 19 times more likely to have missed a work day in the past three months due to their alcohol use; and
- six times more likely to have attended work under the influence of alcohol\(^{[13]}\).

In Australia in 2001, approximately 2.7 million work days were lost as a result of workers’ alcohol consumption, which cost the nation $437 million\(^{[4]}\).

The Western Australian Occupational Safety and Health Act 1984 prescribes that employers must provide a safe work environment for their employees\(^{[14]}\). The University of Western Australia has a duty of care to ensure that as far as practicable, its workers are not exposed to alcohol-related harm. This duty of care extends to work-related social events.

The University of Western Australia is committed to ensuring that safety and health in the workplace is not compromised by the misuse of alcohol. The development of this toolkit and the University’s policies in relation to alcohol and the consumption of liquor on campus support this commitment.
5.0 | Why do young people drink alcohol?

Many of the reasons cited by young people for drinking alcohol do not differ greatly from the reasons why adults drink. These reasons are often closely linked to other factors and events apparent in a person’s life\textsuperscript{4}.

While this list is not exhaustive, some of the reasons for drinking alcohol are:

- peer influence;
- religious reasons;
- cultural celebration and participation;
- relaxation;
- mood alteration;
- boredom;
- to escape stressors and pressure;
- pleasure;
- socialisation; and
- addiction\textsuperscript{9}.

Also of cause for concern is the fact that many young people drink alcohol for the purpose of becoming intoxicated\textsuperscript{15}.

In addition to these influencing factors, Barnard and Stone\textsuperscript{16} have noted that sexually abused children have an increased risk of developing mental health conditions (e.g. anxiety and depression) and misusing alcohol and other drugs. One study found that 71% of those who had experienced both childhood sexual abuse and sexual assault had mental health and/or alcohol and other drug problems\textsuperscript{15}. Common reasons for misusing alcohol and other drugs include enhancing self-esteem, decreasing the symptoms of post-traumatic stress disorder, and controlling insomnia, nightmares and emotional outbursts\textsuperscript{16}.

Initiation of drinking, regular alcohol use and misuse of alcohol by tertiary students are influenced by a number of factors, most of which are consistent with the list above. Peer influence, personal disposition, expecting a positive experience, a belief that the degree of enjoyment derived from alcohol is directly related to the amount consumed, and developmental issues are all identified as risk factors for alcohol misuse\textsuperscript{17}.

The University of Western Australia’s 2003 alcohol consumption survey found that the most commonly cited reasons for drinking were that:

- ‘drinking puts me in a party mood’;
- ‘drinking makes celebrations better’; and
- ‘alcoholic beverages taste good’\textsuperscript{6}.

The same study asked residential college students about the negative consequences of alcohol consumption, which they had experienced in the previous six months. The most commonly reported consequences were hangovers, vomiting, and a reduced learning ability and academic marks\textsuperscript{6}.

For tertiary students, those who live in residential colleges are considered particularly at risk of binge drinking.
Managing Alcohol at Events

behaviour and health and social harm due to factors such as leaving home at a relatively early age and being ensconced in an environment where drinking is accepted and is often a regular occurrence. These students may view this change of social environment as freedom to try new things; including the use of alcohol and other drugs\(^{19}\).

American university studies have consistently identified membership to a fraternity or sorority to be associated with excessive alcohol consumption\(^{19}\). While The University of Western Australia's residential college system does not involve membership to such fraternities, it does provide a setting and social environment that bare some similarity to the American college culture.

The aforementioned 2003 study on alcohol consumption conducted with students from The University of Western Australia's residential college system found that many students were affected by other people's drinking. In the month before the survey was conducted, 58% of students had their study or sleep interrupted, 44% had been required to take care of another student who had drunk too much alcohol, and 38% had found vomit at their residential college\(^{6}\).

There is also a strong association between alcohol consumption and sporting club membership. In 2003/04, a study was conducted in Australia to examine a variety of alcohol-related issues among club members. A survey was sent to 213 sporting clubs across the country, which was completed by 1,742 members from rugby union, Australian Rules Football, tennis, cricket, surf lifesaving and rugby league. Just over 33% of respondents were aged between 21 and 30 years and 21% were aged between 31 and 40\(^{20}\).

Key findings from this survey were that:

- only 12.2% reported never drinking alcohol at their club;
- the most common place to drink was at the clubhouse;
- almost 50% of respondents drink alcohol at their sporting club on one day per week, and just under a quarter drink at their club twice each week;
- 15% drink five or six standard drinks per club visit, while a further 12% consume between seven and 10 standard drinks per visit;
- 16% of males and 31% of females drink at levels that place them at risk of short-term harm;
- 45% of males and 41% of females aged 18 to 30 regularly drink at levels that place them at risk of long-term harm; and
- around 25% of all respondents that drive often consume four or more standard drinks each time they drink at their club\(^{20}\).

Understanding why people drink alcohol and why they indulge in heavy drinking sessions is crucial when developing and implementing university-based harm minimisation initiatives. As tertiary students are regularly exposed to alcohol at sporting events, social activities, on campus at the Tavern and in residential colleges, the management of alcohol at events on and off The University of Western Australia's Crawley campus is essential.

6.0 | Alcohol-related issues pertinent to a university setting and the wider community

Results from the 2007 National Drug Strategy Household Survey indicated that 3.6% of 14 to 19-year-olds and 4.3% of 20 to 29-year-olds identify university/TAFE/school as their usual place of alcohol consumption\(^{2}\). This data, when considered in combination with youth alcohol consumption information (particularly in relation to tertiary students), highlights the fact that universities are one of many settings that are directly or indirectly affected by the use of alcohol.

It should be emphasised here that it is not only tertiary students that are responsible for alcohol-related social issues. University staff and visitors to the campus (and other University premises) who are attending academic, sporting or other social functions may also engage in drinking behaviour that results in harm to themselves and/or the community.

Everyone has varying opinions about what constitutes the responsible consumption of alcohol. When making decisions about drinking levels and patterns, many people neglect to consider how others may be affected by their alcohol use. Furthermore, some people fail to recognise they are breaking certain laws\(^{4}\).

This is particularly relevant in a university setting, where first-year tertiary students are often yet to turn 18 years of age. In Western Australia, the Liquor Control Act 1988 governs how alcohol is sold, supplied and consumed. Key aspects of this Act when considering alcohol consumption at events held on University premises are:

- any person under the age of 18 is not allowed to buy, supply or drink alcohol on licensed or regulated premises;
- to sell alcohol to anyone under 18 years of age is illegal;
- it is illegal to purchase alcohol for someone under the age of 18;
- it is an offence to sell or supply alcohol to a drunken person on a licensed premise or to allow intoxication on licensed premises;
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- It is illegal to drive with a Blood Alcohol Concentration above 0.05% and for some drivers (including learner and provisional-plate drivers) the legal limit is zero; and
- while it is not illegal for young people to drink alcohol in a private dwelling, they require the consent of the dwelling’s owner[21].

Event Managers are encouraged to familiarise themselves with the laws related to alcohol in Western Australia to avoid penalty. Further information regarding the legalities of alcohol sale and service are provided in Part B of this toolkit. A fact sheet about alcohol and the law is included in Part F.

While a list of the potential social harms attributable to alcohol consumption was provided in section 3.2 above, the following key points further justify the need for comprehensive planning to be undertaken by Event Managers.

- The regular use of alcohol is accepted by more than 75% of Australians[4].
- In Australia, alcohol is involved in up to 50% of all violent crimes[4].
- The 2004 National Drug Strategy Household Survey found that 22% of Australians had been verbally abused in the last year by someone affected by alcohol, almost 12% had encountered a frightening situation and 3.7% had been physically abused[4].
- The results of a Western Australian survey indicate that 46% of people have personally suffered (or a friend or family member has suffered) due to the actions of someone under the influence of alcohol[22].
- Alcohol is involved in approximately 50% of sexual and domestic violence cases[22].
- Up to 90% of family violence cases involve intoxication from alcohol[22].
- In 2004/05, the estimated cost of alcohol to the Australian community was $15.3 billion (including crime, violence, reduced productivity and premature death)[9].
- Anti-social behaviour associated with alcohol consumption (including graffiti, vandalism and other damage to property) costs Local Governments millions of dollars in repair costs each year. This behaviour is also confronting to community members[22].

From this data, it is clear that alcohol consumption has the potential to affect not only the individual drinker, but also the community. There is a range of other social consequences particularly pertinent to tertiary students and the university community that will now be explored.

6.1 | Peer pressure and activity inclusion

Binge drinking is regularly cited as a ‘rite of passage’ for young people, with newfound freedom and peer pressure acknowledged as two contributing factors to this pattern of alcohol consumption. A report prepared by Towle[23] for the Alcohol Advisory Council of New Zealand noted that drinking alcohol is an engrained aspect of university life, which may be more important to tertiary students than their path of study. Often, these dangerous drinking patterns accompany students into the remainder of their life when they cease academic study.

In addition to other factors such as having more free time and the frequent promotion of alcohol on campus, the report identifies the pattern of binge drinking among tertiary students to be heavily influenced by peer pressure[23].

Tertiary students often feel that drinking alcohol is something that is done with peers and represents an important part of being accepted in a university setting. A study of New Zealand students revealed that attending university is the primary reason for increasing alcohol consumption[24]. Drinking games are common at social events, with the objectives being to become intoxicated quickly and encourage peers to do the same[23].

While some students will readily engage in this pattern of drinking due to pressure from peers, it is important to remember that tertiary students (as well as staff and visitors to the University) come from a variety of cultural and religious backgrounds; some of which do not tolerate alcohol use. In certain cultures and religions, alcohol has a specific meaning. For example:
Islam prohibits all intoxicants, including alcohol\(^{25}\); while alcohol is not banned in India, many take a vow to refrain from alcohol use and some Hindu groups use alcohol in a sacred way as an offering or in rituals\(^{26}\); and any form of intoxicant is discouraged in Buddhism\(^{27}\).

The University of Western Australia has a diverse student population, as indicated by the following 2009 University statistics:

- 21,091 student enrolments;
- 8,232 commencing students;
- 4,540 international fee-paying student enrolments, representing 21.5% of the total student load;
- 10,673 female student enrolments (representing 50.6% of all students); and
- 3,415 staff\(^{28}\).

International and local students may feel uncomfortable when alcohol becomes the focus of university events. Some students will avoid social activities that involve alcohol\(^{29}\), while some students may take part in these activities and feel compelled to engage in drinking behaviour to ‘fit in’ and feel part of the university culture.

The fact that alcohol consumption varies between cultures and religious affiliation must be acknowledged and respected in a university setting and taken into consideration when events are being planned and delivered. The University environment should be inclusive of students, staff and visitors from all backgrounds and Event Managers must remember that alcohol use is forbidden or frowned upon in certain cultures and religions. All events should be welcoming to guests who choose not to drink.

Part B of this toolkit will address a variety of issues that should be considered when planning an event to ensure inclusiveness, as well as respect of and sensitivity to the needs of prospective guests.

### 6.2 | Academic performance

Binge drinking by tertiary students has the potential to negatively affect academic performance. A study conducted by Harvard University’s School of Public Health has found that tertiary students who regularly binge drink are more likely to miss classes and get ‘left-behind’ in their academic studies than students not engaging in this drinking behaviour\(^{30}\).

### 6.3 | Drink driving

A persistent challenge to address in relation to alcohol is drink driving. Generally, young people have a lower tolerance to alcohol and do not have the same amount of experience in controlling a motor vehicle when compared to the older population\(^{34}\). Consuming a large quantity of alcohol in a short period of time negatively affects psychomotor coordination, which makes driving a vehicle (including a car, scooter, motorcycle or bicycle) dangerous.

Data from the American college system shows that among students who drove at least once each week, 13% drove after drinking at least five alcoholic beverages, while almost one-quarter of students drove with an intoxicated driver\(^{35}\).

The University of Western Australia’s 2003 alcohol consumption survey, which was conducted with a sample of residential college students found that in the month preceding the survey:

- 7% of respondents had driven a motor vehicle after drinking too much alcohol; and
- 16% had been a passenger in a vehicle where the driver had consumed too much alcohol\(^{36}\).

It is imperative for universities to acknowledge that despite prevention efforts, people may still choose to drive a vehicle after drinking, or allow themselves to be driven by an intoxicated driver. Both scenarios involve considerable risk to the individual and the community.

Event Managers are encouraged to consider transport options for guests following the closure of an event held on The University of Western Australia’s Crawley campus or at other University sites. Students and staff that organise University-related events at external venues should also consider guest transport.

### 6.4 | Sexual violence

Research indicates that alcohol consumption may result in sexual violence against, and risky and unwanted sexual activity among, tertiary students. By the very nature of this topic area, visitors who attend events at the University are also at risk of unwanted sexual advances and non-consensual sexual activity.

A study conducted with tertiary students in New Zealand found a strong association with risky and unwanted sexual activity due to a students’ own alcohol consumption at university, and unwanted sexual advances resulting from other people’s drinking behaviour. In the past month, 5.3% of students had unsafe sex, 2.9% of students had sex that they were not happy with at the time, and 7.1% had sex they later regretted— all as a result of their own alcohol consumption. Almost one-fifth of students reported unwanted sexual advances from another person under the influence of alcohol\(^{31}\).
6.4.1 | Sexual harassment

The Equal Opportunity Commission of Western Australia\(^{32}\) define sexual harassment as ‘any sexual action, which makes you feel uncomfortable, offended, humiliated or intimidated’. Examples of sexual harassment may include unwanted sexual advances, jokes of a sexual nature, staring and leering, requests for sexual favours and unwanted physical contact\(^{32}\).

While The University of Western Australia maintains policies and procedures regarding sexual harassment, which can be accessed at www.hr.uwa.edu.au (Code of Ethics & Code of Conduct), it is an important risk factor to consider when planning and conducting events on and off campus.

The combination of a social situation and alcohol availability may increase the likelihood of sexual harassment occurring. Therefore, Event Managers should take steps to prevent sexual harassment, including through the responsible service of alcohol.

6.4.2 | Sexual assault

The Sexual Assault Resource Centre\(^{33}\) define sexual assault as ‘a crime of violence, where a person uses their power and control to dominate another. Sexual assault can be any sexual behaviour or act, which is threatening, violent, forced, coercive or exploitative and to which a person has not given consent or was not able to give consent’. Sexual assault includes being forced to engage in sexual activity\(^{33}\).

The risk of sexual assault increases in social situations where alcohol is consumed. A study conducted with tertiary students in America aimed to gather prevalence data for sexual assaults occurring among students who were unable to consent due to alcohol intoxication. Surveys were conducted in 1997, 1999 and 2001 with an average of 7,993 randomly selected women. Nearly 5% of these women reported having been sexually assaulted while under the influence of alcohol. In addition to binge drinking, other factors that were found to increase the risk of sexual assault included being less than 21 years of age, living in tertiary housing and concurrently using other drugs\(^{34}\).

6.4.3 | Consent to sexual activity

Consent to sexual activity is an important issue. The Sexual Assault Resource Centre define consent as occurring when ‘a person freely agrees to any sexual activities without pressure, force or without being tricked’\(^{35}\).

In Western Australia, laws are in place to protect people from sexual abuse. The key legal points to remember are that:

- the legal age for males and females to consent to any type of sexual activity is 16 years;
- having sex with a person who is under the age of 16 is a crime; and
- if a person is unable to consent to sexual activity (including if they are under the influence of alcohol), it is a crime to have sex with this person\(^{35}\).

6.4.4 | Sexual Assault Resource Centre

The Sexual Assault Resource Centre (SARC) is a free 24-hour service that offers assistance and support to any person aged 13 years and older who has experienced any form of sexual violence. This service is Western Australian-based and provides a range of services including a medical service, forensic service, counselling and support groups. Event Managers are encouraged to retain SARC’s contact details on file should queries, issues or situations relating to sexual violence arise during the event management process:

- Statewide free-call: 1800 199 888
- 24-hour emergency line: (08) 9340 1828
- 8:30am–11:00pm for counselling and information: (08) 9340 1828.
7.0 | Minimising alcohol-related harm at The University of Western Australia

Research acknowledges that universities are an excellent setting for the implementation of health promotion strategies that are designed to positively change health-related behaviours. Two key reasons for this are the large number of individuals frequenting campus and forming a ‘captive’ audience, and the critical link between people and their environment. For these reasons, many universities (including The University of Western Australia) undertake health promotion work.\(^{[36]}\)

Alcohol-related harm to members of the University community or the general population have the potential to undermine the many positive aspects of university life and portray The University of Western Australia in a negative manner to potential students, external stakeholders and the community.

While the need for more prescriptive and detailed procedures for planning and managing events that will involve alcohol has been identified, it is important to note that The University of Western Australia already engages in a variety of health promotion initiatives designed to minimise the harm from alcohol. Examples of actions already undertaken to address alcohol misuse and prevent alcohol-related harm include:

- The University of Western Australia’s Policy on Alcohol and Other Drugs, which outlines the principles that guide the management of alcohol and other drugs by University staff, students and visitors. A copy of this policy is included in Part E of this toolkit. It can also be accessed on the University’s webpage at www.universitypolicies.uwa.edu.au.

- The Tertiary Alcohol Project (TAP), which was first implemented in 2004 with the support of Healthway. The TAP is an alcohol education program designed to increase awareness of safe drinking levels and behaviour, the health risks associated with excessive alcohol consumption and the services that are available on campus to address alcohol-related issues for tertiary students at The University of Western Australia. The overall goal of the TAP is to reduce risk-taking behaviour associated with excessive alcohol consumption by tertiary students and to promote this approach both within the University and to the broader community.\(^{[37]}\)

- Over time, the project will provide students with the knowledge and skills they need to make informed drinking choices. Concurrently, risky behaviour in relation to alcohol will lessen. The project is currently run by The University of Western Australia’s Medical Centre.

Additional information about the TAP can be accessed online at www.tap.uwa.edu.au.

- The University of Western Australia’s Local Drug Action Group (UWA LDAG). This group was established to develop, implement and evaluate alcohol education and prevention strategies. Students, staff and other individuals or groups that are passionate about reducing the harm caused by alcohol and other drugs are eligible for membership. Members can attend meetings, share ideas and information and partake in UWA LDAG events.\(^{[38]}\)

- The University of Western Australia’s Security and Parking Office is responsible for the assessment and approval of Liquor Permit Applications and the provision of letters of consent for Occasional Liquor Licence applications on University sites, including the residential colleges. An agreement between the TAP and the Security and Parking Office has ensured that a Responsible Service of Alcohol pack is distributed to Event Managers with all first-time Occasional Liquor Licences. The pack contains information brochures, drink coasters and responsible service of alcohol posters that can be displayed at events.

- The Student Guild represents students to the University, government and the wider community. The Guild provides a range of non-academic services to students, including large events such as the O-Day Festival and Oktoberfest. The Guild also runs the Tavern, which serves alcoholic (and other) beverages and meals, and provides regular entertainment.

- Event management is an integral feature of the Guild’s operation, which has been considered for a number of years. The Guild currently supports students in delivering events on Guild premises and at external venues. In partnership with the TAP staff, the Guild has assisted with the planning, design, implementation and evaluation of a number of health promotion events at The University of Western Australia.

- The Health Promotion Unit has introduced counselling in relation to alcohol and other drugs. Free counselling is available on campus to students and staff.

- The University of Western Australia’s Sport and Recreation Association is committed to conducting its activities in a manner that encourages the responsible service and consumption of alcohol. The Sport and Recreation Association has developed an Alcohol Code of Conduct, which aims to encourage and promote responsible attitudes and practices to alcohol through leadership and support. A copy can be viewed and downloaded from www.sport.uwa.edu.au/forms.
It is not feasible for the University to solve all of the problems attributed to alcohol consumption by the tertiary community and its guests. However, the above examples provide a snapshot of the ways in which The University of Western Australia continues to place a high priority on addressing alcohol-related harm among its students, staff and visitors.

The University represents an ideal setting to impact alcohol-related harm by:

- educating students about the health and social harms of alcohol misuse;
- encouraging alcohol-free events;
- providing comprehensive and clear guidelines to Event Managers who deliver events on University premises, or who organise University-related events at external venues;
- ensuring that any drinking environment, whether it be on or off campus, is as safe as possible;
- controlling the availability of alcohol at events and ensuring that alcohol laws are upheld; and
- working in collaboration with relevant partner agencies to positively affect drinking behaviour.

This approach, centred on the notion of harm minimisation, acknowledges that people are likely to consume alcohol and that appropriate steps should be taken to ensure that the harm resulting from such behaviour is minimised.

As previously discussed, Event Managers have a crucial role to play in ensuring events are welcoming to those guests who cannot or choose not to drink alcohol. Through policy, procedures and educational strategies, Event Managers can be sensitive to and respectful of the cultural and religious beliefs of all guests.
References

1. Epidemiology Branch, Department of Health WA. Impact of alcohol on the population of Western Australia. Perth: Department of Health WA; 2008.


