

Drink Driving and Drink Walking in the NSW Pacific Island Communities

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Biography

Michelle is a researcher for the Drug and Alcohol Multicultural Education Centre in Sydney, where she conducts research into alcohol and drug use with ethnic communities. She is also employed as a lecturer in Research Methods at the University of Technology, Sydney and is enrolled in a PhD in Health Sociology.

Abstract

In 2002, the Drug and Alcohol Multicultural Education Centre (DAMEC) was awarded a NSW Motor Accidents Authority Injury Prevention and Road Safety Grant to conduct research into drink driving and drink walking among the NSW Pacific Island community. The research was conducted in response to concerns about the incidence of drink driving and alcohol consumption in Pacific Island communities. In response, DAMEC conducted a qualitative research study involving 13 focus groups and 12 in-depth interviews with members of Pacific Island communities in Sydney and the NSW town of Griffith. The methodology aimed to differentiate the contexts in which drink driving and drink walking occur among certain members of those communities (eg. young people, males), and to recommend counter measures.

The research found a disturbing pattern of binge-drinking among Pacific Island people, and related drink driving and drink walking. One of the more alarming findings is the large number of young people who are passengers of drink drivers. The passengers are rarely in a position to influence the driver, especially if they are a parent or relative. Drink walking is common with young males, although not considered a problem by some. The research also found mixed awareness of BAC levels and drink driver penalties. The paper will focus on the social contexts for drink driving and drink walking, and recommend counter-measures to minimise the harm from drink driving and drink walking with Pacific Island people in NSW.

1. INTRODUCTION

This paper discusses the findings from a research study of the contexts for drink driving and drink walking in the NSW Pacific Island communities. The research was conducted in response to anecdotal reports of an increase in drink driving and alcohol use among Pacific Island (PI) people, particularly in Western Sydney. For this study, the definition of a Pacific Island person includes New Zealand (NZ) Maori, Tongan, Samoan, Cook Islander, Fijian and other Oceanic persons. There is a paucity of research on PI people and alcohol consumption in Australia. Similarly, there is very little empirical data on PI and road safety, as the NSW Police Service, the MAA and the RTA do not collect ethnicity data. However, a 2002 Australian Transport Safety Bureau report indicated that people born in "Other Oceania and Antarctica" had the fourth highest percentage of hospital admissions in NSW (1995-97) from road crashes. This supports a need to investigate road safety among Australian Pacific Island people. Specifically, the research objective is to investigate the social and cultural contexts for drink driving and drink walking among NSW Pacific Island communities with a view to identifying countermeasures.

2. LITERATURE REVIEW

2.1 Drink driving and Drink walking in NSW

Alcohol is a contributing factor in 26 per cent of NSW road fatalities (ATSB, 1998). The vast majority of drink driving offenders are male, and there is an over-representation of 17 to 25 year olds (Black & Wang, 2002). In 2001, the local government areas of Blacktown, Wyong, Campbelltown, Penrith and Liverpool recorded the highest number of drink driving offences (Black & Wang, 2002). Encouragingly, a well-structured system of penalties, random breathe test (RBT) and the like have contributed to a decline in drink driving offences (Rouse & Walsh, 2002). However, not all sections of the population have responded to these counter-measures and there are reports of increased drink driving among certain population segments (Black & Wang, 2002).

Alcohol affected pedestrians (so called 'drink walkers') are now also recognised as a significant road safety issue. In NSW between 1995 and 1999, pedestrian injury accounted for 21 per cent of all motor vehicle related deaths in NSW (Williamson, 2002). Of these, about 28 per cent had a BAC level of 0.05 or greater (Rouse, 2002). Put simply, intoxicated pedestrians accounted for around five per cent of total road fatalities in NSW (Cairney, 2002). There are a number of counter-measures for drink walking including responsible service of alcohol, multi-action and behavioural programs (Cairney, 2002). The Australian Hotels Association (AHA) found that the majority of drink walking incidents occur after hotel closing hours, that the majority are jay walking and that most drink walkers have been on licensed premises prior to an accident (McFarland, 2002).

2.2 Profile of NSW Pacific Island Communities

The term Pacific Island (PI) refers to a group of people who originate from the islands of Melanesia, Micronesia and Polynesia (White *et al* 1999). In Australia, PI people are often considered as a large, homogenous community. However, ALAC (2002) caution that there is no "single, unified view on alcohol either across cultures or within cultures". It is therefore important to acknowledge that Pacific peoples' attitudes and beliefs about alcohol are variegated and reflect the cultural practice and spiritual belief of that community.

As shown in Table 1, the 2001 Census (ABS) shows that 46 508 people in NSW, or 0.7% of the total population, are born in a PI country (*excluding NZ Maori). The largest PI community is the Fijian, who comprise 0.4 percent of the total NSW population. Table 1 also shows that 20, 370 people in NSW speak a PI language at home, with Samoan being the most prevalent (ABS, 2001).

Table 1. Population Distribution of NSW Pacific Island Communities, 2001

	Country of birth	% of NSW popn.	Languages spoken at home
Papua New Guinea	5,552	.09	312 (Tok Pisin)
Cook Islands	2,100	.03	1, 282 (Maori)
Fiji	27,099	.4	3, 148
Samoa	6,382	.1	10, 065
Tonga	5,165	.08	6 717
Micronesia	210	.01	n/a
Maori(New Zealand)	n/a	n/a	1, 680

Source: 2001 Census of Population & Housing, ABS

3. METHODOLOGY

Using a qualitative methodology, some 13 focus groups were held with 82 participants from Sydney and Griffith. The researcher also conducted 12 in-depth interviews with Pacific Island people in government and community services. The majority of focus groups were facilitated by a trained PI research assistant, and conducted in areas with high numbers of PI people. Where possible, the groups represented the specific communities of an area, such as the Samoan in Campbelltown. There was also a deliberate over representation of young people aged 18 to 30 with whom there are particular concerns over drink driving and alcohol consumption. Following the 2001 Census figures, the majority of groups were conducted in Western Sydney and two in the NSW town of Griffith. Participants were generally part of 'ready made' groups and were given a \$10 CD voucher for their participation. Due to non-random sampling technique, the research findings cannot be generalised to the wider population of PI people. Also, targeting areas of high PI concentration introduces a degree of respondent bias.

4. FINDINGS

4.1 Alcohol Consumption

The study suggests that 'binge' or episodic drinking is common among Western Sydney PI residents. It is not uncommon for drinking to occur from a Friday afternoon until Monday morning, the 'long weekend'. Binge drinking is especially prevalent with young people, some of whom attend school while intoxicated. As Dalziel (2002) observes, the prevalence of binge drinking in young people has increased significantly in the last five years. This problem is therefore not confined to PI young people, and reflects a general concern over levels of alcohol consumption among young people. The pattern of alcohol consumption found is consistent with New Zealand (NZ) reports of hazardous drinking patterns among PI and Maori. For example, a 1999 NZ Ministry of Health survey found that 15 percent of PI adults drink in a manner that put them at risk of future physical or mental health problems (ALAC, 2002).

The research indicates that people of both genders consume alcohol, especially in younger age groups. The second generation of PI report higher levels of alcohol abuse, while those who abstain may do so for religious reasons. The majority of participants consumed alcohol at family functions, celebrations, parks and other open spaces. To a lesser extent, it is also reported to be in pubs and clubs, especially football clubs. In keeping with national trends (AIHW 2002), the most popular drinks for young people are beer and mixed spirits. For PI young people, the preferred drinking place is more likely a nightclub with hip-hop music, a pub, friend's houses, park, tunnel or other open space. For PI, the openness of a drinking place suggests that drinking is less of a moral issue, or less conflicting, than in the mainstream community (SIRC, 2000). In societies with a less relaxed attitude to alcohol, the drinking place is likely to be an environment that conceals the activities of the drinkers.

The research supports a conception of drinking that differs to the mainstream community. For example, informants discussed the tendency to "drink until the alcohol runs out" - and that this form of 'social drinking' is something you only do with your mates. Some people noted that to not "wipe yourself out" would be considered "bad form - or you would be considered to have failed in your obligation to the group". A non-drinker is one that drinks occasionally or moderately. Thus, there is less scope for 'in-between' or moderate drinking. As ALAC (1997) noted, moderation can be construed as 'meanness', and a good host is one who offers generous amounts of food and drink. This links to the definition of poverty as not being able to feed one's guests, and is linked culturally into the tribal status of leaders are those best able to provide for the community. The research found that the definition of a drinking 'limit' varied widely and many participants had vague limits such as "when I pass

out” or “when my legs can’t hold me”. As with binge-drinking, this reflects a wider trend in society, especially for young people (see Salvation Army, 2002).

4.2 Drink driving

The research found that drink driving is a concern among Pacific Island people in Sydney, especially for 16 – 35 year old males. Former drink drivers recalled feeling confident and alert, "it feels mad, feels free...you can speed whenever you want...feel more comfortable...you know what to say, know what to do". Some reasons proposed by participants for drink driving are the lack of public transport in outer suburbs, the cost of taxis and significance of the car to PI males. One of the disturbing indications is the large number of young people who are passengers of drink drivers. The passengers are rarely in a position to influence the driver, especially if the driver is a parent or relative. The most common expression for passengers is one of fear and a feeling of helplessness such as "I just pray to myself". As one participant noted, when the driver is a parent then "you can't say 'I have to go now' when they force you it's like 'Just get in the car'". A small number of passengers support the drink driver if they are a trusted person or “a good driver”.

The research participants who had been most involved with drink driving are middle aged men and 16 to 25 year olds. The research found a high level of car ownership and access among young people, and is a status symbol for males. The informants noted that some disqualified drink drivers continue to drive, and a relatively large number of PI are in drink driver remedial programs. All this supports anecdotal reports of an increasing number of drink driving incidents among PI people in Western Sydney.

4.3 Drink walking

According to focus group participants, drink walking is fairly common but not necessarily done in an unsafe or irresponsible manner. Others felt that drink walking is safer than drink driving and not a problem for the community. The situations that lend themselves to drink walking are the same as for drink driving, with slightly more reference to pubs, nightclubs and parks. It was noted that parks are very popular with teenagers and young people, and occasionally they walk home and participate in unsafe activities such as playing ‘chicken’ with oncoming cars or sleeping on the road. It also seems that a lack of public transport in the western suburbs increases the likelihood of drink walking.

According to focus group participants, the most at risk from drink walking are males aged 14 to 25 and females aged 16-30 or older men. Young people congregate in parks, drink to excess and lose their sense or direction. This supports RTA findings that drink walking is a predominantly male activity (Rouse, 2002). It is especially common with young people after binge-drinking episodes in parks or nightclubs and is more likely to occur at weekends or ‘long weekends’ (Rouse, 2002). The experience of drink walking is that you are “slower, you’re not yourself...you don’t think of anything”. There was very little recall of dangerous drink walking episodes, although a couple of fatalities were recalled.

4.4 rban/Rural Contrasts

The research suggests that certain socio-demographic differences between PI families in Griffith and Western Sydney account for differing patterns of alcohol consumption. Many PI in Griffith are engaged in itinerant agricultural work. These employment opportunities attract PI people to Griffith who stay because of the relaxed lifestyle. In contrast, the majority of Sydney based Pacific Island people live in economically depressed and geographically isolated areas of the western suburbs. For example, it was noted that workers in Griffith do not drink alcohol in the week as they have to be up early to go to work. As a consequence, their drinking is self-regulated and there is less likelihood of drink driving or drink walking.

The communities in Griffith also have strong social networks among the church and community organisations. Such networks are more fragmented in Sydney, especially for young people. Thus, the reported increase in drink driving among PI people in western Sydney may be more reflective of socio-economic conditions than culture. This thesis is widely supported by prominent researchers such as Mukherjee (2000), who argues that one's socio-economic status is a larger determinant of criminal activity than cultural factors.

4.5 Kava: Consumption and Impaired Road Use

Kava is a popular and traditional ceremonial drink prepared from the crushed root of a pepper plant. It is widely used in the Pacific Islands, especially among Tongans and Fijians. By all accounts, it is an acquired taste and has a narcotic effect, "a state of happy unconcern, wellbeing and contentment" (d'Abbs, 2002). Many PI people continue to consume kava after migrating to Australia. Kava is often drunk in a circle or session and is an archetype for alcohol consumption (ALAC 2002). Kava drinking is tolerated by some churches and its use is more acceptable to many PI people than alcohol. It is often drunk in 'kava clubs' or circles, a practice that seemed common to the Griffith participants.

In 1990, the National Health and Medical Research Council placed kava on Schedule 4 of the Commonwealth Standard for Uniform Scheduling of Drugs and Poisons. Kava is not restricted in NSW, although there are concerns over its perceived health impact (d'Abbs, 2002). Many research informants claimed it is easy to obtain powder kava, although they are generally aware of its drug status. The research suggests that some people drive or walk home in a tired or disoriented condition after a kava session. RBT equipment does not necessarily detect drug use (Phillips, 2003). Since kava is a drug, it may not show up on this testing equipment. Overall, the research does not indicate that kava is implicated in drink drive or drink walking incidents. However, along with other sedatives, it should be considered as a possible contributor to drug driving.

4.6 Awareness of Drink drive Policies and Public Awareness Campaigns

The participants had mixed awareness of BAC levels and drink driver penalties. As in New Zealand, participants had little awareness of sober driver or designated driver programs, suggesting that these are not commonly used among PI people. The focus group participants demonstrated a high level of recall of television advertisements for anti drink driving including 'drink and drive, you're a bloody idiot'. As in mainstream population surveys (MAA conversation, 2003), the participants often mistook fatigue advertisements for anti drink driving advertisements. Generally, participants seemed to remember advertisements with tragic scenarios or strong messages.

5. CONCLUSION

The research supports a case for targeted drink driving and anti drink walking campaigns in a variety of media for example magazines, postcards, radio and the Internet. It also supports a need for education that informs people of prescribed blood alcohol levels and related penalties, moderate drinking and designated driver programs. Campaigns should include the family in key messages and relate particularly to passengers of drink drivers.

There have been successful harm minimisation campaigns in New Zealand that could be used to inform the Australian context. For example, the Auckland SIP campaign effectively promoted a simple hip message of moderate drinking to young Maori/PI people (Snowden, P, 2002). Such a strategy promotes a different discourse on drinking which may influence behaviour.

Education could also utilise community networks including church groups, youth groups, cultural days and football clubs, particularly for the Western Sydney PI communities. Health professionals may also be able to assist in promoting health related messages.

Education will be most effective if implemented at two levels – the macro level via media and the micro community based level. If the conditions for alcohol consumption are ignored, concerns have been expressed that drink driving and drink walking will escalate in NSW Pacific Island communities. There are also implications for further research, particularly in relation to kava use. Finally, DAMEC has been funded by the MAA to implement a targeted anti-drink drive campaign for PI people in NSW.

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