

How is your work affecting you? The effects of exposure to risky drinking on perceptions of risk.



Dr Anna Dimsey, Maureen Eadie, Aneliese Poorter & Stephanie Gough

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Background to the research

- Anecdotal reports:
 - perceived risk based on practitioner experiences.
 - risk associated with own drinking behaviour in comparison to clients
- High prevalence of patients with addictions (50%) within The Hobart Clinic
- Limited research evidence looking at rates of alcohol use in helping professions
- Commonly heard client belief “everyone drinks” staff exposure to this plus higher rates of problematic drinking



Background to the research

Study of college students found biggest predictor of alcohol consumption is the perception of drinking norms (Perkins, Haines & Rice; 2005)

- Constant exposure to clients with heavy alcohol consumption may skew the norm around levels of consumption

Norland (2008). As alcohol consumption has increased public perceptions of what constitutes severe alcohol use have become more permissive.

- Greater exposure to a population with high levels of use may lead to more permissive attitudes



Background to the research

Lundborg & Lindgren (2002)

- Examined the effect of health messages in the general population finding increased perceived harm decreases overall alcohol consumption
 - Exposure to risky use should decrease consumption as it increases perceived risk
- or*
- exposure to heavy use with limited short term harm may actually lower ideas of perceived harm



Research Questions

- Does exposure to client's heavy alcohol consumption influence:
 - our own drinking behavior?
 - our perceptions of risk involved in alcohol consumption
 - For ourselves?
 - For new clients?
 - For clients with a history of heavy consumption?
- Does perceived risk vary according to level of exposure to clients with heavy alcohol use



Research Questions

- What is the level of knowledge of current Australian alcohol guidelines?
 - Do perceptions of risk reflect these guidelines?
 - Do health professionals advise clients of low risk drinking guidelines and what influences likelihood of providing this advice?

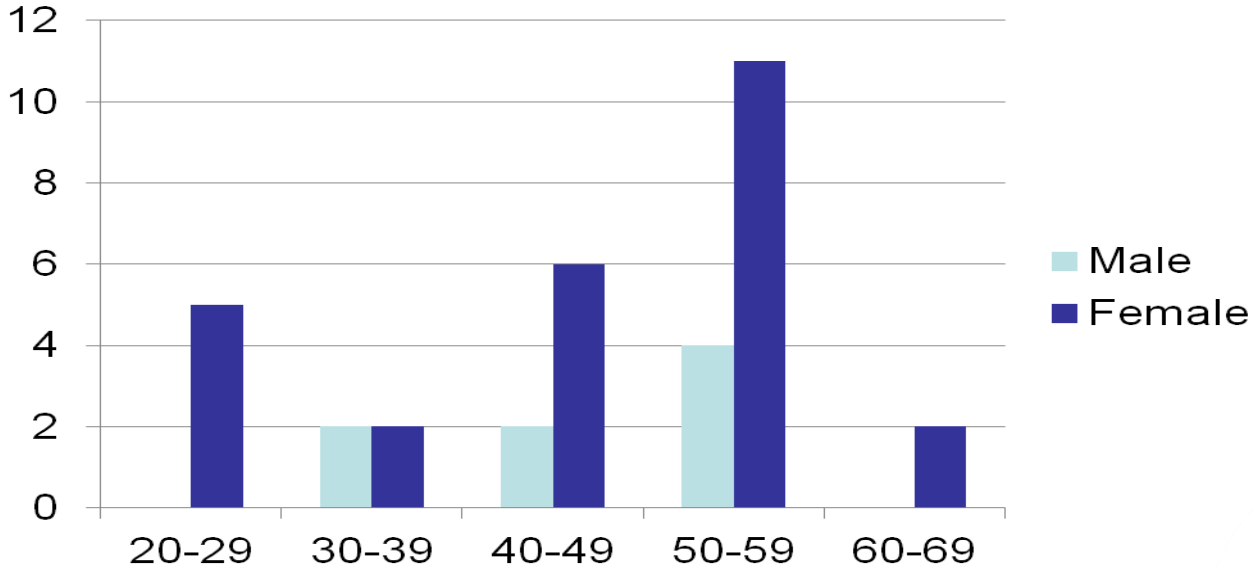


Method

- Brief online and paper based survey
 - 26 questions taking around 10 minutes to complete.
- Questions designed to collect:
 - Demographic data, levels of alcohol use, perceptions of risk related to both own and client's alcohol use, knowledge of alcohol guidelines, changes in drinking behaviors.
 - Based around questions from the National Household Survey, FARE study (2012), AUDIT.
- Predominantly data was gathered from staff of The Hobart Clinic, with additional responses collected from professional networks of the researchers.



Results - Demographics



Results

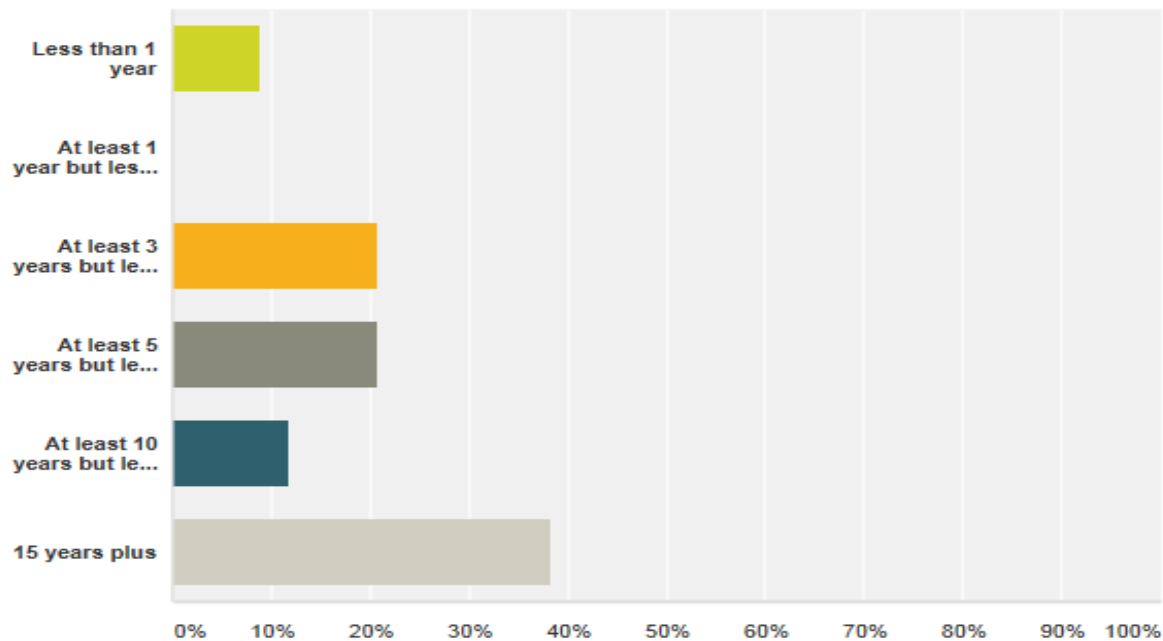
Professional Background:

- Medical Practitioner (n=3)
- Nursing (n=9)
- Allied Health (n=12)
- Non-Clinical Support Staff (n=10)



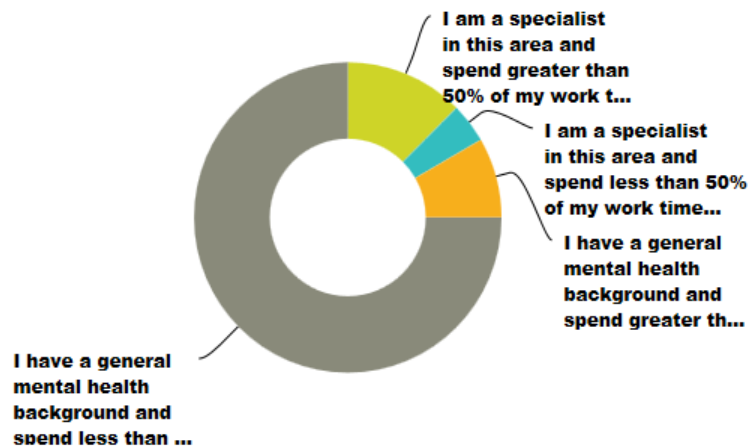
About how many years have you been working in your current profession?

Answered: 34 Skipped: 0



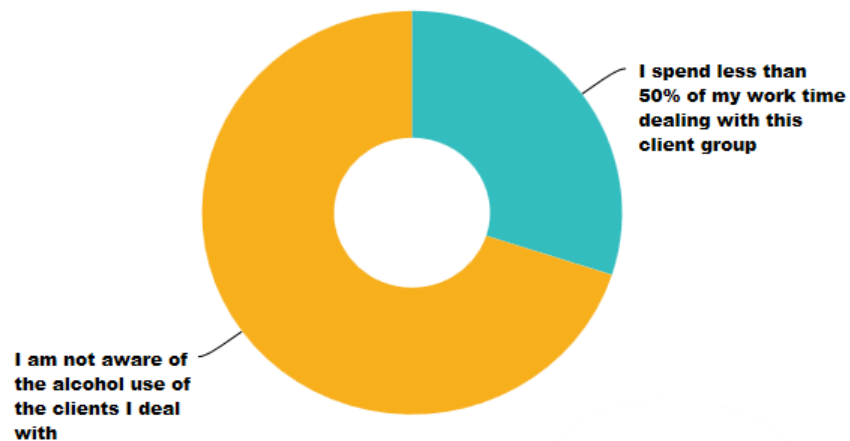
For those involved in clinical work - which of the following best describes the level of contact you have with clients with alcohol use problems?

Answered: 24 Skipped: 10



For those involved in non-clinical work - which of the following best describes the level of contact you have with clients with alcohol use problems?

Answered: 10 Skipped: 24



Drinking Guidelines

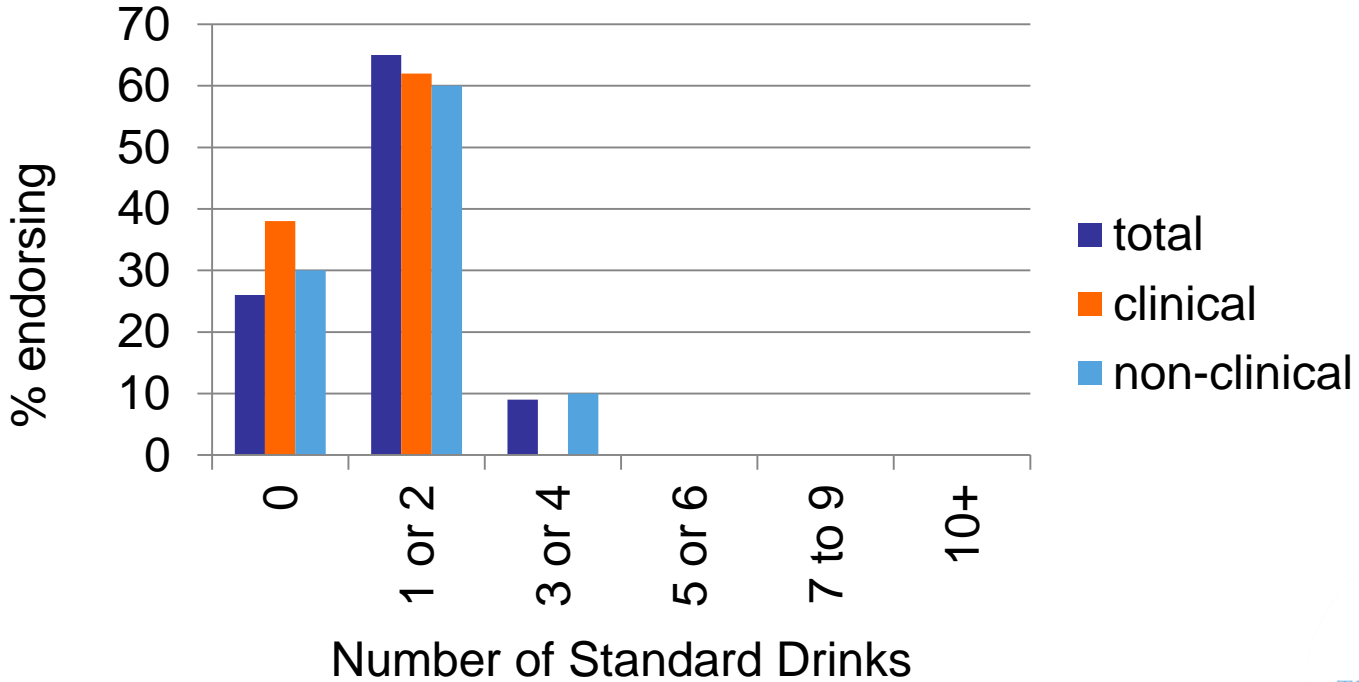
Questions used from FARE (2012) Study

“Perceptions of low-risk drinking levels among Australians during a period of change in the official guidelines”

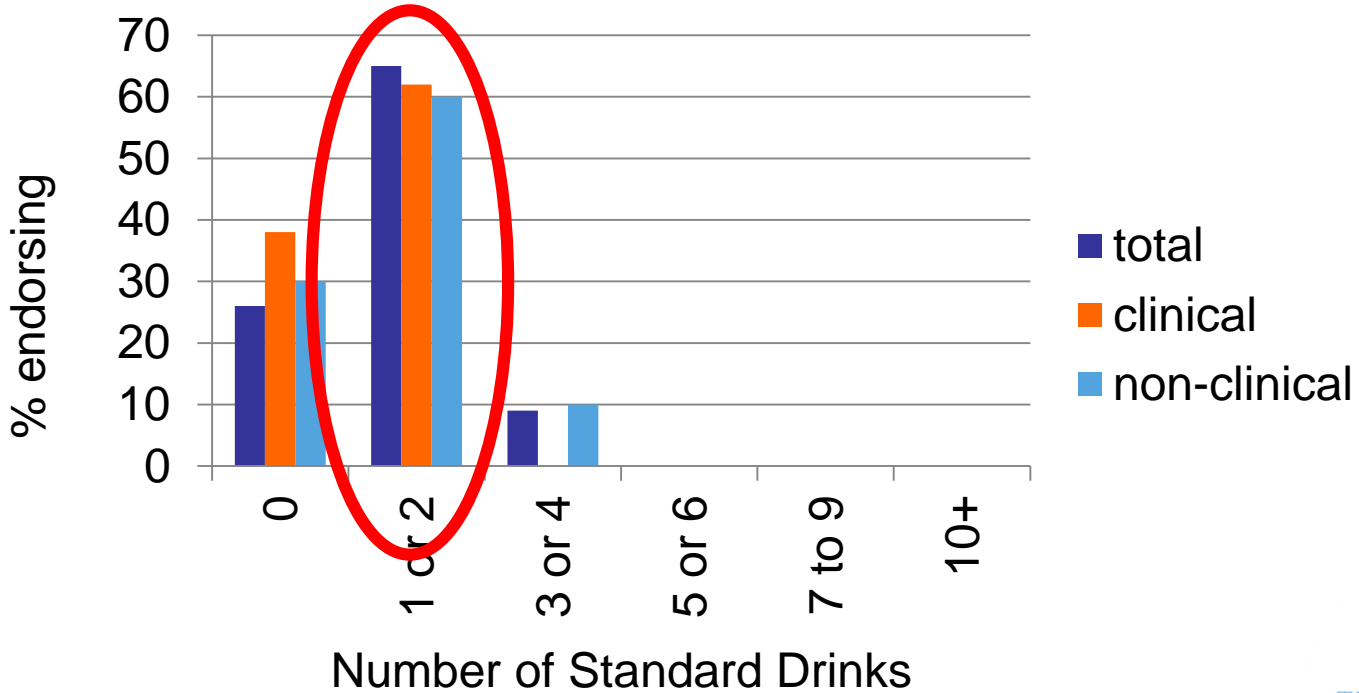
Knowledge of guidelines needed to check if perceived risk varies from actual risk



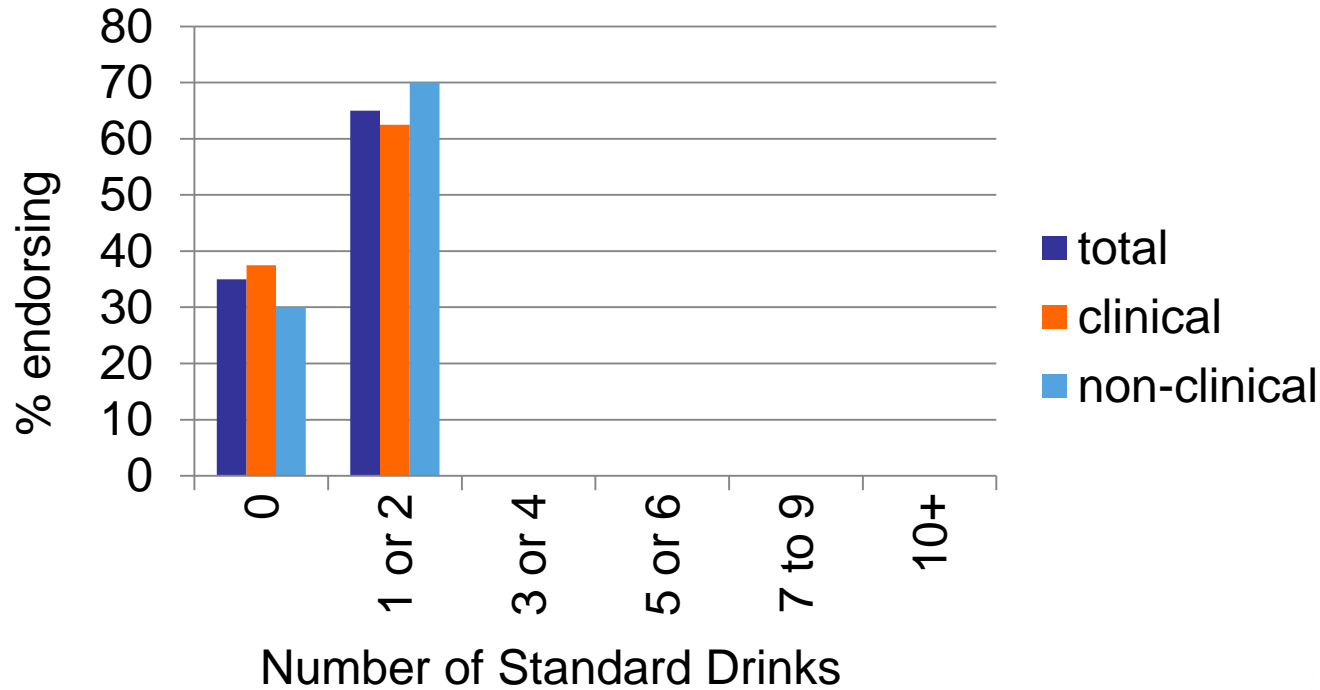
Drinking guidelines – Adult male 4+ days



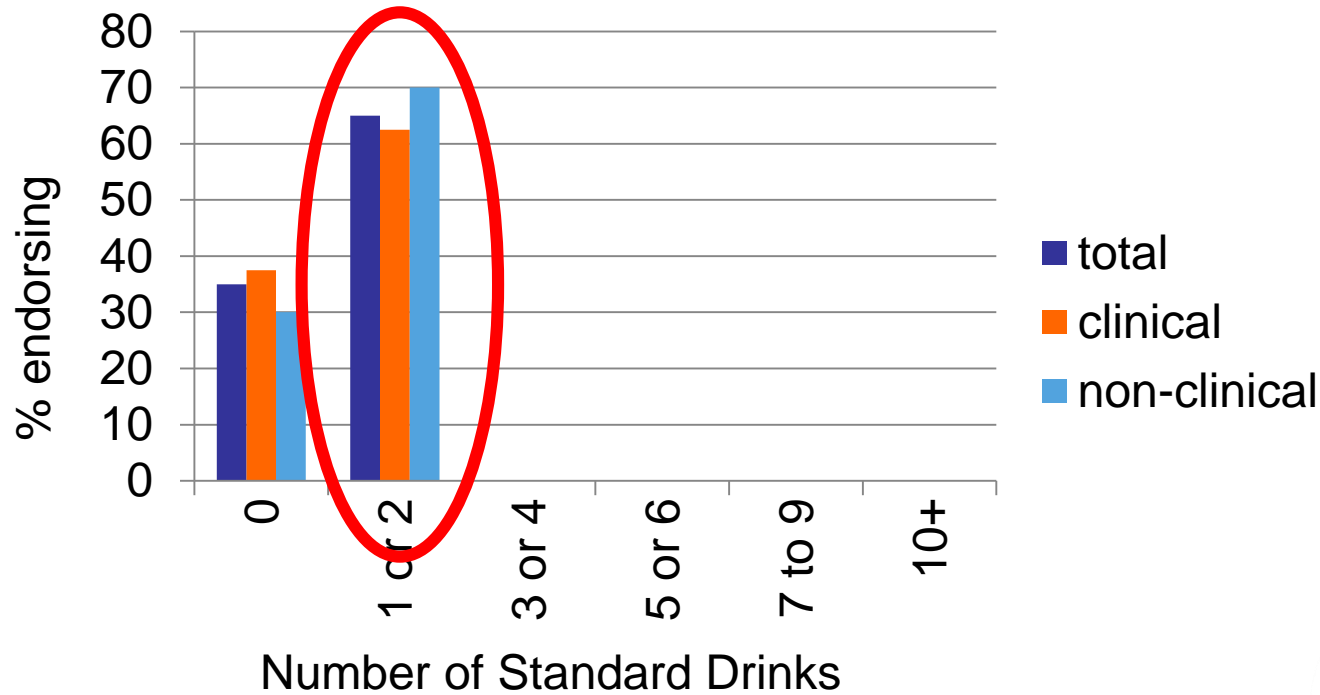
Drinking guidelines – Adult male 4+ days



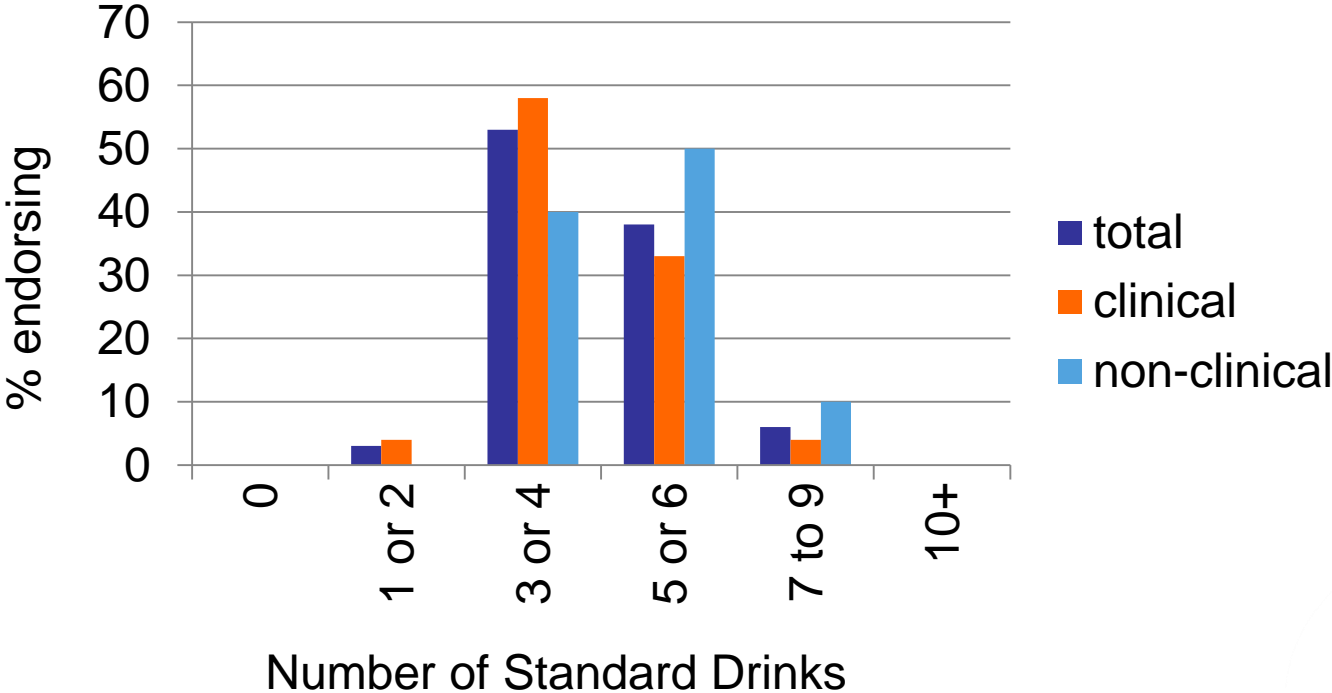
Drinking guidelines – Adult female 4+ days



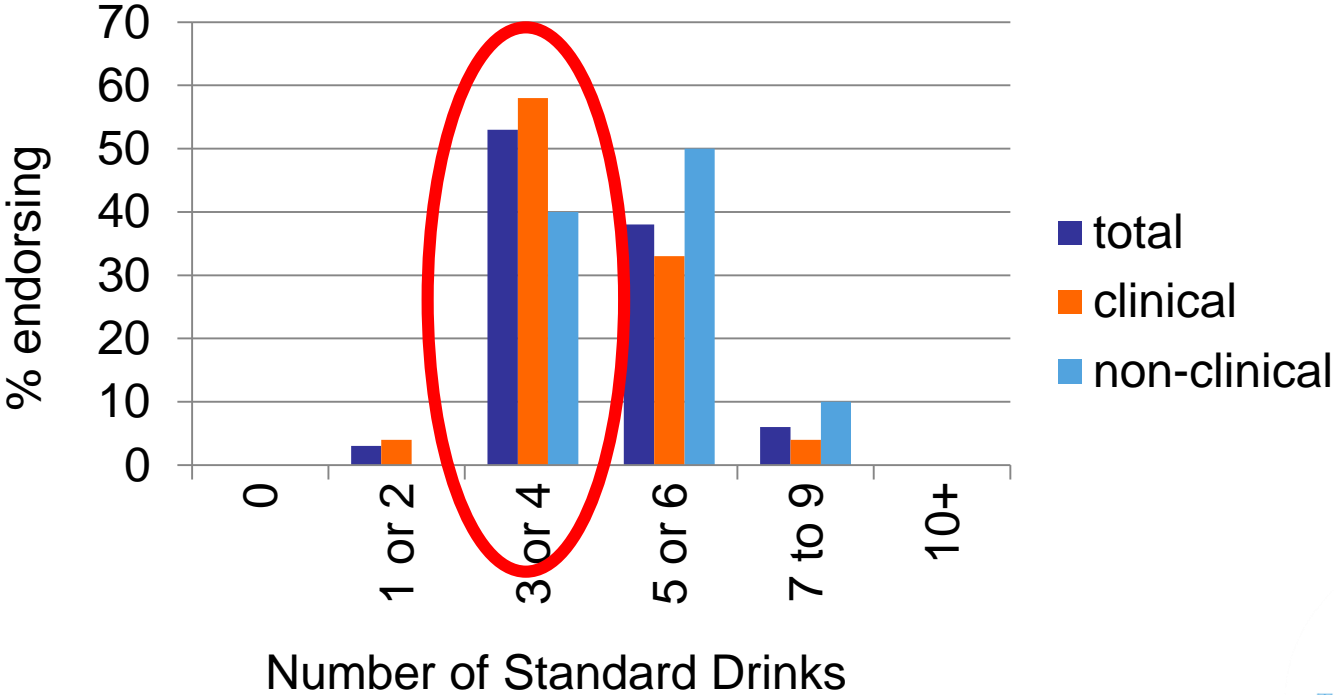
Drinking guidelines – Adult female 4+ days



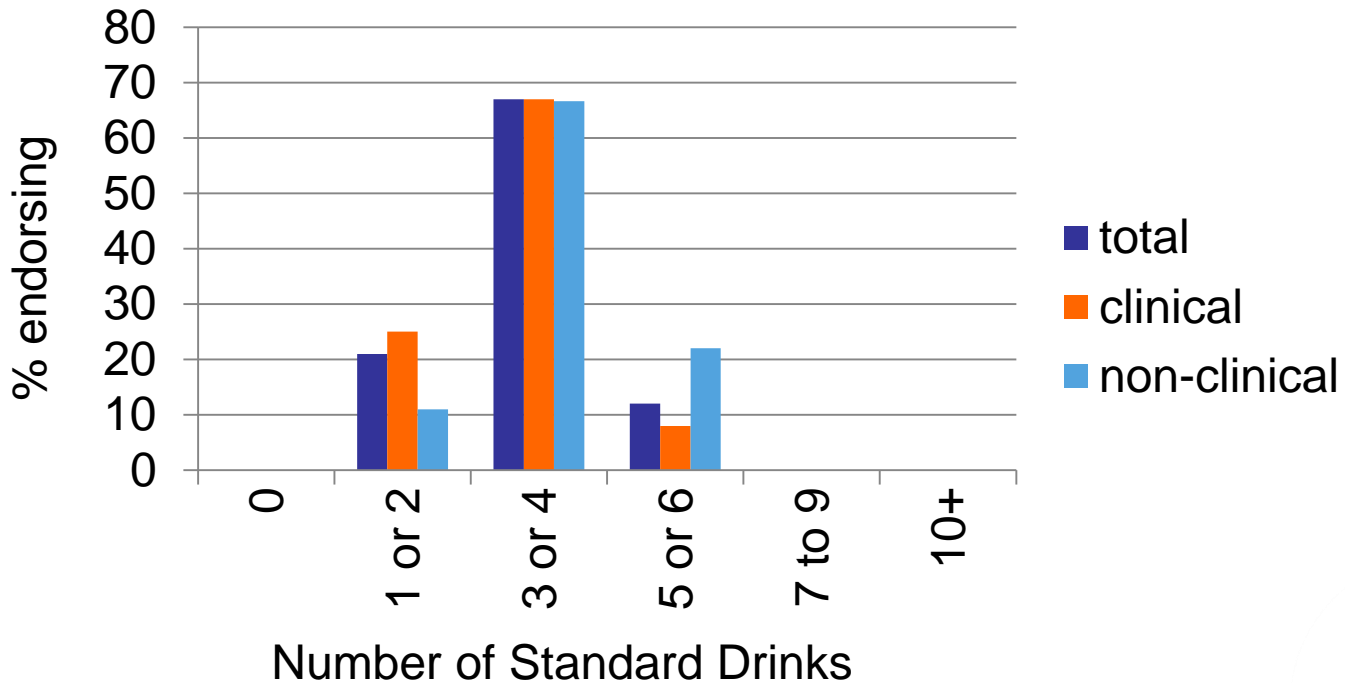
Drinking guidelines – Adult male 6 hour period



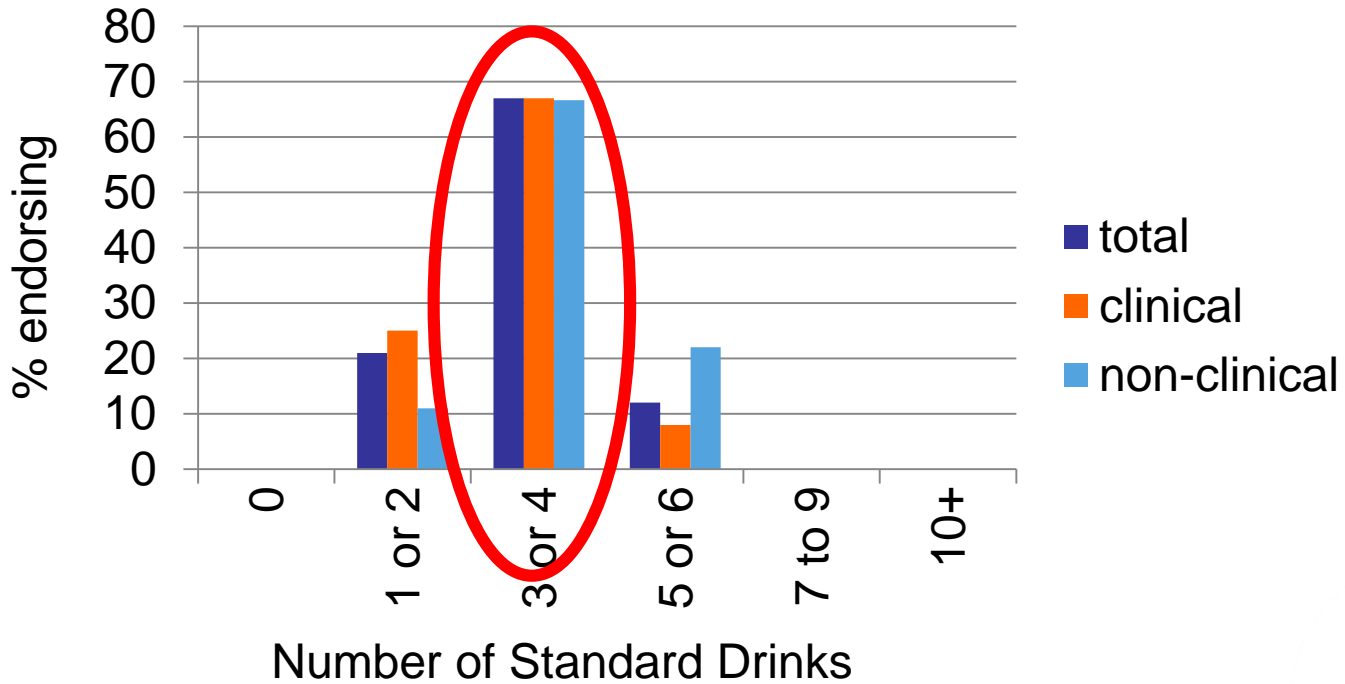
Drinking guidelines – Adult male 6 hour period



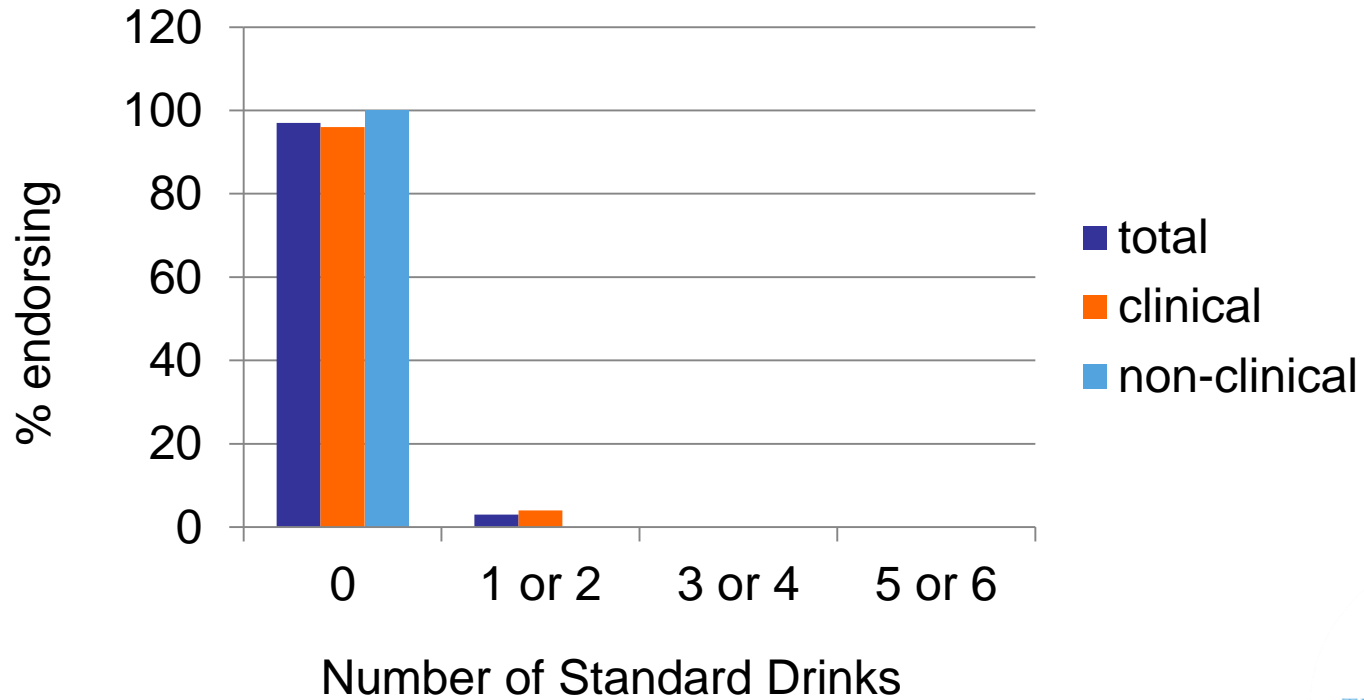
Drinking guidelines – Adult female 6 hour period



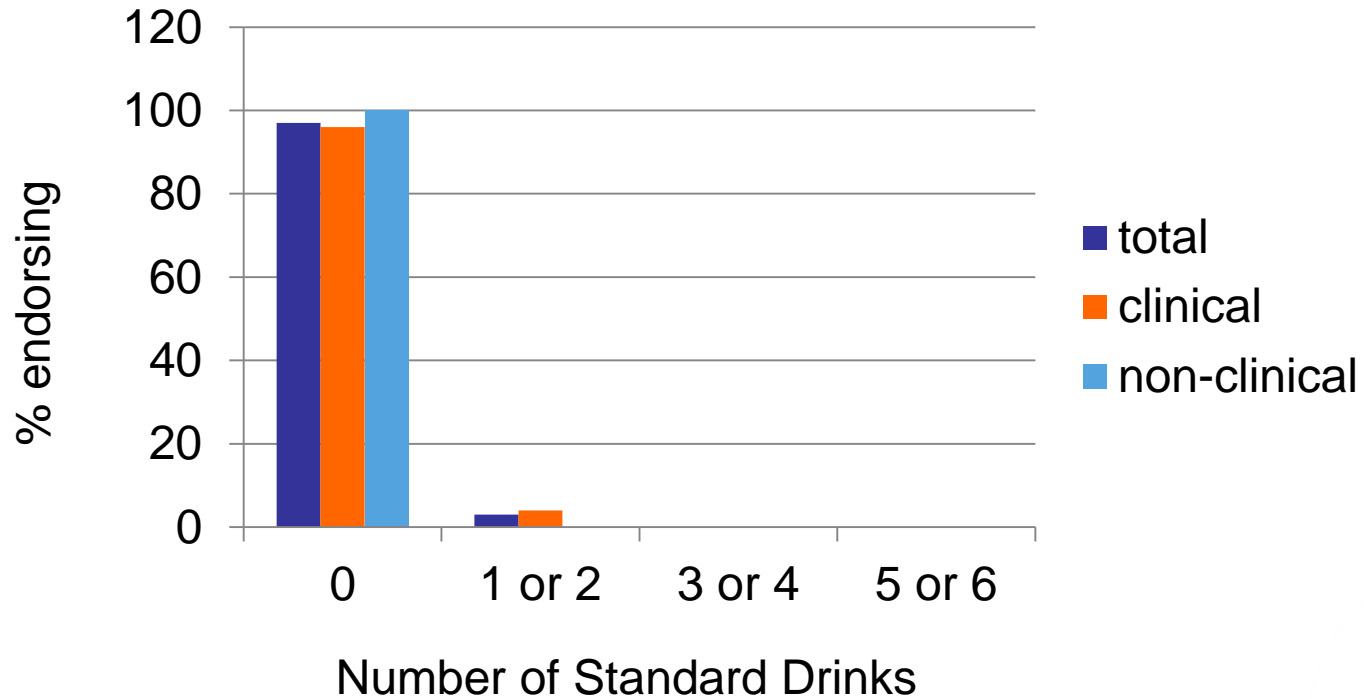
Drinking guidelines – Adult female 6 hour period



Drinking guidelines – <18



Drinking guidelines – pregnant or breastfeeding



Perceptions of Risk

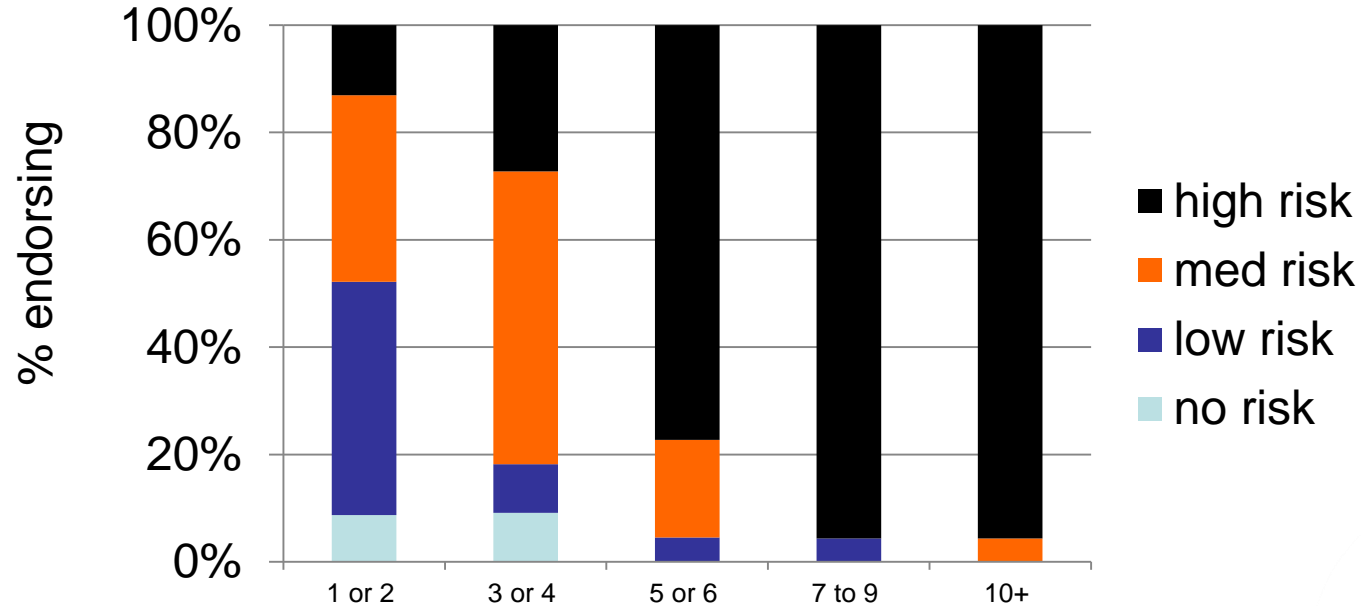
Those involved in clinical contact were asked to consider how risky they felt clients drinking behaviour would be at various quantities of alcohol.

A distinction was made between clients known to the clinician versus clients new to the service.

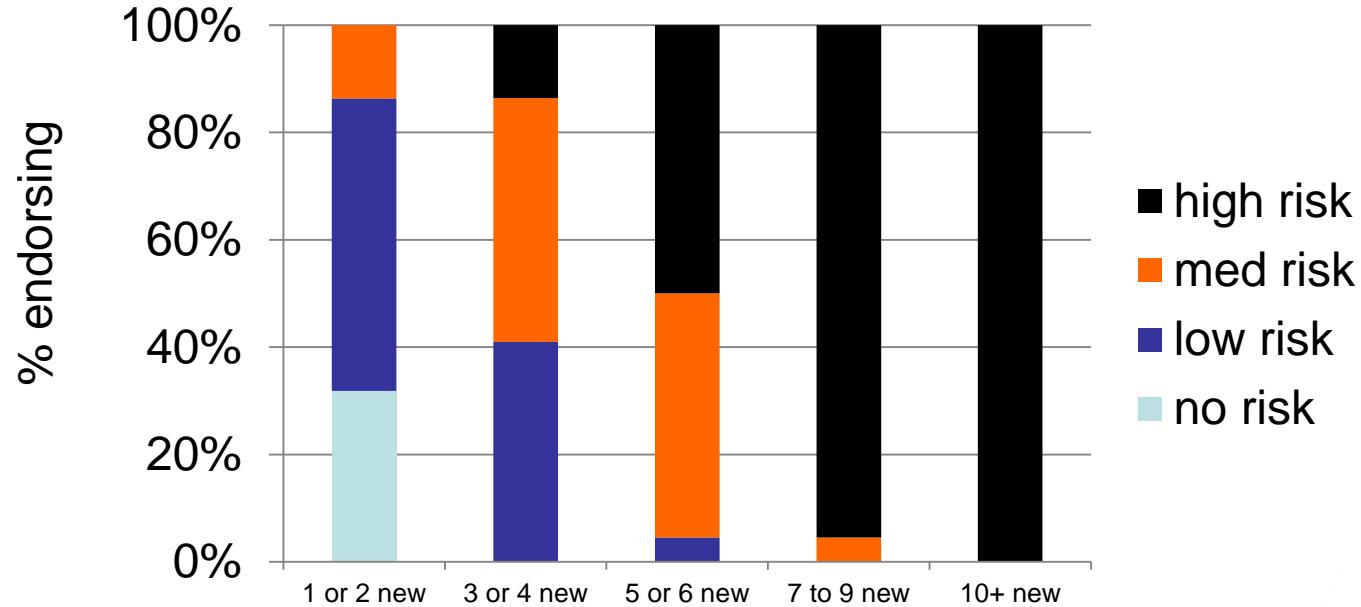
A comparison was also made between perceived risk of own drinking versus drinking of new clients



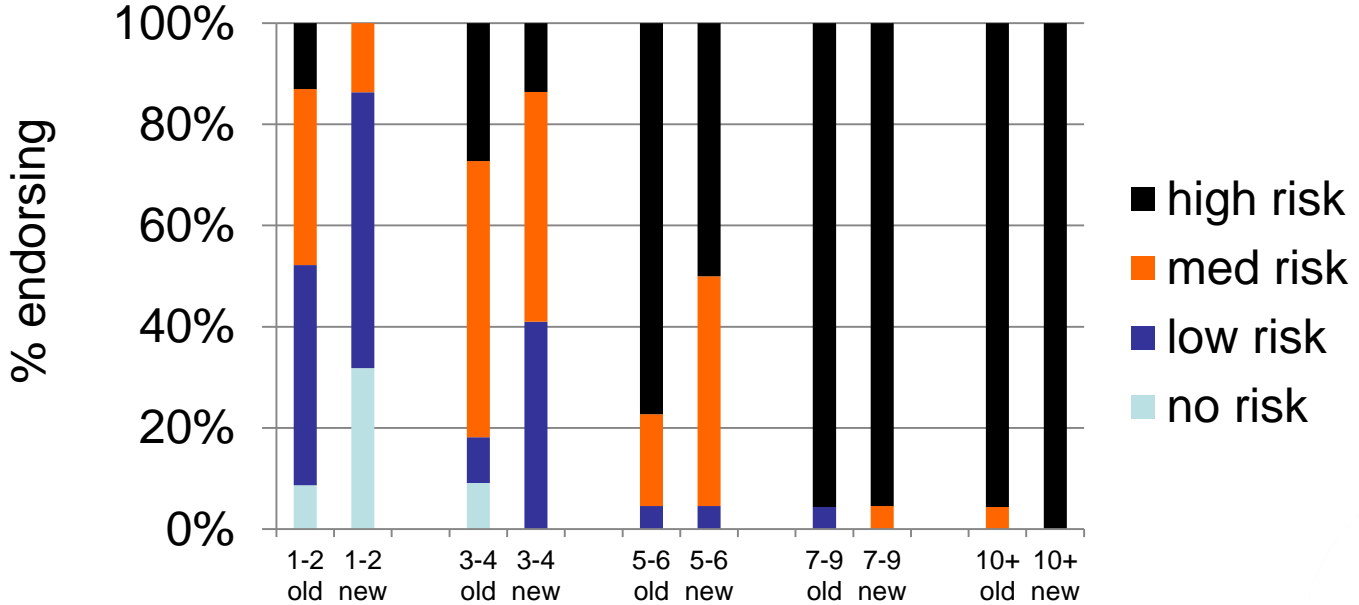
Perceived risk of consumption – known client 4+ days a week



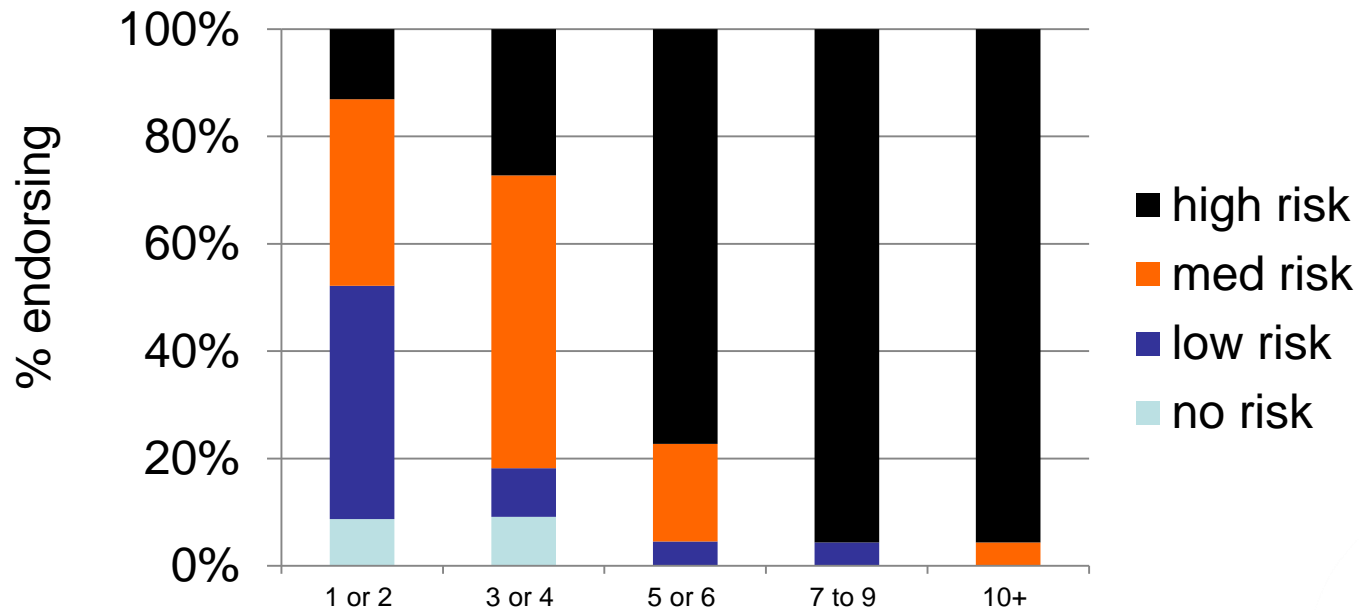
Perceived risk of consumption – new client 4+ days a week



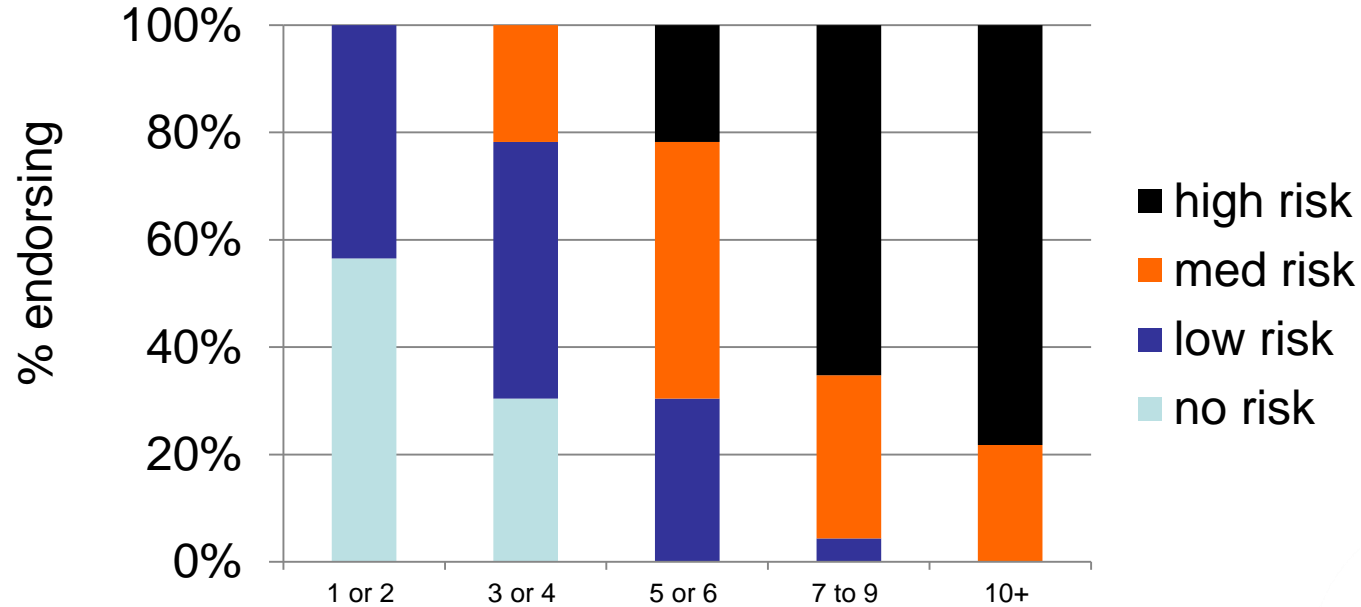
Perceived risk of consumption – comparison 4+ days a week



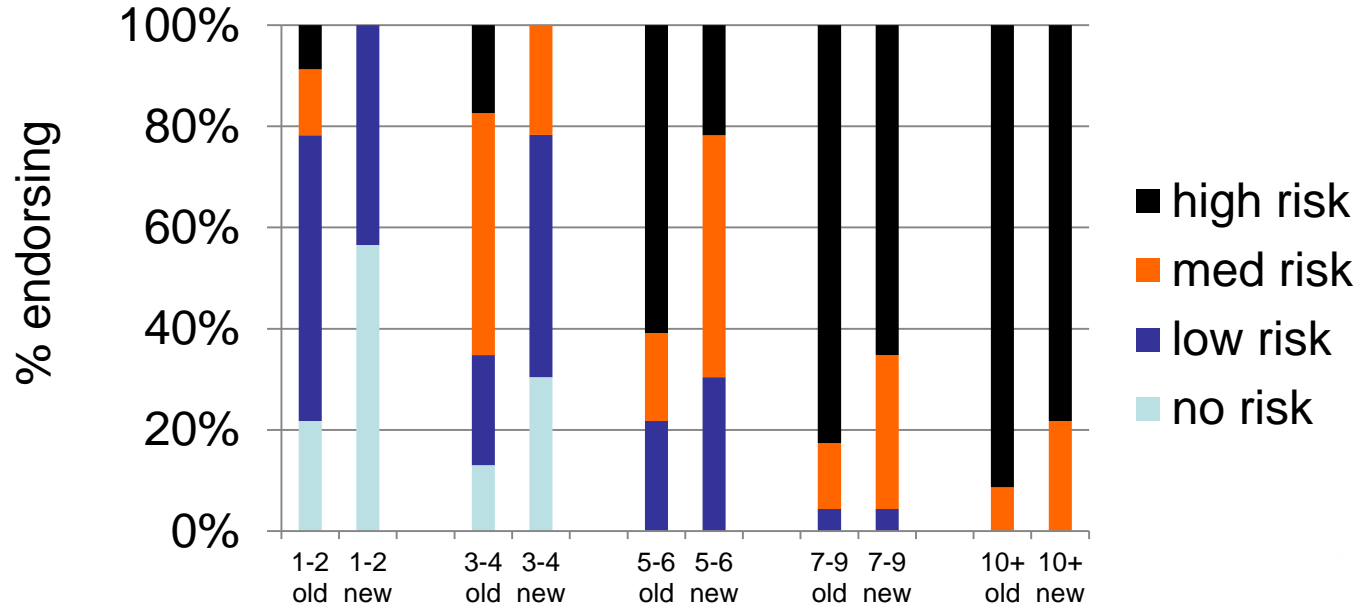
Perceived risk of consumption – known client occasional



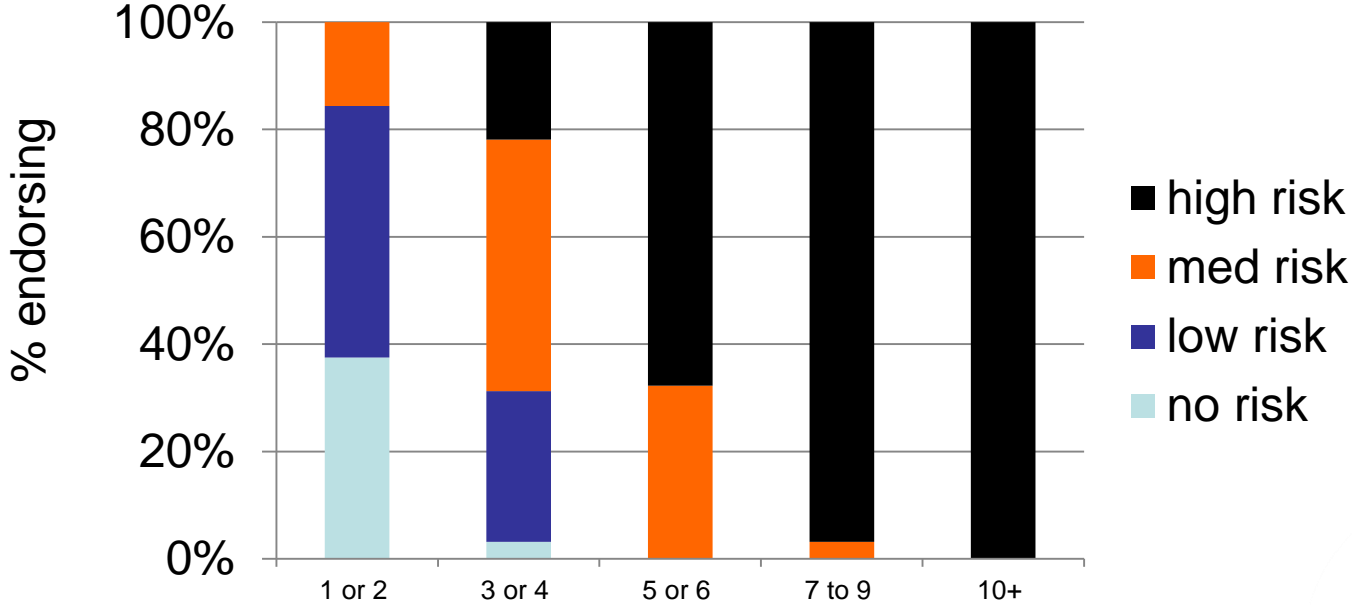
Perceived risk of consumption – new client occasional



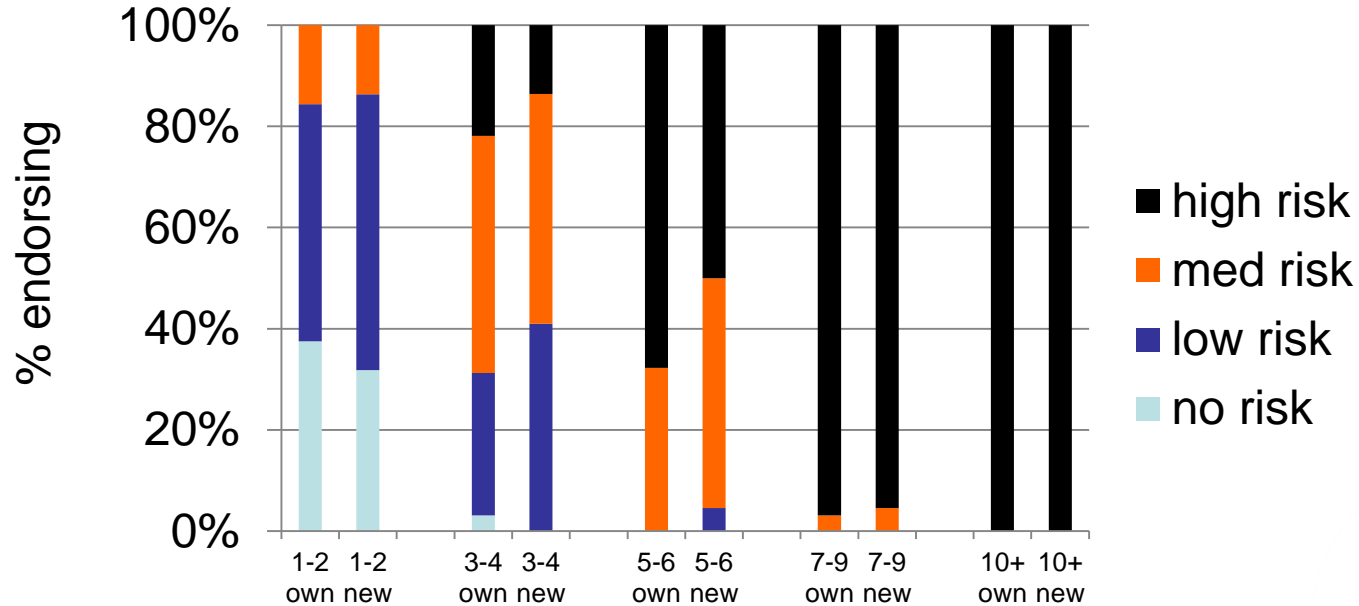
Perceived risk of occasional consumption - comparison



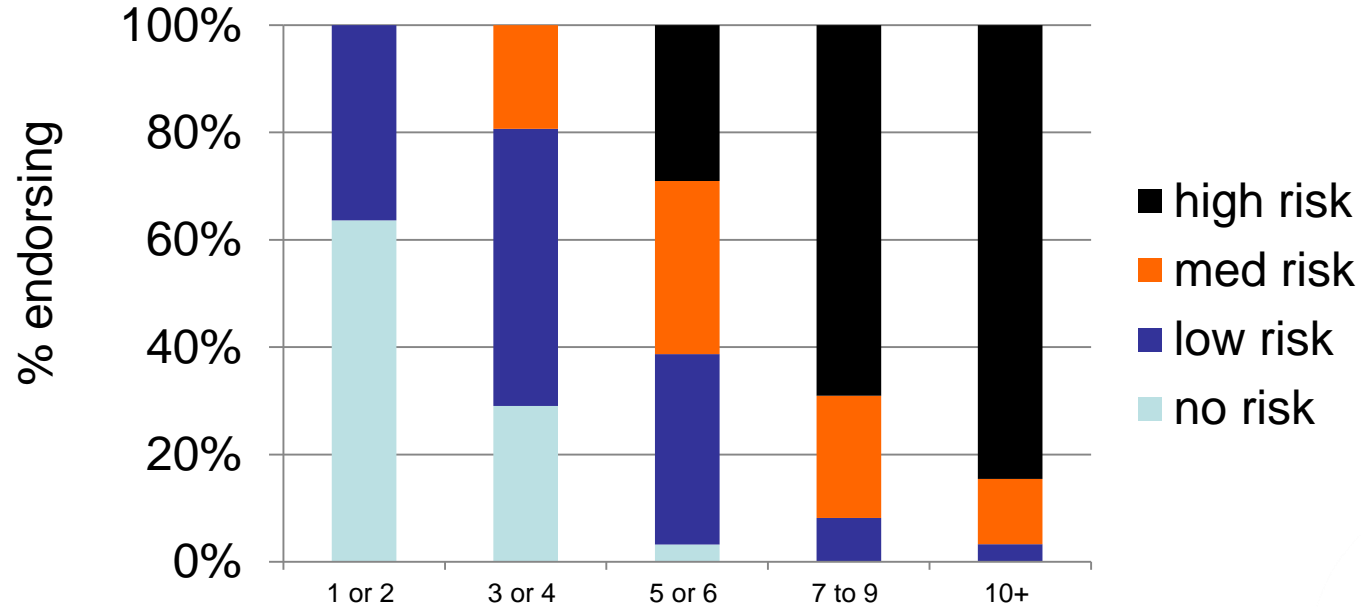
Perceived risk of own consumption – 4+ days



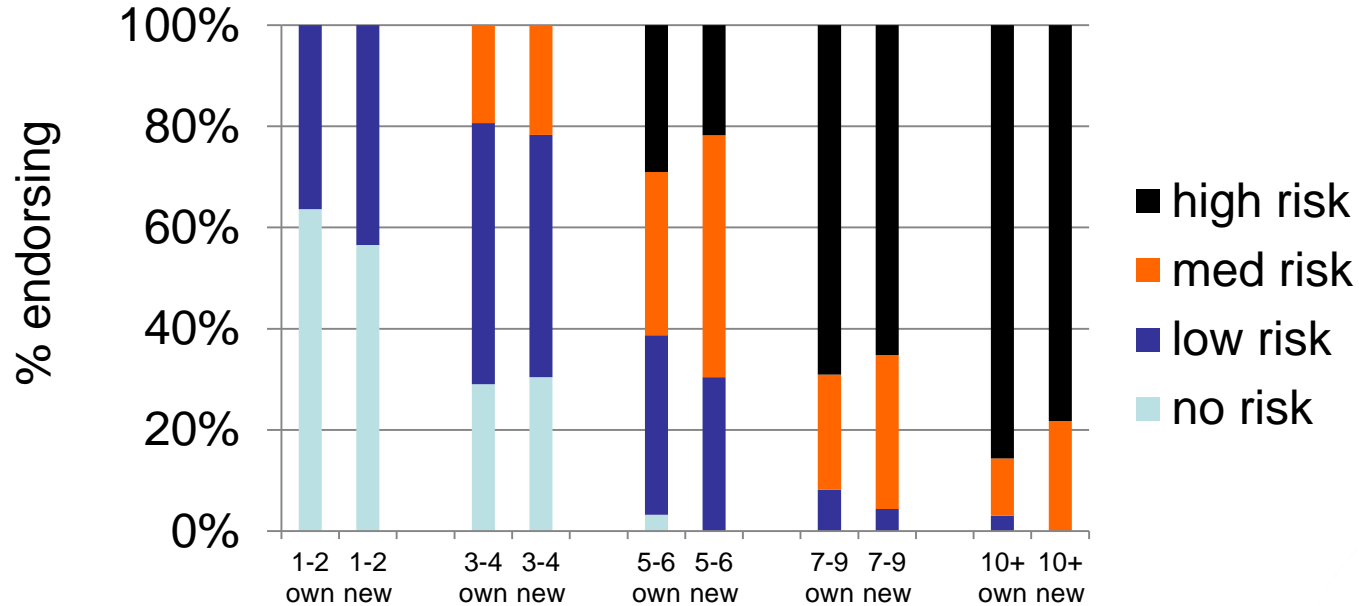
Perceived risk of consumption own/new client 4+ days a week



Perceived risk of own consumption – occasional



Perceived risk of consumption own/new client occasional



Research Questions

Does exposure to client's heavy alcohol consumption influence:

- our own drinking behaviour?
- Sample size too small to meaningfully compare drinking levels to household survey data , however 27% reported decreased consumption after working in this area
- Those with 5+ years of experience were more likely to report a reduction in their alcohol consumption
- Qualitative data also supports reduction in use which was attributed to increased knowledge of risks involved (in line with Lundborg & Lindgren)



Research Questions

Does exposure to client's heavy alcohol consumption influence:

- our perceptions of risk involved in alcohol consumption
 - For ourselves?
 - For new clients?
 - Perceptions of risk matched for self & new clients in accordance with guidelines. 59% reported having a greater concern about clients use since working in the area.
 - For clients known to the service?
 - Higher risks attributed to consumption in known clients
 - Qualitative responses suggest higher risk is due to concern of relapse, need for abstinence in cases of heavy consumption



Research Questions

What is the level of knowledge of current Australian alcohol guidelines?

- Good knowledge across both clinical and non-clinical staff

Do perceptions of risk reflect these guidelines?

- Yes for self & new clients. Estimates for risk for known clients are greater.

Do health professionals advise clients of low risk drinking guidelines and what influences likelihood of providing this advice?

- Most reported advising of low risk guidelines except in instances where they felt abstinence was necessary, where clients were already at low risk levels or where they felt the gap between the current level of drinking and the guidelines was too great



Where to from here?

- Why are perceptions of risk so important?
- What does this mean for you?
- How does it change the way you view clients alcohol use?
- How do you view your own use in comparison to client use?
- How can we ensure we are aware of and challenge unhelpful risk perceptions?
- What could this mean for clients involved in group treatment programs?



Thank you

- Anna Dimsey, Clinical Psychologist
- Email: adimsey@thehobartclinic.com.au
- Telephone: 6247 9960

