# Alcohol and caffeinated energy drinks: A preliminary study exploring patterns of consumption and associated harms

## Researchers

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## Summary

There is increasing evidence that a growing proportion of young people are using alcohol in combination with energy drinks. There is currently no prevalence data available in Australia on alcohol energy drink (AED) use. However, estimates from the United States of America, Canada and Italy indicate that between one quarter and one half of University students have consumed AED.

As one of the first AED studies in Australia, this research aimed to:

* explore AED consumption among consumers;
* explore the physical and social contexts in which AED are consumed;
* explore the risks and harms associated with AED consumption;
* examine the challenges that AED pose for venue management and emergency services and the current responses by these stakeholders;
* recommend possible interventions for the prevention of risks and harms associated with AED consumption; and
* provide policy-relevant advice to regulators about minimising the risks and harms associated with the use of AED.

There were three qualitative data collection components employed in this pilot study: five discreet sessions of observation in licensed venues in Melbourne, in-depth interviews with 10 regular consumers of AED and in-depth interviews with 12 ‘key informants’ (including venue staff, emergency services personnel, community health workers and policy makers).

## Outcomes

The study found that:

* Participants were highly organised in their AED consumption practices, consuming between two and five AED over the course of a night, primarily at the beginning and end of an evening.
* AED use was normalised, such that they are commonly consumed, easily purchased from a range of licensed venues and not mentioned to emergency staff providing treatment to intoxicated AED users.
* Marketing and promotion of energy drinks as associated with positive activities and experiences.

Cited benefits of AED use included increased wakefulness, taste, promotion of wakeful drunkenness, quicker intoxication and the social nature of the drinking process. AED were used as a substitute for illicit substances such as cocaine and amphetamines, as they promoted alertness, and a similar wakeful drunkenness.

The problems associated with AED use were difficulty sleeping, worse hangover, increased heart rate and palpitations, greater likelihood of vomiting on the night and the next day.

More research is required examining the harms associated with AED use because the use of AED is significantly under-researched both in Australia and internationally, and at the time of the research this was only second known qualitative study that has been conducted on this topic internationally.

Future research should be conducted in larger samples using both purposive and random sampling approaches. Australia must begin to regularly collect AED prevalence data at a population level. One suggestion would be to add questions about energy drink use and AED use to national surveys such as the National Drug Strategy Household Survey.

In Australia the only known regulatory approach to AED is in Western Australia, where the state government has banned the sale of AED in licensed venues after midnight. Drawing from international examples, potential avenues for regulatory action include:

* better labelling;
* restriction of energy drinks to people underage;
* restrictions on the place and sale of energy drinks; and
* controlled advertising.

[view the report](/wp-content/uploads/Alcohol-and-caffeinated-energy-drinks-final-report_FINAL.pdf?9d7bd4)