5.3 Alcohol risk and harm

SNAPSHOT

SNAPSHOT

The consumption of alcohol is widespread within Australia and entwined with many social and cultural activities. Excessive consumption is a major cause of road and other accidents, domestic and public violence, crime, liver disease and brain damage, and contributes to family breakdown and broader social dysfunction (MCDS 2011). In 2004–05, the cost to the Australian community of alcohol-related social problems such as crime, road accidents or lost workplace productivity, was estimated to be $15.3 billion (Collins & Lapsley 2008).

The National Drug Strategy 2010–2015 provides a national framework for action to minimise harm to individuals, families and communities from alcohol consumption (MCDS 2011). Action includes policy and strategy development, legislative change (including advertising, taxation and licensing), social marketing and media campaigns, and education.

Box 5.1

Alcohol risk

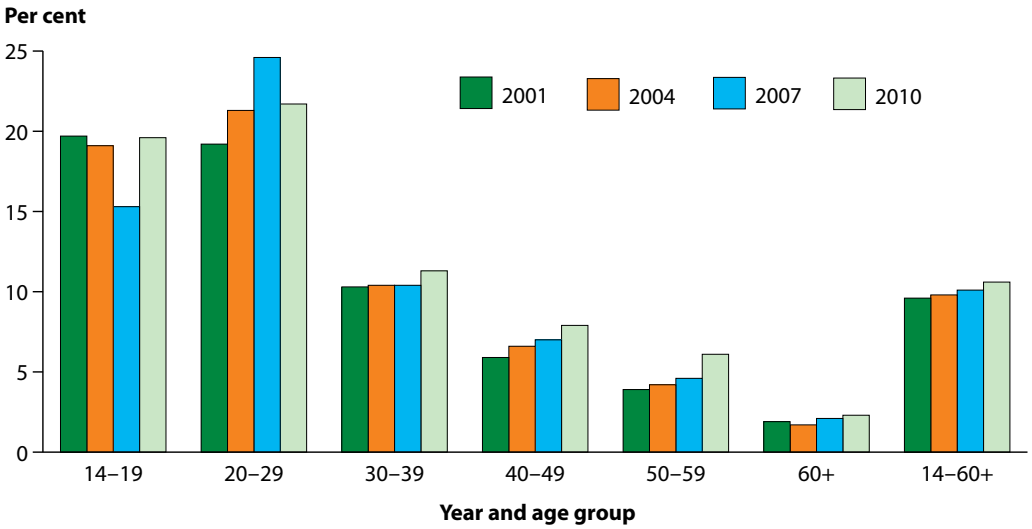
In 2009, the National Health and Medical Research Council released new Australian guidelines to reduce health risks from drinking alcohol. For healthy men and women, drinking no more than 2 standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury, and drinking no more than 4 standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

Are people drinking more alcohol?

- The volume of alcohol consumed by people in Australia gradually declined between 2006–07 and 2011–12 from 10.76 to 9.88 litres per year per person (ABS 2014).
- The National Drug Strategy Household Survey (NDSHS) also showed that between 2007 and 2010, daily drinking fell from 8.1% to 7.2% and the proportion of people abstaining rose from 10.1% to 12.1% between 2007 and 2010.
- Between 2007 and 2010, there was little change in the proportion of people drinking alcohol at levels that put them at risk of harm over their lifetime (at about 1 in 5), or from a single drinking occasion at least once a month (at about 1 in 4).
- People in their late teens and 20s were the most likely to drink at risky levels (for harm over their lifetime and from a single drinking occasion) compared with other age groups. For example, almost 1 in 2 were at risk of harm from a single drinking occasion (at least monthly) and this pattern remained stable between 2007 and 2010.
- The proportion of recent drinkers drinking large volumes of alcohol (11 or more drinks on a single occasion) at least once a month increased slightly between 2001 and 2010 (Figure 5.3). Patterns of this type of alcohol consumption varied by age with those in their teens and 20s more likely to drink at these levels (with patterns fluctuating over time) and 40s and 50s less likely to drink at these levels (but with this pattern of drinking increasing over time).

SNAPSHOT

Figure 5.3



Sources: AIHW analysis of NDSHS data, 2001 to 2010.

Proportion of recent drinkers who have consumed 11 or more drinks on a single occasion at least monthly, by age group, and total, 2001 to 2010

Hospitalisations, treatment and other harm

While alcohol consumption, including risky consumption, has fluctuated, there have been increases in some measures of alcohol-related harm:

- Between 2007 and 2010, there was an increase in the proportion of people who reported being victims of physical abuse (4.5% to 8.1%) and put in fear (13.1% to 14.3%) by those under the influence of alcohol (NDSHS).
- In 2011–12, about 1% of hospitalisations had a drug-related principal diagnosis; of those, 57% were for alcohol. Over the last decade, the number (from 40,000 to more than 60,000) and rate (from about 200 to 270 hospitalisations per 100,000) of alcohol-related hospitalisations have risen annually (AIHW analysis of the National Hospital Morbidity Dataset).

While use of formal alcohol treatment services is not a measure of alcohol-related harm, it is nevertheless indicative of people's level of concern about their drinking. In the decade to 2011–12, publicly funded alcohol and other drug treatment services also showed a rise in the rate of treatment for alcohol problems (from about 280 to 340 episodes per 100,000 people aged 10 and older) and in the total number of alcohol treatment episodes (from nearly 50,000 to nearly 70,000 episodes) (AODTS NMDS).

Australian Institute of Health and Welfare 2014 *Australia's health 2014*. Australia's health series no. 14. Cat. no. AUS 178. Canberra: AIHW.

SNAPSHOT

What is missing from the picture?

Estimation of the ill health and death associated with alcohol use is complex. While both can occur as a direct result of alcohol use (for example, alcohol poisoning), in most cases alcohol is 1 of a number of contributing factors. The data presented above on alcohol-related hospitalisations therefore represents a fraction of the total harm caused by alcohol. The latest data available on alcohol-attributable hospitalisations and deaths are for 2003; new data are expected to be available from forthcoming AIHW work on the burden of disease and injury in Australia. This information is expected to be finalised in 2015.

Self-reported alcohol consumption through surveys is likely to be an underestimate of the total amount of alcohol consumed in Australia (Stockwell et al. 2004). Wholesale sales data are an alternative measure of alcohol consumption. While national data are available, they have not been available at a regional level since 1997. Recent progress has been made to collect data from most (but not all) states and territories (Loxley et al. 2012).

From 2013–14, information on primary and additional diagnoses will be available in the Emergency Department National Minimum Data Set which will provide insights into the number of alcohol-related emergency department presentations. However, nationally coordinated, publicly available data on alcohol-related police call-outs (such as for domestic and other violence) and ambulance attendances are also needed.

Where do I go for more information?

For more information on alcohol consumption and harms in Australia, refer to reports available online at www.aihw.gov.au/alcohol-and-other-drugs; and the *Risk factor trends: age patterns in key health risks over time* report.

In addition, several areas of this *Australia's health 2014* report present information on alcohol issues.

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