



4.6 Alcohol risk and harm

The consumption of alcohol is widespread in Australia and associated with many social and cultural activities. While most Australians drink alcohol at levels that cause few harmful effects, a large proportion drink at levels that increase their risk of harm— affecting not only themselves but also families, bystanders and the broader community (NHMRC 2009). The latest estimate of the social costs of alcohol abuse in Australia was slightly more than \$14 billion—through productivity losses, traffic accidents, crime and health care costs (Manning et al. 2013).

Trends in alcohol consumption in Australia

The overall volume of alcohol consumed by people in Australia increased from the equivalent of 9.5 litres of pure alcohol per person in 2014–15 to 9.7 litres in 2015–16. However, this is lower than the 9.8 litres recorded in 2013–14 (ABS 2017).

The National Drug Strategy Household Survey (NDSHS) 2016 found that slightly more than 3 in 4 (77%) Australians consumed alcohol in the previous 12 months. The NDSHS data reveal several changes in drinking patterns compared with those for 2013, including that:

- people are drinking less often—daily and weekly drinking rates have declined
- fewer young people aged 12–17 are drinking alcohol and the proportion abstaining from alcohol has increased
- people aged 14–24 are delaying starting to drink—the average age at which they first tried alcohol has increased
- fewer people are exceeding the lifetime risk guideline (Table 4.6.1).

Table 4.6.1: Significant changes in drinking behaviours, 2013 and 2016

Drinking behaviours	2013	2016
Drank alcohol daily (14 years and over)	6.5%	5.9%
Drank alcohol weekly (14 years and over)	37.3%	35.8%
Drank alcohol less often than weekly (14 years and over)	34.5%	35.8%
Abstained from alcohol (12–17 years)	72.3%	81.5%
Age when had first full serve of alcohol (14–24 years)	15.7 years	16.1 years
Exceeded lifetime risk guidelines (14 years and over)	18.2%	17.1%

Source: AIHW 2017.

These changes are positive; however, the proportion exceeding the single occasion risk guideline (see Box 4.6.1) at least once a month remained unchanged (at about 26%) as did the proportion consuming 11 or more standard drinks in one single drinking occasion in the past year (at about 15%).





Box 4.6.1: Summary of the Australian Guidelines to Reduce Health Risks from Drinking Alcohol

The National Health and Medical Research Council publishes guidelines for reducing health risks of drinking alcohol. The data for alcohol risks in this report are reported against the following two guidelines:

- Guideline 1 (lifetime risk): To reduce the risk of alcohol-related harm over a lifetime (such as chronic disease or injury), a healthy adult should drink no more than two standard drinks a day
- Guideline 2 (single occasion risk): To reduce the risks of injury on a single occasion of drinking, a healthy adult should drink no more than four standard drinks on any one occasion (NHMRC 2009).

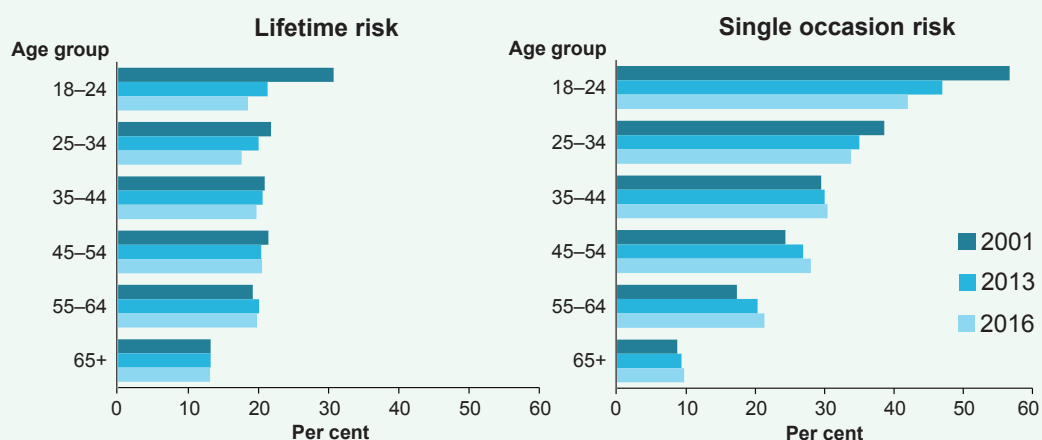
The data presented relates to the proportion of people exceeding the single occasion risk guidelines once a month or more often.

Young people drinking less but no change among older people

Young adults (aged 18–24) historically consume alcohol at higher rates for both lifetime and single occasion risk than any other age group (see Box 4.6.1 for definitions of risk). Overall trends since 2001 show, however, that while patterns for older age groups remained stable (or rates increased in some cases), rates among young people drinking in excess of guidelines for lifetime risk and single occasion risk declined (Figure 4.6.1).

In 2016, young adults remained the group most likely to drink in excess of single occasion risk guidelines but the rates of lifetime risky drinking were similar across all age groups (about 1 in 5) except for those aged 65 and over, where the rate was lower (13%).

Figure 4.6.1: Exceeded lifetime and single occasion risk, people aged 18 and over, by age group, 2001, 2013 and 2016



Note: See Box 4.6.1 for definitions of lifetime and single occasion risk.

Source: AIHW 2017; Table S4.6.1.



Impact of alcohol consumption

Alcohol use was estimated to be responsible for 4.6% of the total burden of disease and injury and 3.4% of deaths (more than 5,000 deaths) in Australia in 2011, based on revised estimates from the Australian Burden of Disease Study 2011 (AIHW 2018).

See Chapter 4.4 'Contribution of selected risk factors to burden of disease' for more information on the burden due to alcohol use.

Hospitalisation and treatment

Over the 5 years from 2011–12 to 2015–16, the number and rate of hospitalisations in Australia with a drug-related principal diagnosis of alcohol use increased. In 2015–16, there were 68,000 hospital separations (representing 0.5% of all hospital separations) where alcohol was the drug-related principal diagnosis—an increase from 62,000 separations in 2011–12 (or from 275 to 284 hospitalisations per 100,000 population) (supplementary tables S4.6.2, S4.6.3).

The number of closed episodes provided in publicly funded alcohol and other drug treatment agencies across Australia for a person's own drug use (where alcohol was the principal drug of concern) fell between 2012–13 and 2016–17 (from 64,000 to 62,000 episodes). As a proportion, this equates to a decline from 41% to 32% of total episodes of treatment. See Chapter 7.19 'Specialised alcohol and other drug treatment services' for more information.

Alcohol-related incidents and harm

Excessive consumption of alcohol increases the risk of people putting themselves and others at risk of harm (AIHW 2017). The NDSHS showed that, in 2016 almost 1 in 6 (17%) recent drinkers aged 14 and over put themselves or others at risk of harm while under the influence of alcohol in the previous 12 months—significantly down from 21% in 2013. In 2016, the most likely risky activity undertaken while under the influence of alcohol was driving a motor vehicle (9.9% of recent drinkers). Overall, more than 1 in 5 (22%) Australians had been a victim of an alcohol-related incident in 2016—down from 26% in 2013. Between 2013 and 2016, verbal abuse (22% and 19%, respectively), being put in fear (13% and 11%) and physical abuse (8.7% and 7.3%) all declined.

What is missing from the picture?

Data on self-reported alcohol consumption are likely to produce an underestimate of the total amount of alcohol consumed in Australia (Livingston & Callinan 2015). While wholesale data are an alternative measure of consumption, these data cannot identify individual drinking levels and the number of drinkers exceeding the recommended alcohol guidelines. Alcohol consumption data based on wholesale data are also likely to be an overestimate as no adjustments are made for alcohol used in the preparation of food or discarded as waste. The estimates are also generally only available at the national level as estimates at the state or regional level are not available for all jurisdictions.





Where do I go for more information?

More information on alcohol consumption and harm in Australia is available at <www.aihw.gov.au/reports-statistics/behaviours-risk-factors/alcohol/overview>. The report *National Drug Strategy Household Survey 2016: detailed findings* and other recent releases are available for free download.

More information on the Australian Burden of Disease Study is available at <www.aihw.gov.au/reports-statistics/health-conditions-disability-deaths/burden-of-disease/overview>. The report *Impact of alcohol and illicit drug use on the burden of disease and injury in Australia: Australian Burden of Disease Study 2011* and other recent releases are available for free download.

References

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