



## 4.6 Alcohol risk and harm

The consumption of alcohol is widespread within Australia and associated with many social and cultural activities. However, excessive alcohol consumption is a major cause of ill health and social harms, not limited to individual drinkers but also affecting families, bystanders and the broader community (NHMRC 2009). Alcohol-related absenteeism in Australia in 2013 was estimated at 7.5 million days, resulting in a cost of over \$2 billion in lost workplace productivity (Roche et al. 2015).

Alcohol use was responsible for 5.1% of the total burden of disease and injury in Australia in 2011. It was responsible for 28% of the burden due to road traffic injuries (motor vehicle occupants), 24% of the burden due to chronic liver disease, 23% of the burden due to suicide and self-inflicted injuries, and 19% of the burden due to stroke.

### What do we know about alcohol consumption in Australia?

**Figure 4.6.1: Drinking status, 2010 and 2013**



Note: the above drinking categories are not mutually exclusive.

The 2013 National Drug Strategy Household Survey has highlighted improvements in drinking patterns in Australia (Figure 4.6.1). The overall volume of alcohol consumed by people in Australia fell from 10.8 litres of pure alcohol per person in 2007–08 to 9.7 litres in 2013–14. This is the lowest level since 1962–63 (ABS 2015).

#### Daily drinking down from previous years

Between 2010 and 2013, daily drinking fell from 7.2% to 6.5% in people aged 14 and over. Before this, the daily drinking rate had remained fairly stable at around 8% between 1993 and 2007.

#### Fewer Australians drinking at risky levels

Between 2010 and 2013, the proportion of people who drank at levels placing them at lifetime risk of harm (more than two standard drinks per day on average) fell from 20% to 18%. Fewer people also consumed five or more standard drinks on a single drinking occasion at least once a month—29% in 2010 compared with 26% in 2013. The alcohol risk data presented here are reported against guideline 1 and guideline 2 of [The Australian guidelines to reduce health risks from drinking alcohol](#) released in March 2009 by the National Health and Medical Research Council (NHMRC 2009).



Before this, the consumption of alcohol in quantities that placed Australians at risk of an alcohol-related disease, illness or injury had remained at similar levels between 2001 and 2010.

## More people are abstaining from drinking alcohol

The proportion of people choosing to abstain from drinking alcohol rose from 20% in 2010 to 22% in 2013. This was largely influenced by an increase in young people aged 12–17 abstaining, from 64% in 2010 to 71% in 2013.

### A considerable proportion drink to excess

In 2013, around 1 in 6 (16%) people aged 12 or older had consumed 11 or more standard drinks on a single drinking occasion in the past 12 months (compared with 17% in 2010).

### Half of pregnant women still drinking

In 2013, 47% of pregnant women reported consuming alcohol during their pregnancy (little changed from 2010), but most (96%) consumed only 1–2 standard drinks on that drinking occasion.

## Harm, hospitalisation and treatment

While many drinkers consume alcohol responsibly, a substantial proportion of drinkers consume alcohol at a level that is considered to increase their risk of alcohol-related disease, illness or injury. Excessive intake of alcohol not only affects a drinker's health, but also affects the people around them. In 2013:

- more than 1 in 5 (21%) of recent drinkers put themselves or others at risk of harm while under the influence of alcohol in the previous 12 months (for example, by driving a vehicle, or verbally or physically abusing someone or undertaking some other risky activity)
- more than 1 in 4 (26%) Australians had been a victim of an alcohol-related incident; verbal abuse was the most common incident reported (22%), although this proportion was lower than the 24% in 2010.

In 2014–15, there were around 115,000 clients who received treatment from publicly funded alcohol and other drug treatment agencies across Australia. Alcohol was the most common principal drug of concern, accounting for over one-third (37%) of clients and 40% of treatment episodes (a total of 60,000 episodes) (AODTS NMDS). See 'Chapter 6.16 Specialised alcohol and other drug treatment services' for more information.

In 2013–14, about 1% of hospitalisations had a drug-related principal diagnosis; of those, 55% were for alcohol. Over the 5 years to 2013–14, alcohol has consistently been the drug-related principal diagnosis with the highest number of hospital separations, increasing from 61,000 to nearly 66,000 hospitalisations in that time (from about 280 to 282 hospitalisations per 100,000) (AIHW analysis of the National Hospital Morbidity Database).

In 2014–15, around 70,000 emergency department presentations for alcohol/drug abuse and alcohol/drug induced mental disorders were reported, based on diagnosis information. This equates to approximately 1% of all emergency department presentations. (Note, the quality of diagnosis information in the National Non-Admitted Patient Emergency Department Care Database has not been assessed.)



## What is missing from the picture?

Estimation of 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 one of a number of contributing factors. The data presented on alcohol-related hospitalisations is therefore likely to represent only a fraction of the total harm caused by alcohol.

Surveys of self-reported alcohol consumption are likely to produce an underestimate of the total amount of alcohol consumed in Australia (Stockwell et al. 2004). Wholesale sales data are an alternative measure of 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. 2014). While wholesale data provides a more accurate estimate of average consumption, it cannot identify individual drinking levels and the number of drinkers exceeding the recommended alcohol guidelines.

## Where do I go for more information?

More information on alcohol consumption and harms in Australia is available at [aihw.gov.au/alcohol-and-other-drugs/](http://aihw.gov.au/alcohol-and-other-drugs/). The [National Drug Strategy Household Survey detailed report: 2013](#); [Alcohol and other drug treatment services in Australia 2013–14](#); and [Emergency department care 2014–15: Australian hospital statistics](#) can be downloaded for free.

## References

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- Stockwell T, Donath S, Cooper-Stanbury M, Chikritzhs T, Catalano P & Mateo C 2004. Under-reporting of alcohol consumption in household surveys: a comparison of quantity-frequency, graduated-frequency and recent recall. *Addiction* 99(8):1024–33.