

Chapter 2. Prevalence of alcohol consumption and related harms in Australia

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This chapter sets the context for the guidelines and provides evidence about the extent of the problems relating to excessive alcohol consumption in Australia.

Alcohol is commonly used in Australia and has always been part of the Anglo-Australian way of life. Rum arrived with the First Fleet in 1788 along with other accoutrements of Anglo-Celtic society and was often used as currency in the early days of settlement (Lewis 1992). In Europe and the British Isles in the eighteenth century and into the nineteenth century it was often safer to drink alcoholic drinks, such as beer or gin, than it was to drink water. Alcohol carries a lot of cultural significance; it is used on social occasions and also in religious ceremonies throughout the world. In some countries it is frowned upon; in others, banned altogether. Reasons for drinking range from a need for relaxation, for pleasure, and to accompany celebrations, to 'drowning of sorrows', to habit, followed by compulsion in some cases. However, harmful levels of use affect many people, across different age groups and cultural backgrounds (NHMRC 2009).

Prevalence of alcohol use

The recent data on alcohol consumption in Australia reflect the terminology of the previous edition of the alcohol guidelines (NHMRC 2001). These guidelines recognised three levels of alcohol consumption – low risk, risky and high risk – in terms of short-term harm (that is, risk of accidents and injuries occurring immediately after drinking) and long term-harm (that is, risk of developing alcohol-related disease).

Australia ranks fourteenth (9.8 litres) in OECD countries in the world for per capita consumption of pure alcohol; the United Kingdom is in ninth place (11.5 litres), and New Zealand is seventeenth (9.4 litres) (AIHW 2007). The legal drinking age in Australia was 21 years until 1974 when it was lowered to 18; this has led to a rise in alcohol consumption by youths and children aged from 14 years and an accompanying rise in alcohol-related accidents, mortality and morbidity.

The *2007 National Drug Strategy Household Survey* (AIHW 2008) reports that nine out of 10 (89.9%) Australians aged 14 years or older had tried alcohol at some time in their lives and 82.9 per cent had consumed alcohol in the 12 months preceding the survey. The proportion of the population drinking daily fell significantly between 2004 (8.9%) and 2007 (8.1%), whereas the average age at which people had their first full serve of alcohol (17 years) remained stable. The proportion of teenagers drinking at least weekly was around 22 per cent. One-quarter (25.4%) of Australians aged 14 years or older reported being verbally abused by someone under the influence of alcohol and 4.5 per cent had been physically abused.

Alcohol was thought to be associated with a drug 'problem' by one in 10 Australians (10.5%) aged 14 years or older, whereas 45 per cent approved (and a further 34 per cent did not oppose) the regular use of alcohol by adults. High-risk and risky drinkers were more likely than low-risk drinkers or abstainers to experience high or very high levels of

psychological distress. At all ages, greater proportions of the population drank at levels that would result in short-term harm, compared with risk for long-term harm. Overall, about one-third (35%) of people aged 14 years or older put themselves at risk or high risk of alcohol-related harm in the short-term on at least one drinking occasion during the previous 12 months. More than one-quarter (26%) of 14 to 19-year-olds put themselves at risk of alcohol-related harm in the short-term at least once a month during the previous 12 months; this rate was higher among females of this age (28%) than among males (25%). Males aged 20 to 29 years (17%) were the most likely group to consume alcohol at risky or high-risk levels resulting in short-term harm, at least weekly (AIHW 2008).

Considering both short and long-term harm, high-risk drinking or dependence in Australia is estimated at 5 per cent of the population: 15 per cent are considered 'at risk' drinkers, 65 per cent are 'low risk' drinkers, and 15 per cent are non-drinkers.

Patterns of alcohol misuse vary by age, sex, cultural and Indigenous status, and region. Harms associated with excessive alcohol use include higher levels of health problems, mortality, violence and drink-driving. Alcohol-related harm might also result not only from the intoxicating effects of the drug but also from the long-term toxicity of the drug on many organ systems in the body, for example, liver, brain, heart, pancreas, and peripheral nerves.

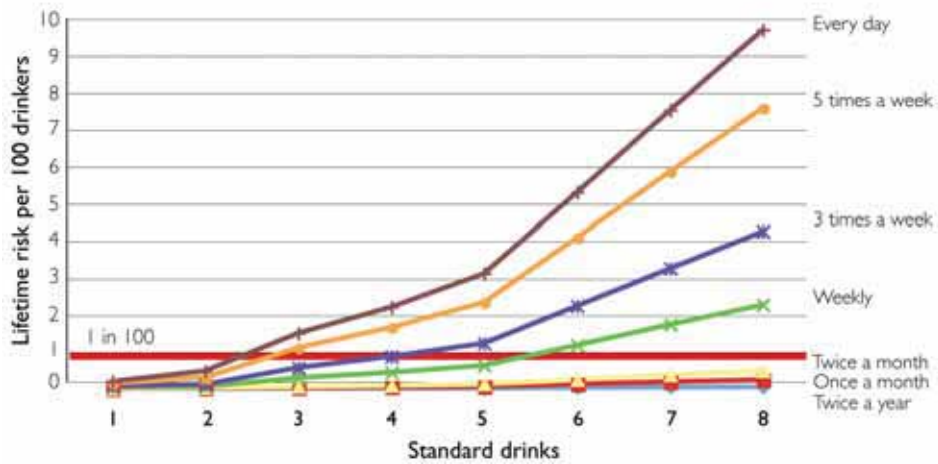
Alcohol-related harm

The World Health Organization estimates that alcohol causes a net harm of 4.4 per cent of the global burden of disease, and that the beneficial effects of alcohol are small compared to the detrimental effects. Alcohol causes a greater health burden for men than for women. Neuropsychiatric disorders – mainly alcohol use disorders – constitute the category linked to most alcohol-attributable burden of disease; unintentional injury is the second most important category. Contrary to popular opinion that cirrhosis is the most critical form of alcohol-induced morbidity and mortality, it only contributes to 10 per cent of the burden of disease caused by alcohol. The health burden is considerable both for acute and chronic health consequences (WHO 2007).

In Australia, alcohol consumption causes over 5000 deaths per year, and for each death about 19 years of life are prematurely lost. The burden of deaths is distributed unevenly across the population; males are over-represented in mortality and morbidity statistics compared to females, as are those living in non-metropolitan regions compared to metropolitan regions. Problems associated with drinking to intoxication are also unevenly distributed; with chronic diseases occurring among people aged over 30 years, whereas deaths and hospitalisations, largely caused by road accidents and violent assault, are much more common among younger people. This may be attributed to different drinking patterns between younger and older age groups (Chikritzhs et al. 2003).

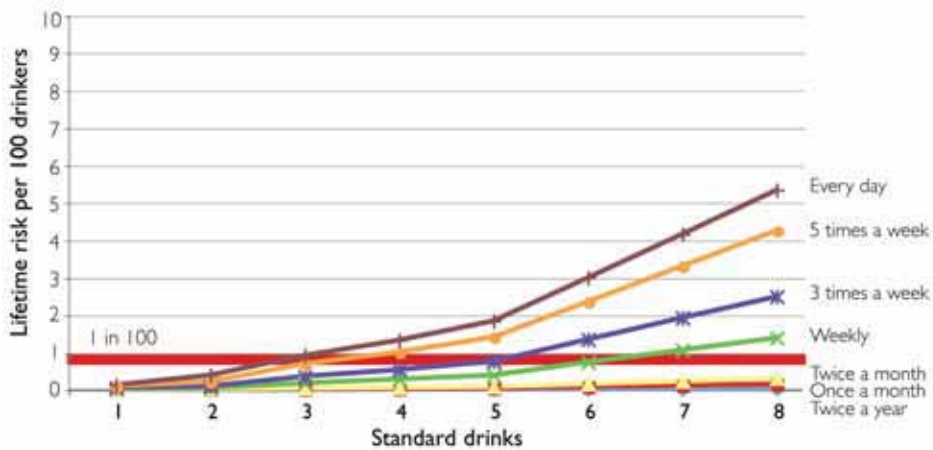
The lifetime risk of death from alcohol-related injury increases with the number of drinks and the frequency of drinking occasions, for male drinkers (Figure 2.1) and female drinkers (Figure 2.2). As well, the risk of death for men is higher than that for women, at all levels of consumption. Limiting consumption to two or fewer drinks per day lowers a person's risk of death from injury to less than 1 per cent, even if that person drinks every day (NHMRC 2009).

Figure 2.1: Lifetime risk of death from alcohol-related injury per 100 male drinkers, by number of standard drinks per occasion and frequency of occasions



Source: NHMRC 2009, *Australian Guidelines to reduce health risks from drinking alcohol*, National Health & Medical Research Council, Canberra: Figure 6, p. 45.

Figure 2.2: Lifetime risk of death from alcohol-related injury per 100 female drinkers, by number of standard drinks per occasion and frequency of occasions



Source: NHMRC 2009, *Australian Guidelines to reduce health risks from drinking alcohol*, National Health & Medical Research Council, Canberra: Figure 7, p. 46.

The risk of hospitalisation for alcohol-related injury also rises exponentially; for example, if a man consumes eight drinks per day, every day, his risk of hospitalisation rises to 40 per cent. When drinking occasions are frequent (for example, nearly every day) and the amount of alcohol consumed is two standard drinks or less, the lifetime risk of hospitalisation for alcohol-related injury is one in 10 for both men and women (NHMRC 2009).

The risk of injury increases with consumption of alcohol on a single occasion. The relative risk of injury increases two-fold in the six hours following consumption of four standard drinks on a single occasion. This risk rises more rapidly above the level of four standard drinks on a single occasion (NHMRC 2009). It should be noted that the NHMRC Guideline 2 does not represent a 'safe' drinking level nor does it recommend an absolute upper limit of alcohol consumption.

The NHMRC *Australian Guidelines to reduce health risks from drinking alcohol* provide evidence to help Australians make informed decisions about their level of alcohol consumption. Guidelines 1 and 2 (see box) are applicable to healthy adults aged 18 years and over; Guideline 3 is specific to children and young adults, and Guideline 4 relates to pregnant and breastfeeding women.

NHMRC GUIDELINES TO REDUCE HEALTH RISK FROM DRINKING ALCOHOL

Guideline 1: Reducing the risk of alcohol-related harm over a lifetime

The lifetime risk of harm from drinking alcohol increases with the amount consumed. For healthy men and women, drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.

Guideline 2: Reducing the risk of injury on a single occasion of drinking

On a single occasion of drinking, the risk of alcohol-related injury increases with the amount consumed. For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

Guideline 3: Children and young people under 18 years of age

For children and young people under the age of 18 years of age, not drinking alcohol is the safest option.

A: Parents and carers should be advised that children under 15 years of age are at the greatest risk of harm from drinking and that for this age group, not drinking alcohol is especially important.

B: For young people aged 15 to 17 years, the safest option is to delay the initiation of drinking for as long as possible.

Guideline 4: Pregnancy and breastfeeding

Maternal alcohol consumption can harm the developing foetus or breastfeeding baby.

A: For women who are pregnant or planning a pregnancy, not drinking is the safest option.

B: For women who are breastfeeding, not drinking is the safest option.

Source: NHMRC 2009, *Australian Guidelines to reduce health risks from drinking alcohol*, National Health & Medical Research Council, Canberra, pp. 2–5.