

## ***Alcohol Use and Harms in Australia (2009)***

### **Alcohol Consumption in Australia**

**Considered overall, Australians drink a large volume of alcohol and drink it frequently.** In 2007 the per capita consumption of alcohol for Australians over 15 years was nearly 10 litres<sup>1</sup>. This is high by world standards. 90% Australians over 14 in 2007 had consumed alcohol in their lifetime (an estimated 14.2 million people), 40% drank alcohol weekly, and 8% drank daily.<sup>2</sup> While many young Australians drink frequently,<sup>3</sup> the highest proportion of daily drinkers in 2007 were those over 60 years old.<sup>4</sup> The proportion of Australians over 14 years of age who had never consumed alcohol increased by a small degree between 2004 and 2007, and the proportion who drank daily declined by a small degree in that period.

**Many Australians drink alcohol at harmful levels.** There are short-term risks of harm (associated with high levels of drinking on a single occasion) and long-term risks (associated with consistent high level consumption over a lengthy period of time.) In 2007, the majority of Australians (60.8%) over 14 years of age drank alcohol at levels that involved a low risk of harm. However, almost one in ten Australians over 14 years of age in 2007 drank at levels considered risky or high risk to health (ie, 7 or more standard drinks on any one day for males and 5 or more standard drinks on any one day for females).<sup>5</sup>

Those living in remote or very remote areas were more likely to drink at risky or high risk levels than those living in other areas. A lower proportion overall of Indigenous people than the general population drink alcohol, and drink less frequently, but those who do drink generally drink at higher levels.<sup>6</sup>

### ***Alcohol Use Among Young Australians***

**Young Australians are starting to drink at an earlier age, and most drink in a way that puts their health and others' at risk.** The age at which Australians are having their first drink is continuing to decrease. Approximately 90 percent of people have tried alcohol by the age of 14<sup>7</sup>, and most Australians have consumed a full serve of alcohol before the age of 16.<sup>8</sup> In 2004, people in their 20s were more than twice as likely to have consumed alcohol by the age of 14 than were people in their 40s and 50s.<sup>9</sup> There are indications that early initiation to alcohol use is related to more frequent use, higher consumption levels and the development of alcohol-related harms in adulthood, including mental health and social problems.<sup>10</sup>

80 percent of alcohol consumed by people aged 14 – 24 is consumed in ways that put the drinker's (and others') health at risk.<sup>11</sup> By the age of 18, about half of both males and females are drinking at risky levels, but the majority of these drinkers classify themselves as 'social drinkers' and do not perceive their consumption patterns to be a problem<sup>12</sup>.

### ***"Binge" Drinking***

**Young adults as well as teenagers drink at high risk levels.** There is no standard definition of what constitutes 'binge' drinking. However, it is commonly understood to mean levels of drinking at risk or high risk for short term harm (injury or death). Teenagers and young adults aged 20-29 are more likely to consume alcohol at levels associated with short-term harm and long-term risk.<sup>13</sup> The rate of binge drinking among teenagers (14-19 years of age) was high in 2007 at 39.2%, but had

decreased over the last ten years from approximately 46% in 1998.<sup>14</sup> Teenagers are not the group amongst which binge drinking is highest in Australia. People in their twenties are one and a half times more likely to binge drink than teenagers, and one in seven people 20-29 years of age engaged in binge drinking at least once a week in 2007.

### ***Types of Alcohol Consumed***

In 2007, male drinkers most commonly consumed regular strength beer, and female drinkers were most likely to drink bottled wine.<sup>15</sup> Females between 12 and 17 also had a very strong preference for drinking pre-mixed spirits and bottled spirits. The preference for pre-mixed spirits, or ‘alcopops’, among this age group also increased between 1999 and 2005.<sup>16</sup> Ready to drink pre-mixed spirits are usually sweet, very palatable to drink, and highly marketable to younger people.

### **Alcohol Related Harms**

Excess alcohol consumption can result in adverse health and other outcomes for individuals (in the short term or long term), as well contribute to broader social costs.

### ***Health Effects of Alcohol***

Alcohol has been causally linked to more than 60 different medical conditions<sup>17</sup> including cirrhosis of the liver, inflammation of the gut and pancreas, heart and circulatory problems, sleep disorders, male impotency, eye diseases and conditions, and alcohol dependence.<sup>18</sup> Alcohol consumption also raises the overall risk of cancer, including cancer of the mouth, throat and oesophagus, breast cancer and bowel cancer.<sup>19</sup>

Consumption of alcohol affects concentration, coordination and judgement, and slows response time to unexpected situations.<sup>20</sup> Alcohol alters brain receptors and can result in an increased likelihood of risk-taking with impaired problem-solving in conflict situations, increasing the risk of aggressive behaviour.<sup>21</sup> Alcohol consumption also increases the risk of mental illness, such as depression, in people who are prone to these conditions.<sup>22</sup> There is also a high co-morbidity between alcohol misuse and the misuse of other drugs, with consistent patterns in the uptake of polydrug use among those treated for alcohol problems.<sup>23</sup>

Alcohol consumed during pregnancy can cause complications and damage to the developing foetus, including fetal alcohol syndrome.<sup>24</sup> The risks are greatest with high, frequent alcohol consumption during the first trimester of pregnancy.<sup>25</sup> It has not been possible to establish a threshold below which adverse effects on the foetus do not occur.

Both the amount of alcohol consumed and patterns of drinking contribute to all these health risks. Regular drinking at high levels increases the risk of chronic ill health and premature death, while single or occasional episodes of heavy drinking (“binge drinking”) can lead to an increased incidence of injury, motor vehicle accidents and violence.<sup>26</sup>

While some studies have found that, at low levels of consumption, alcohol may have some health benefits, nearly all of the potential benefits are confined to males over the age of 45 and women past menopause.

### ***Adverse Impacts on the Health of Australians***

In 2003, alcohol was the risk factor responsible for the greatest burden of disease and injury in Australian males under the age of 45,<sup>27</sup> and is the second largest cause of drug-related deaths and hospitalisations in Australia after tobacco.<sup>28</sup>

Road trauma is the leading cause of death among young Australians. Between a quarter and a third of fatal crashes on Australia's roads involve drivers or riders with blood alcohol levels above the legal limit, with males and young people being over-represented.<sup>29</sup> One in 8 people also admit to driving while under the influence of alcohol.<sup>30</sup> There are also significant risks associated with excess drinking as a pedestrian with the potential for grave harm to pedestrians or motorists.

Deaths from alcohol-related causes among Indigenous Australians compared to non-Indigenous Australians are almost 8 times greater for males and 16 times greater for females. The level of alcohol-attributable deaths among Indigenous Australians aged 15-24 is almost 3 times greater than that for non-Indigenous Australians of the same age.<sup>31</sup>

### ***Adverse Impacts on the Health of Teenagers and Young People***

Those who experience acute alcohol-related harms are predominantly young and predominantly male.<sup>32</sup> Among young Australians, the most common causes of death and injury due to risky or high-risk drinking are road injury, suicide, and violent assault.<sup>33</sup> Alcohol accounts for 13 percent of all deaths among people 14-17 years of age Australians, and it has been estimated that one Australian teenager dies and more than 60 are hospitalized every week from alcohol-related causes.<sup>34</sup>

Underage drinkers are more likely than older drinkers to experience risky or antisocial behaviour.<sup>35</sup> Evidence suggests that young people with mental health disorders are more likely to drink, and drink with the intention of getting drunk. There is also evidence that alcohol use may contribute to poor mental health.<sup>36</sup> Young people who use alcohol to cope with mental health or social problems are more likely to drink at dangerous levels.<sup>37</sup> Teenagers are developing mentally and physically, and do not have the benefit of good judgement from experience. This makes teenagers vulnerable to alcohol related harm in a way that older drinkers may not be.

### ***Adverse Social Impacts of Alcohol***

Excess alcohol consumption is associated with a range of adverse social consequences impacting on families, communities and workplaces. Impacts on families include a range of mental health and cognitive problems in children where one or both parents abuse alcohol.<sup>38</sup> An estimated 450 000 Australian children live in a household with at least one adult who regularly binge drinks.<sup>39</sup>

There is a strong association between alcohol use and crime, particularly violent crime.<sup>40</sup> In 2001, two-thirds of teenagers (and more than 80% of binge drinkers) reported they had witnessed violence by someone who was drunk and aggressive and had had to look after a friend who had drunk too much.<sup>41</sup> During the 2007-08 holiday period, more than 2.2 million Australians experienced physical and/or verbal abuse from someone under the influence of alcohol, with more than 30% of teenagers fearing for the safety of their family and friends as a consequence of excess drinking, and 45% of people 14-17 years of age claiming they knew someone who was injured or harmed as a result of drinking excessively.<sup>42</sup> According to national data in 2003-04, more than 3 in 10 homicide offenders were under the influence of alcohol at the time of the homicide.<sup>43</sup>

### ***Factors that Contribute to Alcohol-related Harms***

A range of individual, social and economic factors can contribute to the excess or harmful use of alcohol.

*Social acceptability of hazardous alcohol use*

Most of the detrimental effects of alcohol consumption arise from harmful or hazardous drinking by 'social' drinkers who are not alcohol-dependent.<sup>44</sup> Hazardous, but socially acceptable patterns of consumption have become part of popular Australian culture.

*The marketing and glamorisation of alcohol (especially to young people).*

Alcohol advertising and promotion is increasingly sophisticated, and is aimed at attracting, influencing, and recruiting new generations of potential drinkers.<sup>45</sup> Teenagers and young people are particular targets of alcohol advertising at sporting and music events, and the marketing of sweet-tasting alcopops where the taste of alcohol is disguised by sugar and other flavours. Education about the significant potential negative effects of alcohol consumption competes with powerful and constant impact of positive media and advertising messages about alcohol<sup>46</sup>.

*The availability of alcohol (in terms of locality and time of day)*

Alcohol can be obtained from a wide range of venues in Australia, including supermarkets, internet sites, and licensed clubs, bars and restaurants. These are within close proximity to the vast majority of residential areas in Australia, and alcohol is available from at least one of these types of outlet at most hours of the day. Studies have linked higher geographical availability of alcohol with higher levels of excess drinking among teenagers.<sup>47</sup>

*The price of alcohol*

The price of alcohol beverages is another factor determining how available alcohol is to people, particularly adolescents and teenagers who typically have limited disposable income. There is a substantial body of empirical evidence spanning many decades across many jurisdictions which shows that the consumption of alcohol is responsive to changes in prices.<sup>48</sup> The lower the price, the greater the demand. The higher the price, the lower the demand. There are alcohol products that are inexpensive, such as ready to drink spirits, and are therefore more available to young people with limited money.

The harms associated with excess alcohol consumption are very significant for individuals and for society as a whole, and warrant a serious response: AMA Position Statement “*Alcohol Consumption and Alcohol-Related Harms – 2009*”.

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<sup>1</sup> National Preventative Health Taskforce (NPHT) 2008, *Technical Report No. 3: Preventing Alcohol-related Harm in Australia: a window of opportunity*, Commonwealth of Australia, p.5

<sup>2</sup> Australian Institute of Health and Welfare (AIHW) 2008, *2007 National Drug Strategy Household Survey: Detailed findings*, Drug Statistics Series No.20, Canberra: AIHW

<sup>3</sup> 20.9% of 14-19 year olds and nearly half of 20-29 year olds drank weekly in 2007. Op. cit.

<sup>4</sup> Op. cit.

<sup>5</sup> Op. cit. The standard drink numbers cited here for risky and high risk drinking are those defined by the NHMRC in *Australian Alcohol Guidelines: Health Risks and Benefits 2001*. The NHMRC revised its guidelines in 2009. However, all references to ‘risk’ here have been sourced from data defined in terms of the 2001 NHMRC definitions of risk.

<sup>6</sup> T Chikritzhs and M Brady 2006, Fact or fiction? A critique of the National Aboriginal and Torres Strait Islander Social Survey 2002, *Drug and Alcohol Review* 25:277-87

<sup>7</sup> National Health and Medical Research Council (NHMRC) 2007, *Australian alcohol guidelines for low-risk drinking: draft for public consultation*, October, p.28-29, [www.nhmrc.gov.au](http://www.nhmrc.gov.au), p.33,

<sup>8</sup> AM Roche, P Bywood, J Borlagdan, B Lunnay, T Freeman, L Lawton, A Tovell and R Nicholas 2007, *Young people & alcohol: the role of cultural influences*, report, National Centre for Education and Training on Addiction, Adelaide, p.32.

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- <sup>10</sup> National Health and Medical Research Council (NHMRC) 2007, *Australian alcohol guidelines for low-risk drinking: draft for public consultation*, October, p.28-29, [www.nhmrc.gov.au](http://www.nhmrc.gov.au), p.52-55; JL Maggs and JE Schulenberg, J.E. 2005, Initiation and course of alcohol consumption among adolescents and young adults, *Recent Developments in Alcoholism* 17, pp.29-47, cited in National Drug and Alcohol Research Centre 2008, Submission to the Senate Community Affairs Committee Inquiry into Ready-to-Drink Alcohol Beverages, [http://www.aph.gov.au/senate/committee/clac\\_ctte/alcohol\\_beverages/submissions/sub32.pdf](http://www.aph.gov.au/senate/committee/clac_ctte/alcohol_beverages/submissions/sub32.pdf).
- <sup>11</sup> T Chikritzhs, P Catalano, T Stockwell et al 2003, *Australian alcohol indicators 1990-2001, Patterns of alcohol use and related harms for Australian states and territories*, Perth: National Drug Research Institute; National Alcohol Strategy p.14
- <sup>12</sup> AM Roche, P Bywood, J Borlagdan, B Lunnay, T Freeman, L Lawton, A Tovell and R Nicholas 2007, *Young people & alcohol: the role of cultural influences*, report, National Centre for Education and Training on Addiction, Adelaide, p.4
- <sup>13</sup> Australian Institute of Health and Welfare (AIHW) 2008, *2007 National Drug Strategy Household Survey*, Drug Statistics Series No.20, Cat.No.PHE 98, AIHW, Canberra.
- <sup>14</sup> Op. cit and Australian Institute of Health and Welfare (AIHW) 2005, *2004 National Drug Strategy Household Survey*, Drug Statistics Series No.16, Cat.No.PHE 66, AIHW, Canberra.
- <sup>15</sup> Australian Institute of Health and Welfare (AIHW) 2008.
- <sup>16</sup> V White and J Hayman, 2006, *Australian secondary school students' use of alcohol in 2005*, report prepared for the Australian Government Department of Health & Ageing, June, p.2; J Copeland et al 2007, Young Australians and alcohol: the acceptability of ready-to-drink (RTD) alcoholic beverages among 12-30 year olds, *Addiction* 102, p.1744;
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- <sup>18</sup> National Health and Medical Research Council (NHMRC) 2007, *Australian alcohol guidelines for low-risk drinking: draft for public consultation*, October, p.28-29, [www.nhmrc.gov.au](http://www.nhmrc.gov.au)
- <sup>19</sup> Op. cit.
- <sup>20</sup> Op. cit.
- <sup>21</sup> Op. cit.
- <sup>22</sup> Op. cit.
- <sup>23</sup> Ministerial Council on Drug Strategy 2001, *Alcohol in Australia: Issues and Strategies*, Department of Health & Aged Care, Canberra, p.6.
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<sup>31</sup> NPHT 2008, p.15.

<sup>32</sup> T Chikritzhs 2003, Drinking and alcohol-related harm: an Australian story, *CentreLines*, December, National Drug Research Institute, Perth, and references cited therein

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<sup>34</sup> T Chikritzhs, PR Pascal and P Jones 2004, Under-Aged Drinking Among 14-17 Year Olds and Related Harms in Australia, *National Alcohol Indicators, Bulletin* No.7, National Drug Research Institute, Curtin University of Technology, Perth.

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<sup>36</sup> National Health and Medical Research Council (NHMRC) 2007, *Australian alcohol guidelines for low-risk drinking: draft for public consultation*, October, p.28-29, [www.nhmrc.gov.au](http://www.nhmrc.gov.au), p.54.

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<sup>42</sup> Alcohol Education and Rehabilitation Foundation 2008, Survey: Aussie drinking habits create climate of fear, media release, 4 Feb., [www.aerf.com.au](http://www.aerf.com.au)

<sup>43</sup> Victorian Government 2008, p.11.

<sup>44</sup> World Medical Association (WMA) 2005, Statement on Reducing the Global Impact of Alcohol on Health and Society, <http://www.wma.net/e/policy/a22.htm>

<sup>45</sup> WMA 2005.

<sup>46</sup> Royal Australasian College of Physicians 2005, *Alcohol Policy: using evidence for better outcomes*, Sydney

<sup>47</sup> Livingstone, M., 2008 "Individual and community correlates of young people's high-risk drinking in Victoria, Australia", *Drug and Alcohol Dependence*

<sup>48</sup> Stockwell, T., Leng, J., and Sturge, J., 2005, "Alcohol pricing and public health in Canada: Issues and opportunities", discussion paper prepared by the Centre for Addictions Research of British Columbia, University of Victoria.