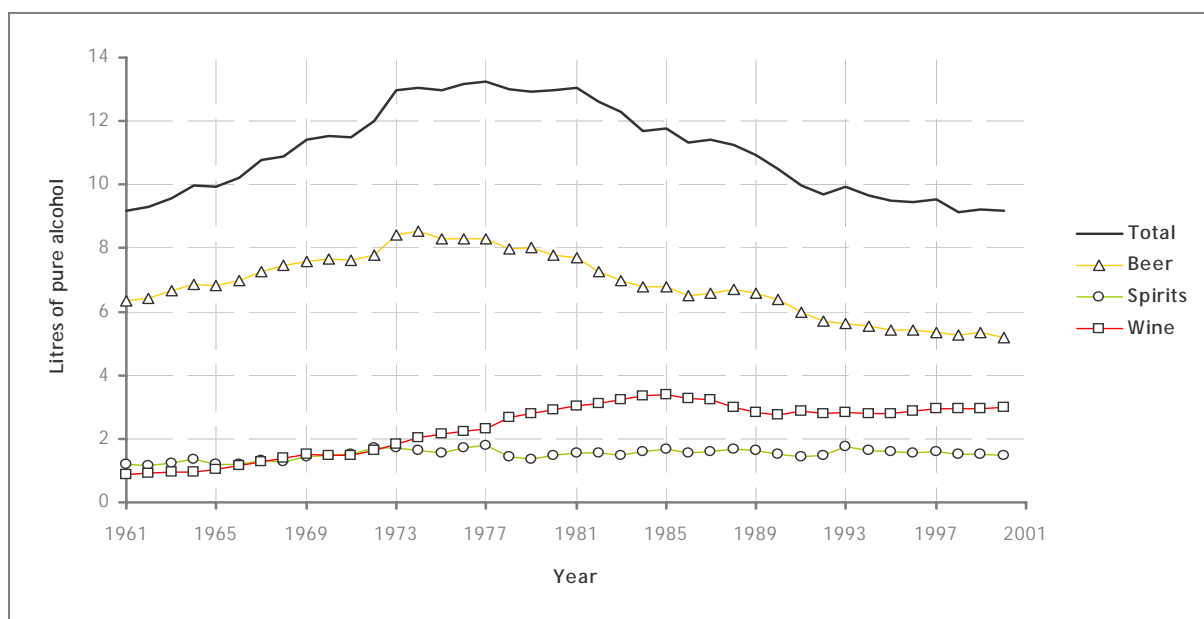


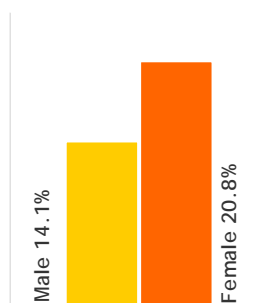
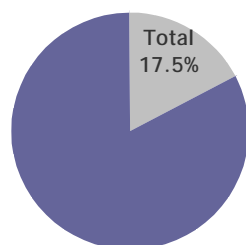
AUSTRALIA

Recorded adult per capita consumption (age 15+)



Sources: FAO (Food and Agriculture Organization of the United Nations), World Drink Trends 2003

Last year abstainers

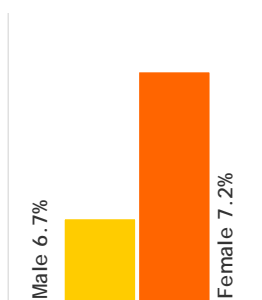
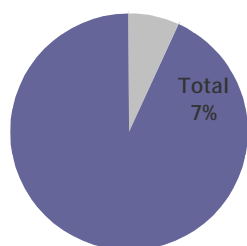


2001 national survey of subjects 14 years and older (total sample size $n = 26\ 744$; males $n = 11\ 872$ and females $n = 14\ 872$).¹

In a study looking at 123 aboriginal males and 270 females aged 15 years and over in Perth and Carnarvon, Western Australia (sample recruitment took 9 months in Perth: from October 1990 to June 1991 and 10 months in Carnarvon: from June 1992 to March 1993), overall, 42% of the sample said they did not drink (45% females and 34% males). On the basis of their self-report, 25% of males and 36% of females drank within recommended limits, i.e. not more than 280 g per week for men and 140 g for women. However, 41% of males and 19% of females exceeded these amounts. 9% of males and 4% of females were hazardous drinkers and 32% of males and 15% of females were harmful drinkers. Hazardous drinking was defined as consumption of 280 to 420 g of absolute alcohol per week on a regular basis for men and 140 to 280 g for women. Harmful drinking was defined as consumption of over 420 g of absolute alcohol per week on a regular basis for men and over 280 g for women.²

Estimates from key alcohol experts show that the proportion of adult males and females who had been abstaining (last year before the survey) was 7% (males) and 10% (females). Data is for after year 1995.³

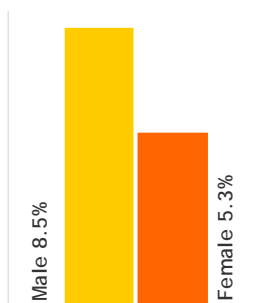
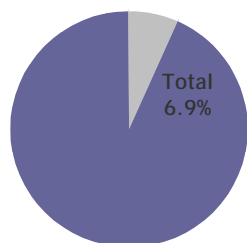
Risky drinking



2001 national survey of subjects 14 years and older (total sample size $n = 26\,744$; males $n = 11\,872$ and females $n = 14\,872$). Risky drinking was defined for males as consuming more than 40 g of pure alcohol per day and for females as consuming more than 20 g of pure alcohol per day (i.e. more than 28 and 14 standard drinks per week, respectively).¹

The same survey also found that the rate of high risk drinking was 2.9% (total), 3.5% (males) and 2.2% (females). High risk drinking was defined for males as consuming 60 g or more of pure alcohol per day and for females as consuming 40 g or more of pure alcohol per day (more than 42 and 28 standard drinks per week respectively).¹

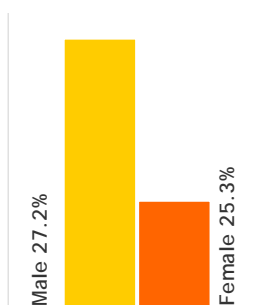
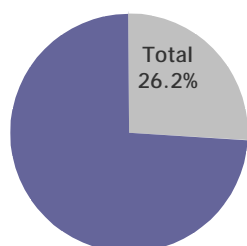
Risky and high risk drinking at least weekly



2001 national survey of subjects 14 years and older (total sample size $n = 26\,744$; males $n = 11\,872$ and females $n = 14\,872$). Risky and high risk drinking was defined for males as consuming seven or more standard drinks on any one drinking occasion and for females as consuming five or more standard drinks on any one drinking occasion.¹

The same survey also found that the rate of risky and high risk drinking at least monthly was 13.4% (total), 15.3% (males) and 11.6% (females).¹

Youth drinking (last year abstainers)

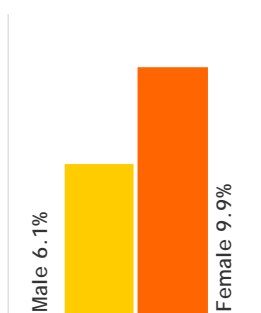
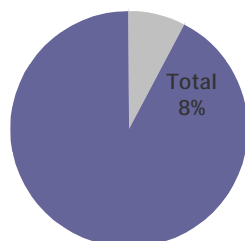


2001 national survey. Data for age group 14 to 19 years old. Sample size for this age group was 8.4% of the total sample size which was $n = 26\,744$. Sample size for males was 3.9% of the total sample size for males which was $n = 11\,872$. Sample size for females was 4.5% of the total sample size for females which was $n = 14\,872$.¹

In a 1999 study of a randomly selected representative sample of approximately 400 secondary schools across Australia (up to 80 students were randomly selected from each school), it was found that by the age of 15, 44% of boys and 36% of girls had consumed alcohol in the week before the survey. Among 16 and 17-year-olds, about 50% had consumed alcohol in this time period. Of 16 and 17-year-olds who had consumed alcohol in the past week, around 35% had drunk at hazardous levels.⁴

A 1996 national study of Australian secondary school students (aged 12 to 17 years old; total sample size $n = 29\,850$) found that the rate of last year abstainers decreased with age from 46% of boys and 59% of girls aged 12 to 8% of boys and 9% of girls aged 17. The same survey also found that current drinking (drinking alcohol in the week before the survey) increased with age from 17% of boys and 10% of girls aged 12 to 56% of boys and 50% of girls aged 17.⁵

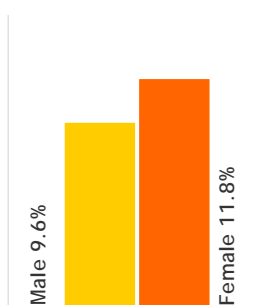
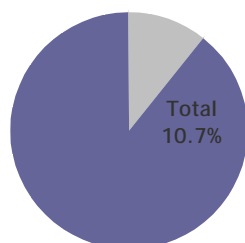
Youth drinking (risky drinking)



2001 national survey. Data for age group 14 to 19 years old (sample size see above). Risky drinking was defined for males as consuming 40 g or more of pure alcohol per day and for females as consuming 20 g or more of pure alcohol per day.¹

The same survey also found that the rate of high risk drinking among 14–19-year-old subjects was 3.7% (total), 2.7% (males) and 4.7% (females). High risk drinking was defined for males as having 60 g or more of pure alcohol per day and for females as consuming 40 g or more of pure alcohol per day.¹

Youth drinking (risky and high risk drinking at least weekly)



2001 national survey. Data for age group 14 to 19 years old (sample size see above). Risky and high risk drinking was defined for males as consuming seven or more standard drinks on any one drinking occasion and for females as consuming five or more standard drinks on any one drinking occasion.¹

The same survey also found that the rate of risky and high risk drinking at least monthly was 20.5% (total), 19.8% (males) and 21.2% (females).¹

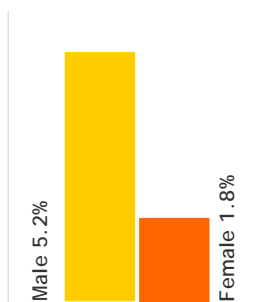
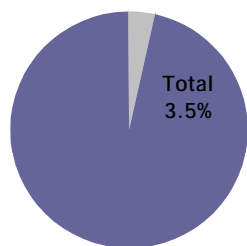
A 1996 national study of Australian secondary school students (aged 12 to 17 years old; total sample size $n = 29\,850$) found that 11% of boys and girls aged between 12 and 15 who were current drinkers had engaged in hazardous drinking in the previous week. Among 16- and 17-year-old current drinkers, 35% of boys and 28% of girls had drunk at a hazardous level in the preceding week. Hazardous drinking was defined as having eight or more drinks in one day for boys and six or more drinks in one day for girls.⁵

A 2000–2001 survey of 1090 people aged 18–39 years old in New South Wales, Australia found that 75% of males and 64% of females reported that they had consumed at levels for acute alcohol-related harm during the previous 12 months, with 34% of males and 24% of females reporting doing so weekly. For males, this corresponds to consuming more than six standard drinks (10 g of alcohol) in one day and for females more than four standard drinks in one day.⁶

Youth drinking (drunkenness)

In a 2000–2001 survey of 1090 people aged 18–39 years old in New South Wales, Australia, 54% of both males and females who had consumed at acute-risk levels reported that this last drinking occasion occurred at a licensed premise. Of these, 55.8% reported that they had exhibited at least one sign of overt alcohol intoxication, while 18.9% reported showing three or more signs of intoxication.⁶

Alcohol dependence (last year)



1997 national survey of mental health and well-being. The sample comprised a stratified random sample of 10 641 Australians aged 18 years and over. ICD-10 definition of alcohol dependence was used.⁷

In a study conducted in a semi-rural area of Australia (total sample size $n = 1364$), it was found that 6.5% of the total sample met criteria for an alcohol use disorder. Men were more likely than women to have met criteria for alcohol use disorders. The prevalence of alcohol use disorders declined linearly with age. Those aged 18–34 years were 3.19 times more likely to have an alcohol use disorder compared to those aged 55 years and older. Participants answered a modified version of the Composite International Diagnostic Interview (CIDI) with assessment of alcohol use disorder based on ICD-10 criteria.⁸

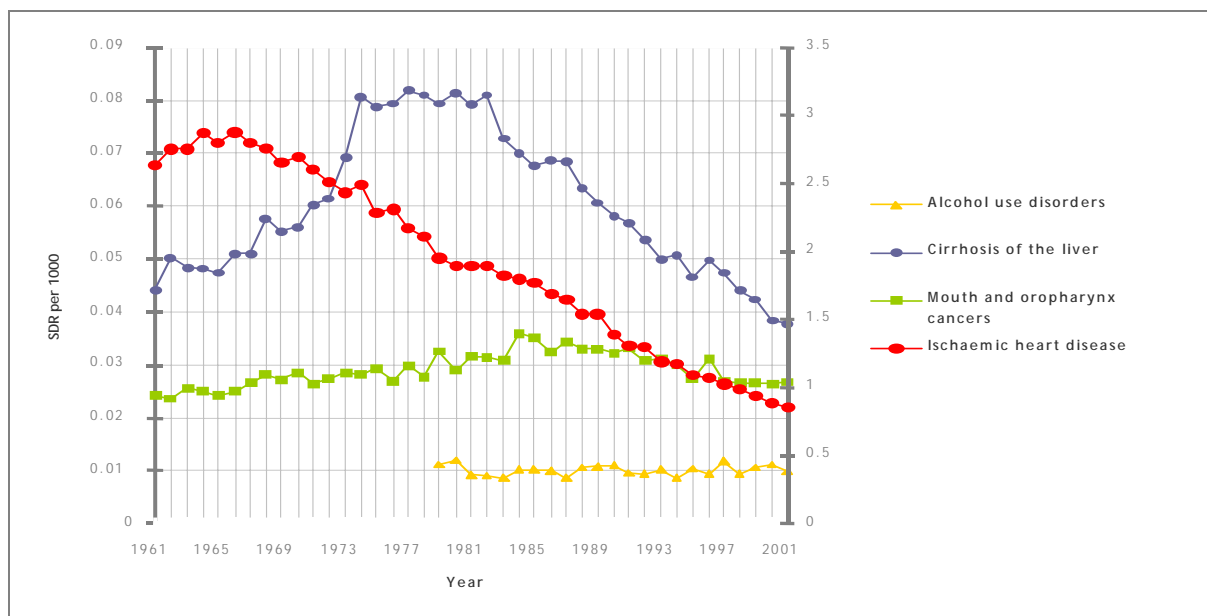
Unrecorded alcohol consumption

The unrecorded alcohol consumption in Australia is estimated to be 0.0 litres pure alcohol per capita for population older than 15 for the years after 1995 (estimated by a group of key alcohol experts).³

Mortality rates from selected death causes where alcohol is one of the underlying risk factors

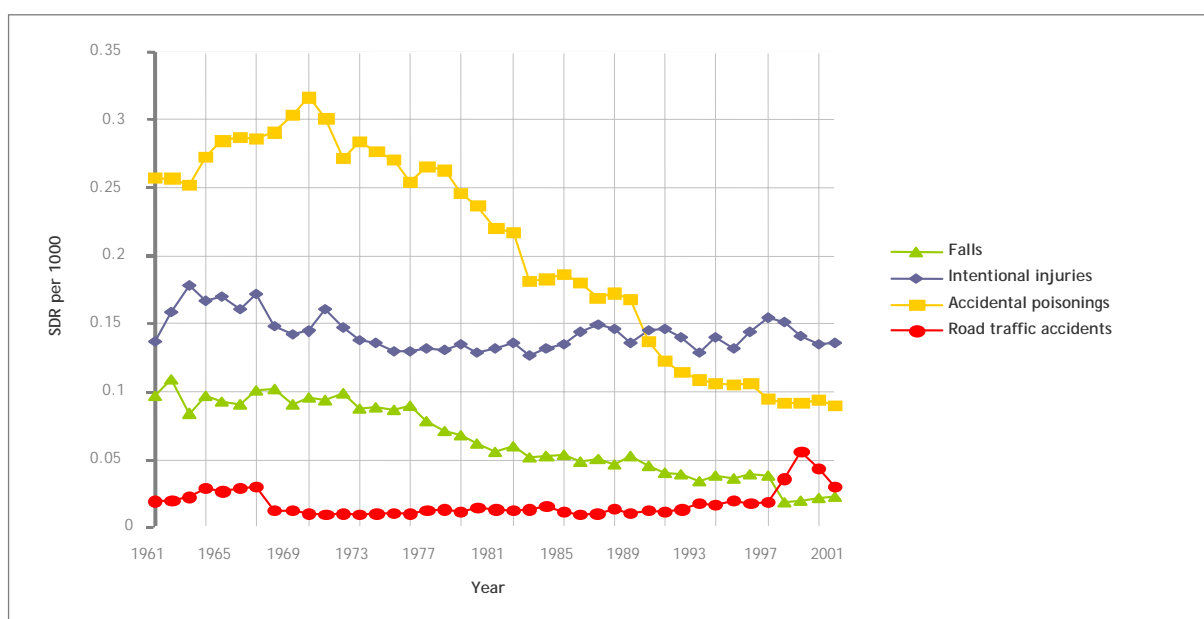
The data represent all the deaths occurring in a country irrespective of whether alcohol was a direct or indirect contributor.

Chronic mortality



Note: Chronic mortality time-series measured on two axes, ischaemic heart disease on right axis and the other causes on the left.

Acute mortality



Source: WHO Mortality Database

Morbidity, health and social problems from alcohol use

A survey of 833 employees at an industrial worksite found that problem drinkers were 2.7 times more likely to have injury-related absences than non-problem drinkers.⁹

In 2000, there were 1047 alcohol-related driver and motorcycle rider fatalities. The proportion of fatally injured drivers and motorcycle riders with blood alcohol concentrations of 0.05 g/100 ml was 26% in 2000.¹⁰

In a study looking at the incidence of alcohol and drugs in fatally injured drivers ($n = 3398$) in three Australian states for the period of 1990–1999, it was found that alcohol at or over 0.05 g/100 ml was present in 29.1% of all drivers, with the highest prevalence in car drivers (30.3%).¹¹

It was estimated that in 1998–1999 there were 8661 people admitted to hospital from alcohol-caused assaults.¹²

In a study examining the relationship between alcohol consumption prior to suicide and the act of suicide in Western Australia, it was found that 35.8% of cases studied (515 suicides in total) had a positive blood alcohol reading. Those who had been drinking alcohol prior to suicide were younger, more likely to be male, more likely to have chosen carbon monoxide as the method of suicide, more likely to have experienced a relationship break-up and less likely to have sought professional help than those who had not been drinking.¹³

According to a national survey conducted in 2001, it was estimated that in the 12 months preceding the survey there were over four million victims of alcohol-related verbal abuse and a further two million Australians aged 14 years and over who were 'put in fear' by persons under the influence of alcohol. More than half a million Australians were physically abused by persons under the influence of alcohol.¹

In a representative random sample of South Australian adults aged 18 years and over it was found that alcohol abuse problems had a significant relationship with domestic violence.¹⁴

In 1998, the major causes of alcohol-related deaths where there was no protective effect were cancer (1157 deaths), alcoholism and alcoholic cirrhosis of the liver (927 deaths) and road fatalities (440 deaths).¹⁰

Of the 3290 estimated alcohol-caused deaths in 1997, chronic conditions (e.g. alcoholic liver cirrhosis and alcohol dependence) accounted for 42%, acute conditions (e.g. alcohol-related road injuries and assaults) for 28% and mixed (chronic and acute) for 30%. Of the 62 914 estimated potential life years lost, acute conditions were responsible for 46%, chronic for 33% and mixed for 21%. The average number of years of life lost through deaths from acute conditions was more than twice that from chronic conditions, because the former mostly involved younger people.¹⁵

In 1997–1998 there were 43 032 hospital episodes attributed to alcohol. Of the alcohol-related illnesses, alcoholism and alcoholic liver cirrhosis was the main reason for admission to hospital, accounting for 25 758 hospital episodes. There were 5846 hospital episodes due to road injuries attributable to alcohol.¹⁰

During 1993/94–1995/96, alcohol-related hospitalizations comprised 1.0% of all Victorian hospitalizations, with men accounting for over two thirds of alcohol-related hospitalizations. Approximately half of the alcohol-related hospitalizations were for disease conditions and the other half for external cause (injury) conditions. Alcohol-related hospitalization rates were generally higher for people living in rural/remote areas compared to urban areas.¹⁶

In 2001, alcohol was the drug most frequently reported by clients at treatment centres as being the main drug problem, with one in three (35%) substance users receiving treatment for an alcohol problem. Males were slightly more likely than females to attend a drug and alcohol treatment service agency for alcohol-related problems (36% versus 33%). Older clients (aged 25 years or more) were three times more likely to seek treatment for alcohol-related problems than younger clients (aged less than 25 years), with 42% of older clients seeking treatment compared with 14% of younger clients.¹⁰

In 2001, male prisoners were twice as likely (20.2%) to define themselves as alcohol-dependent as males arrested and held in police watch-houses (11.1%). One in three male offenders reported being under the influence of alcohol at the time of their offence.¹⁰

A 1994–1995 study assessed 990 consecutive admissions to the psychiatric units of two hospitals and found that a high proportion of patients were alcohol-dependent. Among those with mood disorders, 25.4% of men were alcohol-dependent, compared with 16.3% of women, while 34.5% of men with anxiety disorders were alcohol-dependent compared with 25% of women. Both gender differences were statistically significant. More men than women with anxiety disorders were classified as hazardous (24.1% versus 11.7%) or harmful drinkers (13.8% versus 3.3%). Thus, there is a high rate of excessive alcohol consumption in people with psychiatric disorders, especially males. Such individuals may be particularly vulnerable to complications of alcohol misuse such as suicide and exacerbation of their disorder.¹⁷

In a study of family and alcohol problems among Aboriginal Australians (involving 99 people from a remote community in the far North of Australia), it was found that compared to those without alcohol problems, people with alcohol problems reported more family conflict and women with alcohol problems reported high family independence.¹⁸

In a study looking at behaviours occurring under the influence of alcohol in 16–17-year-olds, it was found that 17% of drinkers reported alcohol-related violence (accidents or injuries) and 15% reported problems relating to sex under the influence of alcohol (having sex and later regretting it or having had unsafe sex) in the previous 12 months. Males were more likely to report alcohol-related violence (20% compared to 14% females). Almost one in ten young people reported having sex while under the influence of alcohol and later regretting it and 10% reported having had unsafe sex. For alcohol-related injuries, strong independent associations were found with dose of alcohol consumed, frequency of alcohol consumption, antisocial behaviour and peer drinking. For alcohol-related sexual risk-taking, psychiatric morbidity and high frequency of alcohol consumption had strong independent associations.¹⁹

A study of 789 male and female prisoners from 27 correctional centres across New South Wales (NSW), Australia found an association between harmful and hazardous use of alcohol with imprisonment for violent crimes.²⁰

Work done by researchers from the National Drug Research Institute at Curtin University in Perth and Turning Point Drug and Alcohol Centre in Melbourne found that 63.1% of alcohol consumed was on occasions when safe limits were exceeded, thus putting the drinker at risk of injury, acute illness, or both. In the case of young drinkers aged 14 to 24 years, this figure rose to 80.9%. The research also found that for the same age range of young people, the greatest contributor to high risk drinking involved consumption of ordinary strength beer (39.3%). The second largest contributor to high risk drinking was bottled spirits (34%) and the third was pre-mixed spirits (14.1%).²¹

Economic and social costs

The total social costs of alcohol misuse in Australia in 1998–1999 was estimated to be A\$ 7560.3 million. These included the tangible costs of alcohol-attributable crime (A\$ 1235.3 million), production loss in the workplace (A\$ 1949.9 million) and alcohol-related road accidents (A\$ 1875.5 million).²²

A study conducted in Telecom Australia for the financial year 1991–1992 found that the estimated costs to the company (nearly 80 000 staff) of illnesses attributable to alcohol was \$5.5 million.²³

Country background information

Total population 2003	19 731 000	Life expectancy at birth (2002)	Male	77.9
Adult (15+)	15 784 800		Female	83.0
% under 15	20	Probability of dying under age 5 per 1000 (2002)	Male	6
Population distribution 2001 (%)			Female	5
Urban	91	Gross National Income per capita 2002	US\$	19 740
Rural	9			

Sources: Population and Statistics Division of the United Nations Secretariat, World Bank World Development Indicators database, The World Health Report 2004

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