

Inquiry into Ready-to-Drink Alcohol Beverages

Australian Institute of Health and Welfare Submission
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Summary

This submission presents data on the prevalence and trends of alcohol consumption in Australia, and on alcohol and other drugs treatment services, using two major Australian Institute of Health and Welfare data sources:

- the National Drug Strategy Household Survey interviews more than 20,000 Australians aged 12 years and over, and includes specialised questions on alcohol consumption, risky consumption, and related behaviours
- the Alcohol and Other Drug Treatment Services National Minimum Dataset records episodes from all government-funded treatment services, providing information on their clients and the treatments provided.

Key points

The data presented here indicate that:

- the overall drinking status of the Australian population has been stable over the past two decades
- there has been a modest increase in the apparent consumption of Ready-to-Drink (RTD) alcohol beverages over the past five years
- the preference for RTDs has increased slightly over the period 2001–2007, particularly in older age groups; the trend among those aged under 18 years is unclear
- there has been virtually no change in the pattern of risky drinking over the period 2001–2007, including among young Australians
- given the stable prevalence of risky drinking, and the lack of any clear trend regarding preferences for RTDs, the increased availability of RTDs does not appear to have directly contributed to an increase in risky alcohol consumption
- over the past five years there has been an increase in the number of treatment episodes for people concerned about their alcohol use, consistent with the increase in treatment episodes for all drugs of concern
- among young people aged 10–19 years, the proportion of total treatment episodes for which alcohol was the principal drug of concern has increased from 15% to 23% over the past five years.

Introduction

The Australian Institute of Health and Welfare (AIHW) welcomes this opportunity to make a submission to the inquiry. This submission presents summary data on the prevalence and trends of alcohol consumption in Australia—with a particular focus on ready-to-drink beverages (RTDs)—and on alcohol and other drugs treatment services.

About AIHW

The AIHW is Australia's national agency for health and welfare statistics and information. We are an Australian Government statutory authority accountable to Parliament and operate under the provisions of the *Australian Institute of Health and Welfare Act 1987*. The Act ensures that the data collections we manage are kept securely and under the strictest conditions with respect to privacy and confidentiality.

Our mission is *Better information and statistics for better health and wellbeing*. We work closely with all state, territory and Australian Government health, housing and community services agencies in collecting, analysing and disseminating data.

More information on our capabilities and services, as well as access to the full range of information products, can be found at www.aihw.gov.au.

The AIHW covers alcohol consumption, and to some extent the related harms, through its work on the National Drug Strategy Household Survey program. It also covers alcohol-related treatment services through its work on the Alcohol and Other Drug Treatment Services National Minimum Dataset projects. Data from these two sources are presented below, along with some contextual information from other sources. The primary data sources are described in Appendix A.

Reported consumption patterns and trends

This section presents data on consumption estimated from the National Drug Strategy Household Survey series. The first part looks at general drinking status, followed by recent trends in preference for selected types of alcoholic drinks. The next part looks at risky alcohol consumption, as interpreted against the National Health and Medical Research Council's *Australian Alcohol Guidelines* (NHMRC 2001). Finally in this section, data are presented on some drinking-related behaviours for drinkers that usually consume RTDs.

Drinking status

In 2007, approximately 83% of the population aged 14 years and over were current drinkers; that is, had consumed alcohol in the past 12 months (Table 1). This proportion has been relatively stable over the period 1991–2007.

Table 1: Summary of drinking status, 1991–2007 (per cent)

Drinking status	1991	1993	1995	1998	2001	2004	2007
Daily	10.2	8.5	8.8	8.5	8.3	8.9	8.1
Weekly	41.0	39.9	35.2	40.1	39.5	41.2	41.3
Less than weekly	30.4	29.5	34.3	31.9	34.6	33.5	33.5
<i>Current drinker</i>	<i>81.6</i>	<i>77.9</i>	<i>78.3</i>	<i>80.5</i>	<i>82.4</i>	<i>83.6</i>	<i>82.9</i>
Ex-drinker ^(a)	12.0	9.0	9.5	10.0	8.0	7.1	7.0
Never a full serve of alcohol	6.5	13.0	12.2	9.4	9.6	9.3	10.1

(a) Has consumed a full serve, but not in the past 12 months.

Source: AIHW analysis of National Drug Strategy Household Surveys.

The drinking pattern of Australians varies considerably across age and sex, with young adults (aged 18–19 years) being the most likely to consume alcohol (Table 2, Figure 1). Around 3 in 10 younger Australians (aged 12–15 years) were current drinkers in 2007, the same proportion for girls and boys. Put another way, around 2 in 3 people in this age group had never consumed a full serve of alcohol. By the age of 16–17 years, the proportion of never-drinkers had dropped to 1 in 5, and by the age of 18–19 years it was 1 in 10.

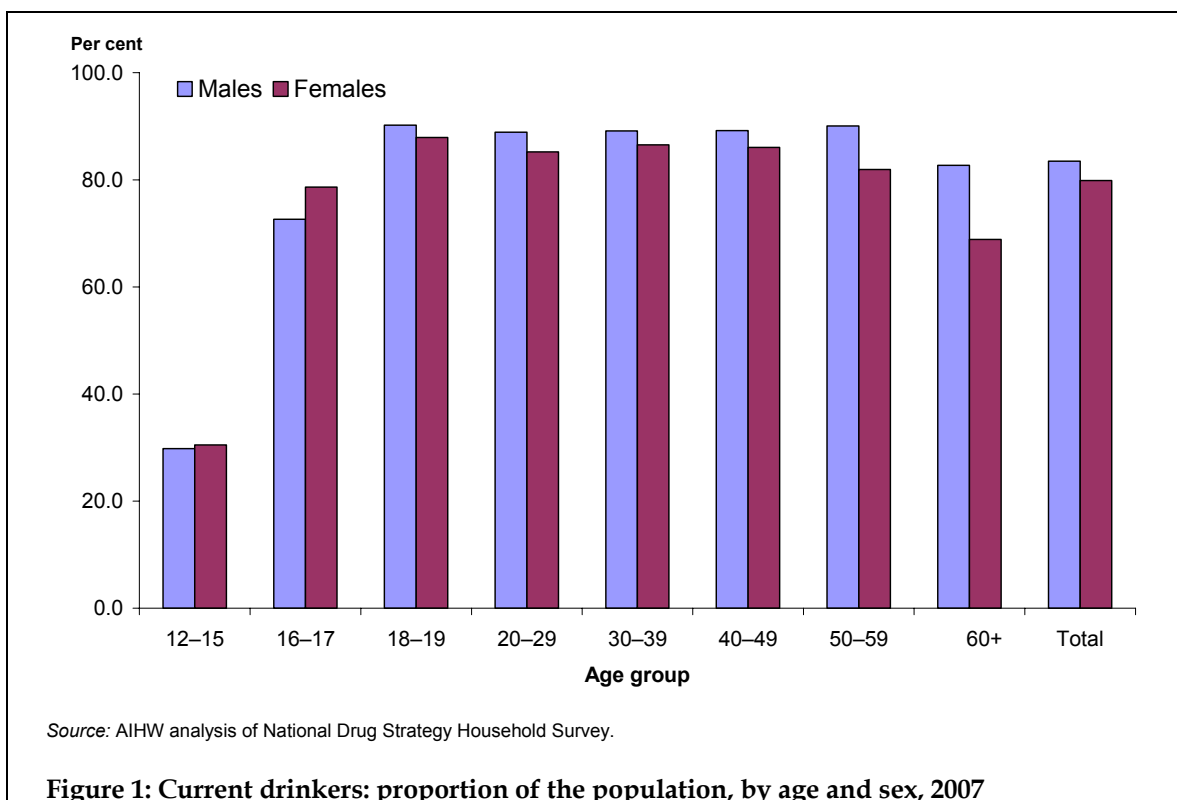
The 60 years and over age group were most likely to consume alcohol every day: 21% for males and 11% for females.

Table 2: Summary drinking status, by age and sex, 2007 (per cent)

Drinking status	12–15	16–17	18–19	20–29	30–39	40–49	50–59	60+	Total
Males									
Daily	—	1.7	2.6	2.8	6.1	11.4	15.9	21.4	10.5
Weekly	1.0	20.0	46.7	55.7	54.8	51.0	49.6	39.2	45.3
Less than weekly	28.8	50.9	40.9	30.3	28.2	26.7	24.5	22.1	27.7
<i>Current drinker</i>	<i>29.8</i>	<i>72.6</i>	<i>90.2</i>	<i>88.9</i>	<i>89.1</i>	<i>89.2</i>	<i>90.1</i>	<i>82.7</i>	<i>83.5</i>
Ex-drinker ^(a)	2.7	5.2	1.5	2.8	5.2	5.7	5.7	10.3	5.7
Never a full serve of alcohol	67.5	22.1	8.3	8.3	5.7	5.1	4.2	7.0	10.8
Females									
Daily	0.5	—	0.7	1.7	3.0	5.6	7.8	10.5	5.5
Weekly	3.2	15.4	35.3	39.6	40.4	42.7	38.0	30.6	35.9
Less than weekly	26.8	63.2	51.9	44.0	43.1	37.7	36.2	27.8	38.5
<i>Current drinker</i>	<i>30.5</i>	<i>78.6</i>	<i>87.9</i>	<i>85.2</i>	<i>86.5</i>	<i>86.1</i>	<i>81.9</i>	<i>68.9</i>	<i>79.9</i>
Ex-drinker ^(a)	2.1	3.0	1.9	5.8	6.4	6.2	8.4	14.2	8.1
Never a full serve of alcohol	67.4	18.4	10.2	8.9	7.0	7.8	9.7	16.9	12.1
Persons									
Daily	0.2	0.8	1.6	2.3	4.6	8.5	11.8	15.6	8.1
Weekly	2.1	17.8	41.1	47.8	47.5	46.8	43.8	34.6	41.3
Less than weekly	27.8	57.0	46.3	37.0	35.7	32.3	30.4	25.1	33.5
<i>Current drinker</i>	<i>30.1</i>	<i>75.6</i>	<i>89.1</i>	<i>87.1</i>	<i>87.8</i>	<i>87.6</i>	<i>86.0</i>	<i>75.3</i>	<i>82.9</i>
Ex-drinker ^(a)	2.4	4.2	1.7	4.3	5.8	5.9	7.1	12.4	7.0
Never a full serve of alcohol	67.5	20.3	9.2	8.6	6.3	6.5	7.0	12.3	10.1

(a) Has consumed a full serve, but not in the past 12 months.

Source: AIHW analysis of National Drug Strategy Household Survey.



Type of alcohol consumed

The surveys ask respondents to nominate the types of alcohol usually consumed. Respondents could mark as many types as they 'usually' consumed, so absolute drinking preference cannot be determined. However, at a population level, the broad patterns of preference can be seen.

Males

Over the period 2001–2007 the dominant alcoholic drink preference for young males (aged 18–29 years) has been regular strength beer, followed by premixed spirits in a can (such as 'bourbon and cola'). For older males the preference has consistently been for bottled wine, while for males aged under 18 years the preference has been fairly even between regular strength beer and premixed spirits in a can.

Across all age groups there has been an increase in the preference for premixed spirits in a can or bottle, but there is no clear trend in preference for RTDs among young males (aged under 18 years) in the period 2001–2007.

Note that the 2001 survey did not include 12–13 year olds, so the results for this age group presented below are not strictly comparable across the three surveys.

Table 3: Trends in preferences for selected alcoholic drinks, 2001–2007, males (per cent)

Alcohol type	Year	Age group						Total
		12–15	16–17	18–19	20–29	30–39	40+	
Cask wine	2007	6.1	8.2	7.5	7.0	7.1	16.0	12.0
	2004	9.5	8.0	9.1	7.7	9.4	22.1	15.9
	2001	10.0	11.7	5.9	7.7	11.0	22.2	16.0
Bottled wine	2007	11.9	10.1	18.9	34.1	47.7	52.6	45.1
	2004	17.2	8.3	21.0	36.2	46.0	49.4	43.4
	2001	21.4	14.6	15.2	34.2	42.3	45.0	39.7
Regular strength beer	2007	29.0	50.6	63.9	68.0	61.0	40.1	49.8
	2004	34.9	51.2	67.8	68.6	55.3	35.7	47.0
	2001	44.2	62.9	71.7	67.1	59.1	38.2	50.1
Low alcohol beer	2007	13.5	12.5	5.7	11.0	17.5	29.4	22.3
	2004	23.7	14.2	5.5	12.7	23.1	33.6	26.0
	2001	21.4	18.4	8.9	15.4	26.3	36.1	28.3
Bottled spirits and liqueurs	2007	30.6	47.6	54.0	54.5	40.3	32.0	38.7
	2004	35.5	42.9	63.1	51.9	37.1	31.9	38.0
	2001	44.4	58.0	67.6	58.4	40.9	30.3	40.4
Pre-mixed spirits in a can	2007	36.9	56.3	60.7	47.6	28.5	10.9	24.3
	2004	50.2	55.7	65.3	42.0	27.9	9.3	23.0
	2001	43.8	57.9	53.5	34.8	19.5	5.5	18.2
Pre-mixed spirits in a bottle	2007	25.8	29.9	33.3	26.4	11.6	3.8	11.5
	2004	21.1	32.0	41.7	22.7	10.0	3.6	10.8
	2001	24.1	31.9	35.6	21.2	9.1	1.7	9.6

Notes:

1. Preferences are inferred from responses to the question 'What type of alcohol do you usually drink?'; respondents could select more than one usual drink.
2. The 2001 survey did not include 12–13 year olds. In this table, 14–15 year olds are shown in the 12–15 age group column for 2001. Therefore the trend for this column should be interpreted with caution. The totals for 2001 are for 14 years and over.

Source: AIHW analysis of National Drug Strategy Household Surveys.

Females

Young females (aged 18–29 years) have roughly equal preference for premixed spirits in a bottle (such as 'Vodka Cruiser') and bottled spirits. For older females the preference has consistently been for bottled wine, while for females aged under 18 years the preference has been fairly even between premixed spirits and bottled spirits.

Across all age groups there has been a small increase in the preference for premixed spirits in a can, but there is no clear trend in preference for RTDs among young females (aged under 18 years) in the period 2001–2007.

Note that the 2001 survey did not include 12–13 year olds, so the results for this age group presented below are not strictly comparable across the three surveys.

Table 4: Trends in preferences for selected alcoholic drinks, 2001–2007, females (per cent)

Alcohol type	Year	Age group						Total
		12–15	16–17	18–19	20–29	30–39	40+	
Cask wine	2007	3.8	7.3	9.7	10.7	10.9	19.3	15.2
	2004	8.8	11.0	16.0	13.6	14.8	26.8	20.8
	2001	12.4	15.8	18.4	14.9	19.8	30.3	23.9
Bottled wine	2007	15.4	16.5	28.0	60.0	69.0	70.2	63.8
	2004	19.5	21.0	32.7	54.4	62.0	66.8	59.8
	2001	24.7	20.1	30.7	57.3	62.0	61.6	57.3
Regular strength beer	2007	9.8	9.6	17.3	25.6	19.8	9.0	14.3
	2004	12.1	17.2	24.9	26.5	18.1	8.2	14.4
	2001	8.9	15.1	26.2	29.3	17.6	8.4	15.1
Low alcohol beer	2007	5.8	3.6	6.3	5.9	7.7	10.8	8.8
	2004	7.8	5.2	4.6	7.9	10.8	12.7	10.8
	2001	12.9	5.6	3.0	8.1	11.9	14.4	11.9
Bottled spirits and liqueurs	2007	53.3	54.4	73.9	58.3	44.2	33.5	42.4
	2004	46.1	64.4	69.8	61.5	43.1	34.4	43.5
	2001	51.7	59.1	76.8	64.4	48.8	33.4	45.4
Pre-mixed spirits in a can	2007	59.4	57.0	60.8	37.1	22.8	9.7	21.3
	2004	43.0	61.7	57.3	37.1	21.9	7.5	20.1
	2001	55.5	57.2	62.0	32.5	19.2	5.5	18.6
Pre-mixed spirits in a bottle	2007	49.9	68.5	68.9	47.3	28.7	11.0	25.4
	2004	55.1	80.8	75.4	51.8	27.2	10.5	26.8
	2001	63.6	70.8	76.4	47.7	25.3	7.1	24.7

Notes:

1. Preferences are inferred from responses to the question 'What type of alcohol do you usually drink?'; respondents could select more than one usual drink.
2. The 2001 survey did not include 12–13 year olds. In this table, 14–15 year olds are shown in the 12–15 age group column for 2001. Therefore the trend for this column should be interpreted with caution. The totals for 2001 are for 14 years and over.

Source: AIHW analysis of National Drug Strategy Household Surveys.

Risk of harm from alcohol consumption

According to Australian Alcohol Guidelines (NHMRC 2001), long-term risk can be defined as the level of risk associated with regular daily patterns of drinking, measured by the total amount of alcohol typically consumed per week. Short-term risk can be defined as the risk of harm (particularly injury or death) in the short term that is associated with given levels of drinking on a single day. Guidelines have been developed separately for men and women—see Appendix B for a summary of these levels. A given amount of alcohol usually affects women more than men because of their lower average body mass and the different ways their bodies process alcohol.

The AIHW does not support the term 'binge' drinking, partly because there is no internationally-agreed definition of this term, and partly because it can variously mean a particular amount of consumption on a single drinking occasion, or a prolonged period of drinking. The AIHW therefore prefers to use the language of the NHMRC guidelines regarding risky and high-risk drinking. We typically associate the term 'binge' with consumption that is risky or high-risk for short-term harm.

In 2007, about 1 in 6 males and 1 in 5 females abstained from consuming alcohol, and were therefore not assessed for alcohol risk. Less than 1% of young males (aged 12–15 years) and 2% of young females had a pattern of drinking every week that was risky or high risk for short-term harm (Table 5). The age group with the highest proportion of weekly short-term risk was 18–19 years, at just over 17% for both males and females. A similar pattern across age and sex groups was seen for short-term risk on a monthly basis, and for long-term risk.

Table 5: Risk of harm from alcohol consumption, by age and sex, 2007 (per cent)

Type of risk	12–15	16–17	18–19	20–29	30–39	40+	Total
Males							
Abstainer	70.2	27.4	9.8	11.1	10.9	13.1	16.5
Short-term risk—weekly							
Low risk	29.3	64.9	72.7	71.7	79.2	80.1	74.5
Risky	0.3	5.1	8.1	8.6	6.6	4.7	5.5
High risk	0.2	2.6	9.4	8.6	3.4	2.0	3.5
Short-term risk—monthly							
Low risk	26.9	48.8	46.6	45.1	61.7	71.0	60.6
Risky	2.1	11.5	18.0	14.5	13.9	10.1	11.3
High risk	0.9	12.4	25.7	29.3	13.6	5.8	11.6
Long-term risk							
Low risk	29.0	65.3	77.5	73.3	79.2	77.7	73.6
Risky	0.6	3.6	8.4	9.3	6.2	5.6	6.0
High risk	0.2	3.3	4.3	6.2	3.7	3.6	3.8
Females							
Abstainer	69.5	21.4	12.1	14.8	13.5	22.3	22.1
Short-term risk—weekly							
Low risk	28.1	71.8	70.5	73.0	79.7	74.0	71.8
Risky	0.5	3.0	8.1	5.1	4.0	2.3	3.1
High risk	1.9	3.7	9.3	7.1	2.8	1.4	2.9
Short-term risk—monthly							
Low risk	24.3	51.3	41.9	49.9	66.4	68.6	61.2
Risky	2.3	12.8	18.6	13.2	9.3	5.6	7.9
High risk	4.0	14.5	27.4	22.1	10.8	3.5	8.8
Long-term risk							
Low risk	28.1	70.0	68.8	68.8	75.7	69.0	67.6
Risky	1.3	4.9	13.2	11.0	7.7	6.7	7.4
High risk	1.0	3.7	5.9	5.4	3.0	1.9	2.7

Notes:

1. See Appendix B for description of risk levels.
2. 'Short-term risk—monthly' includes 'Short-term risk—weekly': these two categories should not be added.

Source: AIHW analysis of National Drug Strategy Household Survey.

Trends in risky consumption

Comparable analysis of risky consumption is possible for the 2001, 2004 and 2007 surveys. Across this period, there has been little change in the pattern of risky consumption across all age and sex groups. For some groups—notably girls aged 16–17 years—there appears to have been a decrease over this period in the proportions drinking at risky or high-risk levels for short-term harm.

Table 6: Recent trends in risky and high-risk alcohol consumption, by age and sex, 2001–2007 (per cent)

Type of risk	Year	Age group						Total
		12–15	16–17	18–19	20–29	30–39	40+	
Males								
Abstainer	2007	70.2	27.4	9.8	11.1	10.9	13.1	16.5
	2004	68.2	23.9	14.4	7.8	8.9	12.4	15.3
	2001	49.3	24.3	10.7	8.4	9.8	14.7	14.1
Short-term risk weekly	2007	0.5	7.8	17.5	17.2	10.0	6.7	9.0
	2004	1.0	9.2	21.6	17.4	10.3	6.9	9.4
	2001	1.5	7.8	18.6	14.6	7.8	6.6	8.5
Short-term risk monthly	2007	2.9	23.8	43.6	43.8	27.4	15.9	22.9
	2004	3.3	25.1	46.3	44.0	29.2	15.7	23.3
	2001	11.5	28.6	46.1	42.5	28.2	14.9	23.8
Long-term risk	2007	0.8	6.9	12.7	15.5	9.9	9.2	9.9
	2004	0.6	5.3	16.5	14.4	10.3	9.2	9.8
	2001	0.7	6.6	18.5	14.5	8.8	9.7	10.2
Females								
Abstainer	2007	69.5	21.4	12.1	14.8	13.5	22.3	22.1
	2004	67.0	21.1	11.3	13.4	13.0	22.5	21.8
	2001	43.6	22.0	14.7	11.3	16.0	24.5	20.8
Short-term risk weekly	2007	2.4	6.8	17.4	12.2	6.8	3.7	6.1
	2004	1.7	10.7	17.4	10.9	5.8	3.3	5.5
	2001	5.9	10.4	17.7	9.3	4.8	2.9	5.3
Short-term risk monthly	2007	6.2	27.3	46.0	35.3	20.1	9.1	16.7
	2004	5.5	30.3	47.3	36.9	19.7	8.5	16.8
	2001	15.8	32.1	47.1	36.1	17.6	7.7	16.9
Long-term risk	2007	2.3	8.6	19.1	16.4	10.8	8.6	10.1
	2004	2.1	11.7	21.0	15.1	9.9	7.4	9.3
	2001	8.4	12.7	21.3	14.9	8.6	7.0	9.4

Notes:

1. See Appendix B for description of risk levels. Only risk + high risk is reported in this table.
2. 'Short-term risk—monthly' includes 'Short-term risk—weekly': these two categories should not be added.
3. The 2001 survey did not include 12–13 year olds. In this table, 14–15 year olds are shown in the 12–15 age group column for 2001. Therefore the trend for this column should be interpreted with caution. The totals for 2001 are for 14 years and over.

Source: AIHW analysis of National Drug Strategy Household Surveys.

The survey data do not lend themselves to a direct analysis of the contribution of particular types of alcohol to risky consumption. However, it is reasonable to conclude that, given the stable or declining prevalence of risky drinking, and the lack of any clear trend regarding preferences for RTDs, the increased availability of RTDs does not appear to have led inexorably to an increase in risky consumption.

Drinking behaviours associated with RTDs

The National Drug Strategy Household Surveys collect information on drinking-related behaviours, such as usual sources of alcohol, usual place of consumption, and alcohol moderation choices. Presented here are results of these questions for recent drinkers that usually consume RTDs.

Usual source of alcohol

Overall, the vast majority of RTD drinkers purchase alcohol themselves from a retailer (Table 7). Among under-age drinkers of RTDs, alcohol is usually sourced from a friend or acquaintance, or from a parent. A small proportion of boys (4%) and girls (2%) aged 12–15 years claim to usually purchase alcohol themselves.

Table 7: Usual source of alcohol for recent drinkers that usually consume RTDs, by age and sex, 2007 (per cent)

Usual source	12–15	16–17	18–19	20–29	30–39	40+	Total
Males							
Friend or acquaintance	44.9	49.5	5.4	3.6	1.9	0.4	7.1
Brother or sister	1.2	1.8	0.7	—	0.4	0.4	0.4
Parent	33.6	31.4	1.0	0.3	—	0.5	3.6
Spouse or partner	—	—	—	—	1.1	1.2	0.5
Other relative	1.2	2.3	0.4	0.1	—	0.4	0.4
Steal it	1.6	0.4	1.2	—	0.5	—	0.3
Purchase it myself from retailer (e.g. pub, bottle shop)	3.9	10.4	90.1	94.9	95.3	95.4	85.8
Get stranger/someone not known to me to get it	4.3	3.1	0.4	0.3	—	0.1	0.5
Other	9.2	1.2	0.8	0.9	0.8	1.2	1.3
Females							
Friend or acquaintance	45.3	32.9	7.6	2.5	1.0	1.9	6.9
Brother or sister	2.6	5.5	—	0.3	0.4	—	0.7
Parent	40.5	36.2	1.3	0.4	0.5	—	5.1
Spouse or partner	2.4	9.9	—	1.2	3.8	6.0	3.6
Other relative	—	2.8	—	—	—	0.5	0.3
Steal it	—	—	—	—	—	—	—
Purchase it myself from retailer (e.g. pub, bottle shop)	1.7	6.6	90.1	95.0	93.6	90.1	81.6
Get stranger/someone not known to me to get it	1.3	0.5	—	—	—	—	0.1
Other	5.7	4.0	1.0	0.7	0.5	0.8	1.2

Source: AIHW analysis of National Drug Strategy Household Survey.

Usual place of consumption

Overall, RTD drinkers prefer to drink at home, at a friend's house or party, or at licensed premises (Table 8). Among under-age RTD drinkers, alcohol is usually consumed at a party or at a friend's house; a small proportion consume alcohol at licensed premises.

Table 8: Usual place of alcohol consumption for recent drinkers that usually consume RTDs, by age and sex, 2007 (per cent)

Usual place	12–15	16–17	18–19	20–29	30–39	40+	Total
Males							
In my own/ spouse's/ partner's home	52.3	45.5	64.8	74.4	86.2	90.2	77.4
At a friend's house	57.7	69.4	70.8	71.8	68.1	59.1	67.1
At a party at someone's house	60.5	81.7	80.5	69.3	62.7	55.9	65.9
At raves/dance parties	17.9	20.1	32.4	28.0	9.4	4.5	17.6
At restaurants/cafes	8.1	2.3	33.2	56.2	58.6	59.4	50.3
At licensed premises (e.g. pubs, clubs)	3.2	11.6	82.8	80.9	71.2	64.2	67.4
At School, TAFE, University, etc.	—	0.5	13.7	4.2	1.2	1.0	3.2
At my workplace	—	—	9.9	13.5	12.6	7.2	10.1
In public places (e.g. parks, beaches)	9.1	13.9	14.4	9.1	7.1	7.0	8.9
In a car or other vehicle	1.6	9.3	16.6	9.0	7.9	5.6	8.3
Somewhere else	15.4	10.4	8.3	7.2	5.2	3.2	6.4
Females							
In my own/ spouse's/ partner's home	42.5	47.9	60.7	73.2	84.9	82.8	73.8
At a friend's house	48.5	61.7	75.0	68.6	66.1	57.9	64.1
At a party at someone's house	70.3	84.5	70.4	67.6	62.4	58.7	65.7
At raves/dance parties	16.1	21.9	30.6	19.7	4.0	3.5	12.9
At restaurants/cafes	2.5	5.4	38.9	56.3	59.8	60.5	50.2
At licensed premises (e.g. pubs, clubs)	4.7	10.4	80.7	77.2	62.1	58.9	60.6
At School, TAFE, University, etc.	—	0.5	6.6	3.9	0.3	0.6	2.0
At my workplace	—	0.6	5.3	9.2	5.2	4.3	5.6
In public places (e.g. parks, beaches)	17.3	14.3	4.0	5.2	2.4	3.8	5.4
In a car or other vehicle	5.8	5.7	3.7	4.9	1.9	1.3	3.3
Somewhere else	10.1	4.3	3.1	2.6	0.6	1.0	2.3

Note: Respondents could select more than one usual place of consumption.

Source: AIHW analysis of National Drug Strategy Household Surveys.

Alcohol moderation behaviours

In 2007, about 1 in 3 drinkers of RTDs had chosen to reduce the amount of alcohol they drank, and/or the number of times they drank, in the past 12 months (Table 9). Among RTD drinkers aged 12–15 years these rates were more like 1 in 6.

Around half of RTD drinkers had not moderated their drinking behaviour in any way. These proportions were slightly higher in under-age RTD drinkers, and lowest among drinkers aged 20–29 years.

Table 9: Alcohol moderation behaviours for recent drinkers that usually consume RTDs, by age and sex, 2007 (per cent)

Moderating behaviour	12–15	16–17	18–19	20–29	30–39	40+	Total
Males							
Reduced the amount of alcohol you drink at any one time	17.9	29.1	31.5	36.1	28.7	32.0	32.0
Reduced the number of times you drink	16.0	28.8	35.4	37.6	34.3	30.9	33.7
Switched to drinking more low-alcoholic drinks than you used to	—	1.1	0.5	6.5	5.5	12.8	6.8
Stopped drinking alcohol	11.1	6.4	2.1	5.5	3.0	2.5	4.2
None of the above	60.2	56.2	49.1	46.0	50.8	50.5	49.6
Females							
Reduced the amount of alcohol you drink at any one time	15.4	20.7	24.9	31.9	28.0	30.7	28.4
Reduced the number of times you drink	34.9	27.4	33.3	35.9	29.3	27.8	31.4
Switched to drinking more low-alcoholic drinks than you used to	5.3	5.6	2.5	6.1	4.4	5.7	5.2
Stopped drinking alcohol	4.3	3.8	3.9	7.4	4.7	2.3	4.7
None of the above	55.3	55.6	56.5	44.5	53.7	55.3	51.8

Note: Respondents could select more than one moderation behaviour.

Source: AIHW analysis of National Drug Strategy Household Surveys.

Perception of harm

Survey respondents were asked how they perceived the harm or benefit of their current drinking—including not drinking. One-half of recent RTD drinkers perceived their drinking to be neither harmful nor beneficial, and this was consistent across all age and sex groups (Table 10). Young adults (18–29 years) were most likely to consider their current drinking to be harmful. Younger drinkers (aged 12–15 years) were the most likely to not have a view.

Table 10: Perception of harm from current drinking pattern for recent drinkers that usually consume RTDs, by age and sex, 2007 (per cent)

Perception of harm	12–15	16–17	18–19	20–29	30–39	40+	Total
Males							
Very harmful	—	2.4	0.8	3.2	0.6	2.2	2.0
Somewhat harmful	9.7	20.6	18.3	23.9	20.7	15.5	19.9
Neither harmful nor beneficial	46.6	50.3	53.8	47.9	50.9	50.3	49.7
Somewhat beneficial	6.7	7.0	10.1	9.2	10.8	13.4	10.4
Very beneficial	12.6	6.2	7.1	6.9	5.2	9.1	7.3
Don't know	24.3	13.4	10.0	8.9	11.7	9.6	10.6
Females							
Very harmful	1.6	1.4	1.3	1.9	1.3	0.9	1.4
Somewhat harmful	15.5	13.3	18.2	15.2	14.6	10.8	14.0
Neither harmful nor beneficial	48.3	58.4	56.0	50.7	47.4	48.6	50.3
Somewhat beneficial	4.2	4.1	5.9	8.1	8.5	11.2	8.4
Very beneficial	11.5	6.3	8.4	14.2	15.2	16.0	13.7
Don't know	18.9	16.5	9.8	10.0	12.9	12.4	12.2

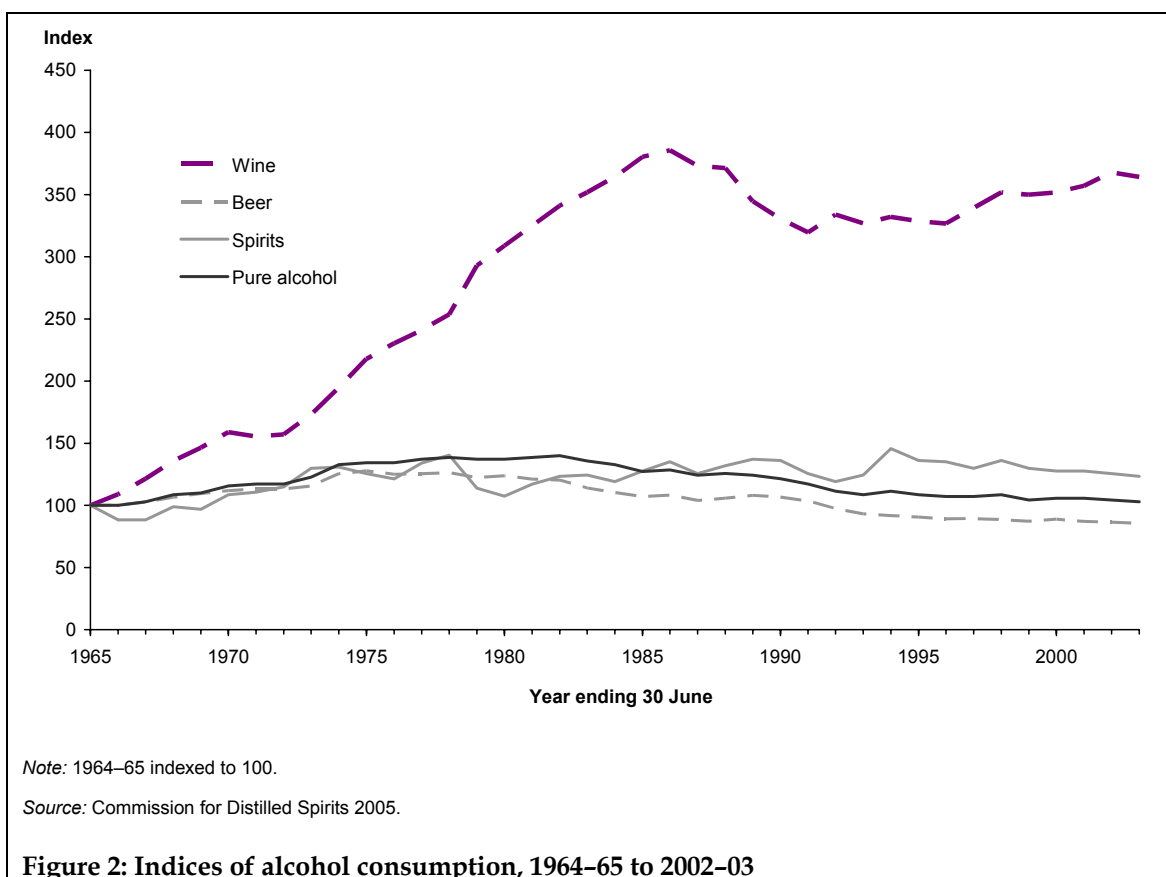
Source: AIHW analysis of National Drug Strategy Household Surveys.

Apparent consumption trends

Apparent consumption of alcohol is measured in litres of pure alcohol per person, using the amount of alcohol available relative to the population size. This method takes into account the different alcohol content of different beverages—for example, a typical Australian beer contains 5% alcohol per volume, meaning that a 375 mL bottle will contain about 19 mL of pure alcohol.

Long-term trends

Of the three broad types of alcohol, wine showed the greatest increase in consumption over the last 40 years (Figure 2). Between the mid-1960s and the mid-1980s, consumption of wine increased almost fourfold, peaking at 22 litres per person in 1985–86. Since the late 1980s the total amount of wine consumed per person per year has ranged between 18 and 21 litres per person. Relative to wine, consumption of beer and spirits by the Australian population has remained more stable over time. Consumption of beer peaked in the mid-1970s at 137 litres of beer per person (1974–75), falling to 92 litres of beer per person in 2002–03. Consumption of spirits peaked more recently, at 1.4 litres per person in 1993–94; in the following 8 years it declined, reaching 1.2 litres per person in 2002–03.



Recent trends

In the last decade, apparent alcohol consumption by Australians aged 15 years and over has remained stable at just under 10 litres per person per year (Table 11). There has been a modest increase in the per person consumption of RTDs in the five years that this has been recorded separately from spirits. Note that it is not possible to attribute this increase to any population group.

Note that the information on litres of alcohol per capita presented in Figure 2 is measured using the whole Australian population, whereas the data contained in Table 11 pertain to the Australian population aged 15 years and over.

Table 11: Alcohol available for consumption and apparent per person consumption (aged 15 years and over), 1996–97 to 2006–07

Measure	1997–98	1998–99	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07
Available for consumption	(‘000 litres of alcohol)									
Beer	76,963	76,545	76,283	77,521	74,678	78,355	74,853	74,279	75,371	76,753
Wine	41,947	42,739	44,367	45,112	45,270	47,440	49,182	50,803	51,459	51,276
Spirits	26,518	26,298	28,354	31,689	28,204	19,439	19,336	19,667	19,384	19,827
Ready-to-drink	n.a.	n.a.	n.a.	n.a.	n.a.	12,190	13,589	15,338	16,794	18,123
Total	145,428	145,582	149,004	154,322	148,152	155,160	156,960	160,087	163,008	165,979
Apparent consumption	(litres of pure alcohol per person aged 15+)									
Beer	5.2	5.2	5.1	5.1	4.8	5.0	4.7	4.6	4.6	4.6
Wine	2.9	2.9	2.9	3.0	2.9	3.0	3.1	3.1	3.1	3.1
Spirits	1.8	1.8	1.9	2.1	1.8	1.2	1.2	1.2	1.2	1.2
Ready-to-drink	n.a.	n.a.	n.a.	n.a.	n.a.	0.8	0.9	0.9	1.0	1.1
Total	9.9	9.8	9.9	10.0	9.5	9.8	9.8	9.9	9.9	9.9

Sources: ABS 2006a, 2007, 2008; AIHW 2007a.

Government revenue

Government revenue is an indirect measure used to estimate consumption. Revenue is prone to fluctuate from year to year due to changes in government policy and/or regulations. However, these estimates still provide valuable information on trends in locally produced and imported alcohol.

There are four areas from which state and territory governments and the Australian Government collect revenue on alcohol: excise on domestic goods, customs duty on imported products, sales tax (to June 2000) or goods and services tax coupled with wine equalisation tax (from July 2000), and business franchise fees. This last tax—collected by state and territory governments—was discontinued in 1997 following a High Court determination that such taxes could not be imposed by the states and territories. Between 1997 and June 2000, the Australian Government collected additional sales tax as a ‘surcharge’ and refunded this to the states and territories as ‘revenue replacement payments’. With the introduction of the GST in July 2000 (and therefore no further collection of sales tax), a similar level of duty was collected as increased excise on beer and spirits.

The net government revenue associated with alcohol increased from \$3.6 billion in 1995–96 to an estimated \$5.1 billion in 2004–05 (Table 12). The amount of revenue raised from excise remained relatively stable over the period 1995–96 to 1999–00, but increased noticeably in 2000–01 due to the higher excise rates introduced then to offset the abolition of wholesale sales tax (ATO 2005). While the excise duty collected on beer has remained relatively stable since those changes, excise duty collected for spirits has trebled between 2000–01 and 2004–05. Hence, the share of excise collected from spirits as a component of total excise collection increased from 17% in 2001–02 to 31% in 2004–05. This increase is largely due to a change in the treatment of imported spirits used to make RTD beverages by mixing with Australian-manufactured soft drinks and other ingredients. Prior to 1 February 2002, imported spirits used for this purpose were subject to customs duty. From 1 February 2002, these spirits were subject to excise duty rather than customs duty (ATO 2005). This change is partly reflected in the decrease of customs duty collected from spirits over the period 2000–01 to 2004–05.

Table 12: Government revenue related to the sale of alcohol, Australia, 1995–96 to 2004–05 (\$m)

Duty	1995–96	1996–97	1997–98	1998–99	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05
Excise										
Beer	845	875	876	874	883	1,697	1,657	1,679	1,638	1,653
Spirits	201	164	142	144	155	238	339	560	662	739
<i>Total excise</i>	<i>1,045</i>	<i>1,040</i>	<i>1,018</i>	<i>1,018</i>	<i>1,039</i>	<i>1,935</i>	<i>1,996</i>	<i>2,239</i>	<i>2,300</i>	<i>2,392</i>
Customs										
Beer	7	9	12	14	14	36	45	56	72	83
Wine	4	3	4	4	4	3	4	4	5	5
Spirits	565	645	717	720	751	1,074	1,062	950	966	980
<i>Total customs</i>	<i>577</i>	<i>657</i>	<i>732</i>	<i>737</i>	<i>770</i>	<i>1,113</i>	<i>1,111</i>	<i>1,010</i>	<i>1,043</i>	<i>1,067</i>
<i>State franchise taxes^(a)</i>	<i>735</i>	<i>774</i>	..	..	..	..	..	..	..	..
Sales tax										
Wholesale sales tax	1,274	1,407	1,482	1,618	1,669	..	..	..	..	..
Surcharge ^(a)	..	..	769	996	1,036	..	..	..	..	..
<i>Total sales tax</i>	<i>1,274</i>	<i>1,407</i>	<i>2,251</i>	<i>2,614</i>	<i>2,705</i>	..	..	..	..	..
<i>Wine equalisation tax^(b)</i>	..	..	..	..	..	523	640	669	704	682
<i>GST^(c)</i>	..	..	..	..	..	716	751	809	875	916
Total	3,631	3,878	4,001	4,370	4,513	4,287	4,499	4,728	4,922	5,058

(a) State franchise taxes were discontinued in August 1997 following a High Court determination that such taxes could not be imposed by the states and territories. Between August 1997 and June 2000 the Australian Government collected an additional 15% sales tax, referred to as a 'surcharge', and paid this to the states and territories under the so-called 'safety net' provisions as revenue replacement payments. With the introduction of GST (and the removal of wholesale sales tax), these replacement payments were no longer required but a similar level of revenue continued to be collected as increased excise.

(b) The Wine Equalisation Tax, currently levied at 29% of the wholesale sales value of wine, was introduced along with the GST to replace the 41% sales tax on wine.

(c) GST values are estimated as one-eleventh of household final consumption expenditure.

Sources: ATO 2006; ABS 2006b, 2005, 2004, 2002a, 2002b; Australian Customs Service, unpublished data.

Alcohol and other drug treatment services

This section presents data on treatment services recorded in the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS), which collects information on a wide variety government-funded treatment interventions including detoxification and rehabilitation programs, information and education courses, and pharmacotherapy and counselling treatments. The AODTS-NMDS collection is episode-based, and it is not currently possible to count separate individuals (who might have several episodes across the year). It is also not possible to determine the particular type of alcohol that may have led to the client seeking treatment.

Treatment episodes in 2005–06

In 2005–06 there were a total of 145,000 treatment episodes recorded, of which about 2 in 5 were for alcohol problems (Table 13). Among younger clients (aged 10–19 years) alcohol was the principal drug of concern for 1 in 5 episodes, with cannabis accounting for half of the episodes in this age group. The proportion of treatment episodes for alcohol increased with age, reaching 81% for the 60 years and over age group.

Table 13: Closed treatment episodes^(a) by principal drug of concern and age group, Australia, 2005–06 (per cent)

Principal drug of concern	Age group (years)						Total	Total ^(b) (number)
	10–19	20–29	30–39	40–49	50–59	60+		
Alcohol	23.4	25.2	39.0	58.7	74.3	81.3	38.7	56,076
Amphetamines	9.0	14.8	13.2	5.6	2.0	0.6	11.0	15,935
Cannabis	50.1	30.0	19.4	12.3	6.7	1.8	24.6	35,636
Opioids	5.9	22.1	20.9	15.6	8.5	3.1	17.4	25,158
All other drugs ^(c)	11.6	7.9	7.5	7.8	8.5	13.2	8.3	12,158
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	..
Total (number)	18,536	48,334	41,848	24,112	8,756	2,770	..	144,963

(a) Excludes treatment episodes for clients seeking treatment for the drug use of others.

(b) Includes 607 episodes for which age was not stated.

(c) Includes balance of other drugs of concern coded according to the Australian Standard Classification of Drugs of Concern (ASCDC).

Source: AIHW 2007b.

Where alcohol was the principal drug of concern, 10–19 year olds received 8% of treatment episodes, compared with 13% of treatment episodes received across all drugs. Clients aged 20–29 year olds received 22% of episodes where alcohol was the principal drug of concern, compared with 33% of treatment episodes overall.

Females accounted for 31% of treatment episodes where alcohol was nominated as the principal drug of concern, on par with 33% of all treatment episodes.

Trends in treatment episodes

All clients

Alcohol was also the most common principal drug of concern reported for the 2001–02 to 2005–06 collection periods (Table 14). Over this period the proportion of episodes for alcohol as the principal drug of concern has fluctuated between 37% and 39%. Cannabis was the only drug of concern to show any marked increase over and above the general increase, and this was balanced by a decline in the proportion of episodes for which opioids (includes morphine and synthetics such as pethidine) were the principal drugs of concern.

Much of this increase in cannabis episodes is likely to be related to the expansion of drug diversion programs in jurisdictions, particularly police diversion programs for minor cannabis offences, which can require people to receive treatment that is reported in the AODTS–NMDS.

Table 14: Closed treatment episodes^(a) by principal drug of concern, 2001–02 to 2005–06

Principal drug of concern	2001–02 ^(b)	2002–03	2003–04	2004–05	2005–06
			(number)		
Alcohol	41,886	46,747	48,500	50,324	56,076
Amphetamines	12,211	13,213	14,208	14,780	15,935
Cannabis	23,826	27,106	28,427	31,044	35,636
Opioids	24,806	27,088	28,138	28,308	25,158
All other drugs ^(c)	9,677	8,202	9,426	10,746	12,158
Not stated	825	676	632	—	—
Total	113,231	123,032	129,331	135,202	144,963
			(per cent)		
Alcohol	37.0	38.0	37.5	37.2	38.7
Amphetamines	10.8	10.7	11.0	10.9	11.0
Cannabis	21.0	22.0	22.0	23.0	24.6
Opioids	22.0	22.0	21.8	21.0	17.3
All other drugs ^(c)	8.5	6.8	7.2	7.9	8.4
Not stated	0.7	0.5	0.5	—	—
Total	100.0	100.0	100.0	100.0	100.0

(a) Excludes treatment episodes for clients seeking treatment for the drug use of others.

(b) Queensland supplied data for police diversion clients only and South Australia supplied client registration data rather than treatment episode data.

(c) Includes balance of principal drugs of concern coded according to the Australian Standard Classification of Drugs of Concern (ASCDC).

Source: AIHW 2007b.

Clients aged 10–19 years

For clients aged 10–19 years, alcohol was the second most common principal drug of concern reported for the 2001–02 to 2005–06 collection periods, behind cannabis (Table 15). Over this period the proportion of episodes for alcohol as the principal drug of concern has grown steadily from 15% to 23%. Cannabis showed a modest increase in the share of episodes, and the increases in alcohol and cannabis were balanced by a decline in the proportion of episodes for which opioids were the principal drugs of concern.

As for all clients, the increase in cannabis episodes is likely to be related to the expansion of drug diversion programs in jurisdictions.

Table 15: Closed treatment episodes^(a) by principal drug of concern, clients aged 10–19 years, 2001–02 to 2005–06 (per cent)

Principal drug of concern	2001–02 ^(b)	2002–03	2003–04	2004–05	2005–06
Alcohol	15.4	17.4	18.6	20.6	23.4
Amphetamines	11.7	10.6	9.3	9.7	9.0
Cannabis	45.5	49.6	49.0	49.7	50.2
Opiates	15.0	12.8	11.0	8.0	5.6
Nicotine	1.7	1.4	3.3	3.1	2.4
All other drugs ^(c)	9.7	7.5	8.4	8.9	9.4
Not stated	1.0	0.7	0.4	—	—
Total	100.0	100.0	100.0	100.0	100.0

(a) Excludes treatment episodes for clients seeking treatment for the drug use of others.

(b) Queensland supplied data for police diversion clients only and South Australia supplied client registration data rather than treatment episode data.

(c) Includes balance of principal drugs of concern coded according to the Australian Standard Classification of Drugs of Concern (ASCDC).

Source: AODTS–NMDS online data cubes, <www.aihw.gov.au>.

Appendix A: AIHW data sources

National Drug Strategy Household Survey

The National Drug Strategy Household Surveys are national surveys providing cross sectional data on drug use in Australia. The surveys provide estimates of licit and illicit drug use. The surveys also measure community attitudes to drug use, and awareness of and community support for various drug-related policies.

The project objectives are to gather data for the surveillance and monitoring of drug use and related issues in the general population by means of a household-based survey.

The specific objectives of the 2007 survey were to:

- provide data on the level, patterns and trends in the use of tobacco, alcohol and other substances;
- identify groups with a high risk for drug abuse;
- measure community awareness and knowledge of licit and illicit drugs; and
- measure community support for various drug-related policies.

The design of the survey is such that it necessarily excludes special population groups not accessed by a household survey, and specifically excludes detailed analysis of drug-related treatment and harm.

Alcohol and Other Drug Treatment Services National Minimum Data Set

The Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS) collects information on a wide variety of government-funded treatment interventions including detoxification and rehabilitation programs, information and education courses, and pharmacotherapy and counselling treatments.

The AODTS-NMDS was implemented to assist in monitoring and evaluating key objectives of the *National Drug Strategic Framework* and will continue to provide an important source of information for monitoring the National Drug Strategy. In general, the collection aims to provide ongoing information on the demographics of clients who use these services, the treatment they receive and administrative information about the agencies that provide alcohol and other drug treatment. This information assists in the planning, management and quality improvement of alcohol and other drug treatment services.

The AODTS-NMDS is a nationally agreed set of common data items collected by government-funded service providers for clients registered for alcohol and other drug treatment. This national collection is a subset of the information on alcohol and other drug treatment services that is routinely collected by states and territories to monitor treatment services within their jurisdiction.

Appendix B: Summary of the risk levels defined by the *Australian Alcohol Guidelines (NHMRC 2001)*

Short-term risk

Short-term risk of harm (particularly injury or death) is associated with given levels of drinking on a single day.

For adult males the consumption of up to 6 standard drinks on a single day/occasion is considered 'Low risk', 7 to 10 per day 'Risky', and 11 or more per day 'High risk'.

For adult females the consumption of up to 4 standard drinks on a single day/occasion is considered 'Low risk', 5 to 6 per day 'Risky', and 7 or more per day 'High risk'.

The AIHW further applies a frequency filter to these levels, and reports a pattern of drinking related to short-term risk of harm on a weekly, monthly, or yearly basis.

Long-term risk

Long-term risk of harm is associated with regular daily patterns of drinking.

For adult males the consumption of up to 28 standard drinks per week is considered 'Low risk', 29 to 42 per week 'Risky', and 43 or more per week 'High risk'.

For adult females the consumption of up to 14 standard drinks per week is considered 'Low risk', 15 to 28 per week 'Risky', and 29 or more per week 'High risk'.

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Material in this submission has been adapted from existing AIHW reports, notably:

AIHW 2008. 2007 National Drug Strategy Household Survey: first results.

Drug Statistics Series number 20. Cat. no. PHE 98. Canberra: AIHW.

AIHW 2007a. Statistics on drug use in Australia 2006. Drug Statistics Series No. 18. Cat. no. PHE 80. Canberra: AIHW.

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