Alcohol consumption in Queensland 2011
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Q: How does Australia compare internationally for alcohol consumption?

A: Australians consume more litres of alcohol per capita per year (9.8) than Americans (8.4) or Canadians (8.0).1

Q: How common is alcohol consumption in Queensland?

A: In 2010, 93% of Queenslanders aged 14 years or older had consumed alcohol at some time in the past 12 months, with 47% drinking weekly and 11% drinking daily.2

Alcohol is widely used in Australian society
The majority of Queenslanders who drink alcohol, do so in moderation. However a considerable number are drinking at harmful levels. There are two main patterns of drinking that pose a risk to one’s health:

1. **excessive alcohol intake on a single occasion** and consistent high alcohol intake over a lifetime.
2. **Alcohol related deaths**
   - Excessive and risky alcohol consumption is a major social issue, and cause of preventable death. In Queensland in 2006-2007, alcohol was responsible for about 774 deaths a year, where 73% were premature, that is in people aged less than 75 years.3
   - Alcoholic liver cirrhosis is the most frequent cause of alcohol related death for both males and females. Deaths also occur from road traffic injury, haemorrhagic stroke, colon cancer, suicide in males and breast cancer in females.3

3. **Health risks from alcohol consumption**
   - Alcoholic liver cirrhosis is the most frequent cause of alcohol related death for both males and females. Deaths also occur from road traffic injury, haemorrhagic stroke, colon cancer, suicide in males and breast cancer in females.3
   - Rates of alcohol related deaths were three times higher in males than females, two times higher in disadvantaged areas compared with advantaged areas, two times higher in remote areas compared with major cities and three times higher for Indigenous Queenslanders than for non-Indigenous Queenslanders.3

Health risks are not the same for everyone
Rates of alcohol related deaths were three times higher in males than females, two times higher in disadvantaged areas compared with advantaged areas, two times higher in remote areas compared with major cities and three times higher for Indigenous Queenslanders than for non-Indigenous Queenslanders.3

Health risks from alcohol consumption
Alcohol is a depressant drug associated with both acute and chronic health consequences.

Alcohol is an important factor in preventable drug related deaths and hospitalisations.

Alcohol related deaths
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Alcohol related hospitalisations
- There were about 30,000 alcohol related hospitalisations in the year 2009/10 in Queensland. Not all of these hospitalisations were entirely attributed to alcohol related causes, but in each case, alcohol was associated with the admission.4
- Alcohol related burden of disease
- Health risks associated with alcohol consumption outweigh beneficial effects. In 2007 the net alcohol related risks caused 2.7% of the total burden of disability and premature death amongst Queenslanders. Over three-quarters of the harmful effects of alcohol in the population impacts on males.5

Risky drinkers are more likely to smoke
Queensland adults who are risky or high risk drinkers are 3.5 times more likely to smoke daily than low risk drinkers, irrespective of age, sex and socioeconomic position.6

Guidelines to reduce health risks from drinking alcohol
The National Health and Medical Research Council has developed the 2009 Australian Guidelines to Reduce Health Risks from Drinking Alcohol,6 to help people make informed decisions about their drinking and the potential risks to their health.

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. Research shows that the lifetime risk of death from alcohol related disease or injury remains below 1 in 100 if no more than two standard drinks are consumed on each drinking occasion, even if the drinking is daily.7

- Overall in 2011, 22.7% of adult Queenslanders were drinking at levels which put them at risk of harm over a lifetime – 35.0% of males and 10.6% of females.
- Highest rates of risky drinking over a lifetime were among young people – 39.8% of 18–24 year olds compared with less than 20% of those aged 45 years and older.8
- In 2011, 90% of Queenslanders aged 18+ years reported consuming alcohol in the previous 12 months and of these 53% reported usually drinking less than two drinks a day.8 9
- Rates of risky drinking over a lifetime did not differ by socioeconomic position or remoteness.3

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. Research suggests drinking four standard drinks on a single occasion more than doubles a person’s risk of injury in the six hours afterwards. This risk rises even more rapidly when more than four drinks are consumed on a single occasion.7

- In 2011, 15.9% of adult Queenslanders were drinking at single occasion risk (at least weekly) with higher rates for males than females (23.9% and 8.0% respectively).5
- Single occasion risky drinking was highest in younger age groups (18–24 years), with 27.7% of young people drinking at this level at least weekly and a further 56.2% at least yearly.5
- Rates of single occasion risky drinking did not differ by socioeconomic position or remoteness.5

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GUIDELINE 3
Not drinking is the safest option for children and young people under 18 years of age

Age is an important determinant of health risks related to alcohol. Young people who drink are much more likely than older drinkers to undertake risky or antisocial behaviour connected with their drinking. Further, alcohol may adversely affect brain development and lead to alcohol related problems in later life.7

Harm from alcohol related injury is experienced disproportionately by younger people. For example, over half of all serious alcohol related road injuries occur among 15–24 year olds, whereas harm from alcohol related disease is more evident among older people.7

In 2008, 82% of Queensland secondary school students aged 12–15 years indicated they had ever consumed alcohol, although for 42% of all students it was just a few sips.9 This report was released prior to the 2009 NHMRC guidelines and therefore definitions of risky drinking differ from those used in the rest of this factsheet.

• On average in 2007, Queensland males had their first full serve of alcohol at 16.1 years, whereas females were 17.5 years.10
• Interestingly, young Queenslanders living in advantaged areas were drinking on average 1 year younger than those living in disadvantaged areas (16.5 years compared to 17.4 years).10
• The proportion of Queensland females aged 12–17 years consuming alcohol weekly (and at risky levels) was similar to males of the same age (31.2% of females who are current drinkers compared with 30.4% of males).9
• The proportion of current drinkers increased with age, with 40% of 16–17 year olds reporting they had consumed alcohol in the past seven days compared with 19% of 12–15 year olds.9

What do the 2009 guidelines6 recommend?
There is no level of drinking alcohol that can be guaranteed to be absolutely ‘safe’ or ‘no risk’.

These guidelines provide advice on levels of drinking alcohol that will enable healthy adults to keep a low risk of alcohol related injuries, diseases and death both in the short term and long term.

• 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.
• 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.
• Children under 15 years of age are at the greatest risk of harm from drinking and for this age group, not drinking alcohol is especially important.
• For young people aged 15–17 years, the safest option is to delay the initiation of drinking for as long as possible.
• For women who are pregnant or planning a pregnancy, and women who are breastfeeding, not drinking is the safest option.
• Having regular days without drinking will reduce the harmful risks of alcohol.
• These guidelines are designed for healthy people. Persons with physical or mental health conditions or those taking medication should seek advice on low risk levels of drinking.

The amount of alcohol varies according to the type of alcoholic drink and the container size. An Australian standard drink contains 10 grams or 12.5 millilitres of alcohol.

GUIDELINE 4
Not drinking alcohol while pregnant or breastfeeding is the safest option

Alcohol consumed during pregnancy can cross the placenta and this can lead to miscarriage, stillbirth and premature birth. \n
Heavy and dependent drinking in pregnant mothers increases the risk of Fetal Alcohol Syndrome, resulting in various birth defects and withdrawal symptoms for newborns.11

Alcohol enters breast milk – it takes about five hours for alcohol to be cleared after consuming three standard drinks. Alcohol adversely affects lactation and can impact on the sleeping patterns and psychomotor development of the breastfed baby.11

It is therefore important to avoid drinking immediately before breastfeeding and the option of expressing prior to consuming alcohol should be considered.

An Australian study found that about 20% of women abstained from alcohol entirely during their pregnancy, a further 60% consumed up to two drinks per day and less than seven per week, and the final 20% consumed more than that. The proportion of abstainers increased with each trimester.12 While about 1 in 2 women drink alcohol while breastfeeding, most do so at low levels.13

Toward Q2 goal to reduce risky alcohol consumption

In 2007, 12.2% of Queenslanders were drinking at risky levels (11.9% of males and 12.4% of females) as defined by the Toward Q2 strategy. The Queensland Government’s Toward Q2 goal is to reduce risky alcohol consumption to about 8% by 2020 (7.9% for males and 8.3% for females).2 As drinking patterns have not changed over the past decade it is unlikely this goal will be met.

References


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