Alcohol and Harm Prevention

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**Alcohol and Harm Prevention** is Volume 435 in the ‘Issues in Society’ series of educational resource books. The aim of this series is to offer current, diverse information about important issues in our world, from an Australian perspective.

**KEY ISSUES IN THIS TOPIC**
Alcohol consumption is widespread within Australia and is associated with many social and cultural activities, where it is frequently consumed at harmful levels. Binge drinking and excessive long-term alcohol consumption are significant causes of injury, addiction, ill health, violence, crime, family breakdown, road accidents, lost workplace productivity and death in Australia.

What are safe drinking levels according to the latest guidelines, and what are the immediate and long-term risks of alcohol consumption? This book also explores how we can prevent the harmful impacts of excessive alcohol intake and promote responsible drinking choices, especially among younger people.

**What social and health-based strategies can be implemented to arrest Australians’ longstanding booze binge?**

**SOURCES OF INFORMATION**
Titles in the ‘Issues in Society’ series are individual resource books which provide an overview on a specific subject comprised of facts and opinions.

The information in this resource book is not from any single author, publication or organisation. The unique value of the ‘Issues in Society’ series lies in its diversity of content and perspectives.

The content comes from a wide variety of sources and includes:
- Newspaper reports and opinion pieces
- Website fact sheets
- Magazine and journal articles
- Statistics and surveys
- Government reports
- Literature from special interest groups

**CRITICAL EVALUATION**
As the information reproduced in this book is from a number of different sources, readers should always be aware of the origin of the text and whether or not the source is likely to be expressing a particular bias or agenda.

It is hoped that, as you read about the many aspects of the issues explored in this book, you will critically evaluate the information presented. In some cases, it is important that you decide whether you are being presented with facts or opinions. Does the writer give a biased or an unbiased report? If an opinion is being expressed, do you agree with the writer?

**EXPLORING ISSUES**
The ‘Exploring issues’ section at the back of this book features a range of ready-to-use worksheets relating to the articles and issues raised in this book. The activities and exercises in these worksheets are suitable for use by students at middle secondary school level and beyond.

**FURTHER RESEARCH**
This title offers a useful starting point for those who need convenient access to information about the issues involved. However, it is only a starting point. The ‘Web links’ section at the back of this book contains a list of useful websites which you can access for more reading on the topic.
CURRENT ALCOHOL USE AND TRENDS

Findings from the National Drug Strategy Household Survey, reproduced courtesy of the Australian Institute of Health and Welfare

Between 2013 and 2016, the proportion of people aged 14 or older who drank alcohol daily declined (6.5% to 5.9%). The proportion of Australians who drank daily has continued to decline since 2004 (Figure 4.1). Compared with 2013, people drank less frequently in 2016 with a significantly lower proportion of people that drank at least weekly and a significantly higher proportion drank less often than weekly (2 to 3 days a month, once a month, or less often than once a month).

Of the population aged 14 or older, around three-quarters (77%) had consumed a full serve of alcohol in the previous 12 months, and 23% had not consumed alcohol. While there was little change in these proportions between 2013 and 2016, there was a small but not significant increase in the proportion of never drinkers (from 13.8% to 14.5%) (Figure 4.1).

ALCOHOL USE BY AGE AND SEX

Changes to the pattern of alcohol use from 2013 to 2016 appear to be driven by a significant decline in the proportion of males drinking daily (from 8.5% to 7.6%) and at least weekly (from 43% to 41%). There were no significant changes to the drinking status of females in 2016. By age, the only group to experience a significant decline in daily drinking between 2013 and 2016 was people aged 60-69 (12.3% to 10.2%). For most other age groups, there were slight declines in daily drinking but these were not significant (Figure 4.2).

Other noticeable patterns of alcohol use that varied between males and females and different age groups include:

- Males aged 14 or older were almost twice as likely (7.6%) as females aged 14 or older (4.2%) to drink daily in 2016
- Females were 1.7 times as likely as males to have never consumed a full glass of alcohol in 2004, but this reduced to 1.2 times in 2016 (16.1% for females compared with 12.9% for males)
- Those aged 70 or older continue to be the age group most likely to drink daily, for both males (19.5%) and females (8.7%).

ALCOHOL RISK

The Australian guidelines to reduce health risks from drinking alcohol aims to assist Australians with decisions about whether to drink alcohol and, if so, how much (See Box 4.1). Furthermore, under these guidelines, pregnant women and young people (aged under 18) are advised not to drink at all (NHMRC 2009).

Current risky drinking and trends

Many drinkers consume alcohol responsibly; however, a substantial proportion of drinkers consume alcohol at a level that is considered to increase their risk of alcohol-related harm, according to the NHMRC guidelines.

In 2016, the consumption of alcohol in quantities that placed Australians at risk of an alcohol-related disease, illness or injury, continued a downward trend since 2010.

Between 2013 and 2016, for those aged 14 and over:
- There was a significant decline in the proportion of people exceeding the NHMRC guidelines for lifetime risk by consuming more than 2 standard
drinks per day on average, from 18.2% to 17.1%.
• There were fewer people exceeding the lifetime risk guidelines (declined from 3.5 million in 2013 to 3.4 million in 2016).
• The proportion of people that consumed 5 or more standard drinks on a single drinking occasion at least once a month remained unchanged in 2016 at 26% – about 5 million people.
• A higher proportion abstained from drinking alcohol (rising from 22% in 2013 to 23% in 2016), although this change was not significant.

Risky consumption by age and sex
Age is an important determinant of health risks related to alcohol. Younger people experience harm from alcohol-related accident or injury disproportionately. Results from the survey indicate that younger people are more likely to consume alcohol that exceed the NHMRC single occasion risk guidelines and at risky levels well beyond the guidelines (11 or more standard drinks on a single occasion). Younger people are also more likely to be victims of alcohol-related incidents in the previous 12 months.

Figure 4.3: People aged 12 or older, drinking alcohol at levels that place them at risk of harm over their lifetime and on a single occasion, by sex, 2007-2016 (%)

Lifetime risk
In 2016, most people in Australia aged 12 and older drank at levels that did not place them at risk of harm over their lifetime – they either drank at low-risk levels (58%) or abstained (25%). For most age groups, about 1 in 5 people drank at levels that exceeded the lifetime risk guidelines. Drinkers who consumed alcohol in a way that increased their lifetime risk of alcohol-related harm were more likely to have certain demographic characteristics.

For example:
• Males were twice as likely as females to drink at risky levels (24% and 9.5%, respectively).
• Males in their 40s (aged 40-49) were the most likely age group to drink at risky levels (29%).
• Among females, those aged in their 50s (13.0%) are now the most likely to drink at risky levels, in place of those aged 18-24 (12.8%), who previously had the highest levels of risky drinking.

Overall, the lifetime risk of alcohol-related harm declined in 2016, due primarily to a decline in the proportion of males drinking at risky levels (from 26% in 2013 to 24%) (Figure 4.3). For females, the proportion drinking at risky levels in 2016 was consistent with 2013 (9.5% and 9.7%, respectively).

Single occasion risk
Among people in Australia aged 12 and older in 2016, more than 1 in 3 (36%) had consumed 5 or more standard drinks on a single occasion at least once in the past year, therefore exceeding the NHMRC single occasion risk guidelines. Almost 1 in 4 (25%) did so at least once a month, and 1 in 7 (15%) did so at least once a week (Figure 4.4). Differences in risky alcohol intake on a single occasion were evident by sex.

In 2016:
• Males were far more likely than females to drink alcohol in quantities that placed them at risk from a single occasion of drinking at least once in the past year (45% compared with 27% for women).
• Males were also more likely to consume alcohol in

Box 4.1: Australian guidelines to reduce health risks from drinking alcohol
The alcohol risk data presented in this report are reported against Guideline 1 and Guideline 2 of the Australian guidelines to reduce health risks from drinking alcohol released in March 2009 by the National Health and Medical Research Council.

Guideline 1: Reducing the risk of alcohol-related harm over a lifetime
The lifetime risk of harm from drinking alcohol increases with the amount consumed. For healthy men and women, drinking no more than five standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.

Guideline 2: Reducing the risk of injury on a single occasion of drinking
On a single occasion of drinking, the risk of alcohol-related injury increases with the amount consumed. For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion. This report mainly presents the proportion of people exceeding the single occasion risk guidelines once a month or more often (at least monthly).
quantities that exceeded the guidelines more often than women, with 19% of males consuming these quantities at least weekly (compared with 7% of females).

The NHMRC drinking guidelines also advise that for anyone aged under 18, not drinking alcohol is the safest option. Alcohol use among adolescents in Australia was prevalent in 2016, with 9.1% of males and 6.8% of females aged 12-17 exceeding the adult guidelines for single occasion risk. However, these proportions were lower than in 2013, when 13.5% of males and 11.3% of females aged 12-17 exceeded these guidelines. In addition, there were significant increases in the proportion of males (71% to 85%) and females (73% to 80%) aged 12-17 that abstained from drinking in 2016.

Overall, people aged 18-24 (56%) were more likely than any other age group to exceed the single occasion risk guidelines. As people age they are less likely to drink at risky quantities on a single occasion. People aged 70 and over were the least likely to consume alcohol in risky quantities with only 1 in 10 (11.0%) consuming 5 or more standard drinks on a single occasion in the past year.

People in their 60s were the age group most likely to consume 5 or more standard drinks on at least 5 days per week (7.0% in 2016 up from 5.7% in 2013). In comparison, people aged 18-24 were most likely to exceed single occasion risk guidelines weekly or monthly.

**Lifetime and single occasion risk combined**

Two in 5 (37%) people in Australia aged 12 or older drank at levels considered low risk of harm, that is, from any single drinking occasion (at least once a year) and over a lifetime. But a similar proportion also drank at levels that placed them at harm either in the short or long term (38%) in the previous 12 months. Males were far more likely than females (22% compared with 8.3%) to have shown drinking patterns that simultaneously placed them at risk of lifetime harm and single occasion harm at least once a year.

**VERY HIGH ALCOHOL CONSUMPTION**

While it is important to measure the proportion of the population drinking at risky levels according to the NHMRC 2009 alcohol guidelines, it is also important to explore drinking patterns among these drinkers further and examine those who are drinking well in excess of the guidelines.

In 2016:

- Around 1 in 7 (15.0%) people aged 12 or older had consumed 11 or more standard drinks on a single drinking occasion in the past 12 months and around 1 in 15 (6.9%) had done so in the last month, down slightly (but not significantly) from 2013.
- People in their late teens and early 20s (15.3%) were more likely to consume 11 or more standard drinks at least monthly than people in other age groups (Figure 4.5).

The proportion of people in their 50s (9.1% to 11.9%) and 60s (4.7% to 6.1%) consuming 11 or more standard drinks on a single drinking occasion in the past 12 months significantly increased between 2013 and 2016. This was also the case for people in their 50s in the last month (4.1% in 2013 to 5.8% in 2016) (Figure 4.5).

**Age comparisons over time**

Drinking alcohol in adolescence can be harmful to young people’s physical and psychosocial development. Importantly, the survey results indicate that the proportion of young people, aged 12-17, abstaining from drinking significantly increased from 2013 to 2016 (72% to 82%) – up from 54% in 2004.

In general, younger age groups reduced their level of alcohol consumption at risky levels from 2013 to 2016, while for older age groups, levels remained stable or increased slightly.

**Lifetime risk**

Between 2001 and 2010, people in their late teens and 20s were more likely to consume more than 2 standard drinks per day on average than other age groups.

However, since 2010, the proportion of people drinking at risky levels for people aged 18-24 (31% in 2010 to 18.5% in 2016) and 25-29 (24% in 2010 to 18.3% in 2016) declined significantly. In 2013, people aged 40-49 recorded the highest level of risky drinking and this has continued in 2016 (23% and 21%, respectively).

In 2016, people aged 50-59 recorded the second highest level of risky drinking (26%) (Figure 4.6). Overall, lifetime risky drinking patterns of people aged 40 or over have remained relatively stable since 2004.
Single occasion risk
The reduction in people exceeding the single occasion risk guideline (at least monthly) appears to be mainly due to the proportion of people under 30 reducing their alcohol use (Figure 4.7). For example, the proportion of young people aged 12-17 (8.7% to 5.4%) and 18-24 (47% to 42%) drinking quantities of alcohol on a single occasion that exceeded single occasion risk guidelines significantly fell from 2013 to 2016. While people aged 30 or older were generally less likely to exceed the guidelines, most age groups 30 or older recorded no improvement or a slight increase in the level of risky drinking on a single occasion. But adults aged under 30 continue to have the highest proportion exceeding the single occasion risk guidelines.

AGE FIRST TRIED ALCOHOL
Findings from the survey suggest that most people try alcohol during adolescence. The NHMRC guidelines state that for young people aged 15-17, the safest option is to delay the initiation of drinking for as long as possible. Results from the NDSHS survey indicate that more young people are following this advice as the age at which people first tried alcohol has been increasing over time.

More specifically:
- The average age at which young people aged 14-24 first tried alcohol has steadily risen since 1998 from 14.4 to 16.1 in 2016.
- The average age of initiation was similar for males and females aged 14-24, and between 2013 and 2016, increased for both sexes – from 15.7 to 16.2 for males and from 15.6 to 16.0 for females.

Of all drinkers aged 14 or older, the age at which they first tried alcohol significantly increased in 2016 to 17.3 (from 17.2 in 2013).

ALCOHOL USE BY POPULATION GROUP
Some population groups in the 2016 NDSHS were far more likely to report having used alcohol at risky levels than the general population.

For example, people living in Remote and Very remote areas were more likely than people in Major cities to drink alcohol in quantities that placed them at risk of alcohol-related harm from a single occasion of drinking (37% compared with 24%). For other populations such as pregnant and/or breastfeeding women aged 14-49, the proportion that did not drink alcohol increased.

ALCOHOL CONSUMPTION – WHAT, WHERE AND HOW
Consistent with findings in 2010 and 2013, overall the most consumed alcohol was bottled wine. Regular strength beer was the main drink consumed by male drinkers while for female drinkers it was bottled wine. The exception to this was for people aged 12-17 and females aged 18-24 where, for these groups, pre-mixed spirits was the main drink consumed (Figure 4.8).

Nearly half (47%) of people (aged 12 or older) had their first glass of alcohol supplied by a friend and almost one-quarter (24%) were supplied their first glass by their parent. Younger people were slightly more likely to say their parents supplied their first alcoholic drink while older people (aged 40 or older) were more likely to report buying their first serve themselves – findings that were consistent with 2013.

Underage drinkers (those aged 12-17) were more likely to consume alcohol at private parties (61%) than adults. Their usual supply of alcohol was through a friend (43%) or a parent (32%). Adults (aged 18 or older), on the other hand, tended to mainly drink in their own home (79%) and buy alcohol themselves (87%).

DRINKING REDUCTION
More than 3 in 4 (77%) people aged 14 or older were recent drinkers in 2016 and a substantial number have taken action to reduce their drinking. Nearly half (48%) of recent drinkers (those who had consumed at least 1 full drink of alcohol in the last 12 months) in 2016 had taken action/s to reduce their consumption. The most common intake reduction actions were to reduce the number of drinking occasions (29%) and/or to reduce the amount of alcohol consumed at one time (28%).

Among recent drinkers, some age groups were more likely to take certain actions to reduce their use than others.
Specifically:

- People aged 25-29 were the most likely to take any action to reduce their alcohol use, while people aged 70 or older were the least likely (Figure 4.9).
- People in their 30s were the most likely to reduce the amount they drank per session (32%).
- People aged 25-29 were the most likely to reduce the number of times they drank (34%) than other age groups.

The main reasons recent drinkers, aged 14 or older, changed their drinking behaviour in 2016 was for health reasons (50%). In 2016, drinkers were less likely to be motivated by lifestyle reasons, such as work commitments or starting a family, declining from 37% in 2013 to 35% in 2016. The proportion of people citing pregnancy and/or breastfeeding as a reason for reducing alcohol consumption also fell (from 5.8% to 4.9%), primarily because of a decline in this reason for people in their 30s. Social reasons (27%) were also a common reason for reducing alcohol consumption, particularly for recent drinkers aged under 25.

**HEALTH AND HARM**

The excessive intake of alcohol not only affects the drinker’s health by putting them at risk of an alcohol-related disease, illness or injury, but also affects other people around them.

Results from the 2016 NDSHS show that risky drinkers (lifetime and single occasion risk) were more likely to:

- Believe they can consume above the recommended guidelines without affecting or putting their health at risk
- Lose their memory after drinking
- Experience verbal or physical abuse by someone under the influence of alcohol
- Take part in risky behaviours such as driving while under the influence of alcohol

These results are explained in detail in the following paragraphs.

**Perceptions of health effects**

Risky drinkers were less likely to be aware of the number of standard drinks an adult could drink before putting their health at risk than low-risk drinkers – 55% of male lifetime risky drinkers and 24% of female lifetime risky drinkers thought they could consume 3 or more standard drinks per day without adversely affecting their health (compared with 21% and 6.4% of low-risk drinkers). A similar pattern was observed for single occasion risky drinkers: 75% of male risky drinkers and 50% of female risky drinkers thought they could consume 5 or more standard drinks in a 6-hour period before putting their health at risk (compared with 52% and 27% of low-risk drinkers).

However, in 2016 there were some general improvements in perceptions of the number of standard drinks an adult could consume before putting their health at risk.

**Alcohol-related incidents and harm**

**Harmful behaviours undertaken**

The NDSHS explores and reports on experiences of alcohol-related incidents and harm for Australians. In 2016, almost 1 in 6 (17.4%) recent drinkers aged 14 or older put themselves or others at risk of harm while under the influence of alcohol in the previous 12 months. Driving a motor vehicle was the most likely risky activity undertaken while under the influence of alcohol (9.9% of recent drinkers), followed by swimming (6.5%). Risky drinkers were far more likely to engage in risky behaviours or harmful activities than low-risk drinkers.

**For example:**

- Lifetime risky drinkers were 3.3 times as likely as...
low-risk drinkers to drive a vehicle while under the influence of alcohol (21% compared with 6.6%)

• Single occasion risky drinkers (at least monthly) were 11 times as likely to verbally abuse someone while under the influence as low-risk drinkers (6.8% compared with 0.6%).

However, risky drinkers were less likely to engage in these activities in 2016 than in 2013 with most of these behaviours/activities significantly declining between 2013 and 2016. Memory loss was also more common among recent drinkers that consumed alcohol at lifetime risky levels than low-risk drinkers (54% compared with 15%).

Compared with 2013, there were significantly less recent drinkers that took part in at least 1 potentially harmful activity (21% to 17.4%). There were also significant declines in the proportion of the population that undertook the following activities in 2016: went swimming (7.5% to 6.5%); drove a vehicle (12.2% to 9.9%); created a disturbance, damaged or stole goods (3.1% to 1.8%); verbally abused someone (4.0% to 2.7%); and physically abused someone (0.7% to 0.4%). This continues a general trend of decline since 2007 in the proportion of the population undertaking potentially risky activities while under the influence of alcohol (Figure 4.10).

Effects of alcohol

In 2016, 2.8% of recent drinkers had been injured while under the influence of alcohol and required medical attention and 1.3% required admission to hospital for their injuries. Requiring medical attention and/or hospitalisation because they were so intoxicated was reported by just 1.0% of drinkers.

People who consumed alcohol in risky quantities (lifetime or single occasion risk) were far more likely to require medical attention or admission to hospital due to injuries sustained while drinking or due to intoxication. This was even higher among people consuming 11 or more standard drinks at least monthly with 8.4% requiring medical attention for their injuries.

Of all age groups, recent drinkers aged 18-24 were the most likely to require medical attention or admission to hospitalisation due to injury – 5.3% required medical attention and 2.5% were admitted to hospital. Intoxication requiring medical attention and/or hospitalisation was similar across age groups – around 1%.

Risky drinkers were more likely to miss at least 1 day of work in the past 3 months due to their alcohol use than low-risk drinkers were. About 1 in 10 (10.9%) drinkers who consumed 11 or more standard drinks in a month reported missing at least 1 day of work due to their alcohol use in comparison to just 0.8% for single occasion low-risk drinkers.

Among recent drinkers, 6.7% had injured themselves or someone else because of their drinking in their lifetime and 2.3% had done so in the last 12 months. Very high-risk drinkers that consumed 11 or more standard drinks in a month were about 5 times as likely as recent drinkers to have injured themselves or someone else due to their drinking in the last 12 months (11.3% compared with 2.3%). They were also more than 4 times as likely to have someone else concerned about their drinking in the last 12 months (23% compared with 5.7% for recent drinkers).

Victims of harm

Respondents were asked if they had been verbally or physically abused, or put in fear, in the past 12 months, by persons affected by or under the influence of alcohol. More than 1 in 5 (22%) Australians aged 14 and over (equivalent to 4.4 million people) had been a victim of an alcohol-related incident in 2016, although this proportion significantly declined from 2013 (down from 26%). Similarly, since 2013 there have been significant declines in the proportion of the population that experienced verbal abuse (22% to 18.7%), being put in fear (12.6% to 11.4%) and physical abuse (8.7% to 7.3%). For verbal abuse and being put in fear, this continues a general downward trend since 2007.

These declines were mostly driven by significant falls in the proportions of males that experienced verbal abuse (26% to 20%), being put in fear (11.3% to 9.3%) and physical abuse (10.4% to 8.1%). Females were also significantly less likely in 2016 to have experienced verbal abuse (18.9% in 2013 to 17.2%). The proportion of recent drinkers that experienced verbal abuse (2.4% to 20%), being put in fear (13% to 11.6%) and physical abuse (9.2% to 7.7%) also fell significantly in 2016.

Certain groups were also more likely to have experienced alcohol-related incidents than others.

For example:

• Males were more likely than females to experience verbal (20% compared with 17.2%) or physical abuse (8.1% compared with 6.5%) in the past 12 months, but a greater proportion of females were put in fear (13.5% compared with 9.3%)

• People in their late teens and 20s were more likely than other age groups to have experienced verbal abuse, physical abuse or to be put in fear by someone under the influence of alcohol.
Risky drinkers were more likely, compared with both low-risk drinkers and abstainers, to have suffered verbal abuse, physical abuse or to be put in fear by someone affected by alcohol.

Of people who had been physically abused by someone under the influence of alcohol, bruising or abrasions (57%) was the most frequent injury sustained, and 8.8% of all injuries were serious enough to require medical attention.

Improvements in young people

- Younger people are delaying drinking; the average age of 14-24 year olds trying alcohol for the first time increased.

Consumed 11 or more standard drinks

- Around 1 in 7 (15.4%) had 11+ drinks on a single drinking occasion in the past 12 months.
- 1 in 14 (7.1%) had done so at least monthly.
- Young adults aged 18-24 were the most likely age group to drink 11+.
- Of people who had been physically abused by someone under the influence of alcohol, bruising or abrasions (57%) was the most frequent injury sustained, and 8.8% of all injuries were serious enough to require medical attention.

Alcohol and Harm Prevention

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Females were more likely than males to report their abuser being their current or former spouse or partner, while males were more likely to report their abuser being a stranger.

In comparison to low-risk drinkers, single occasion risky drinkers (at least monthly) were:

- 7.5 times as likely to miss work due to their alcohol use
- 8.1 times as likely to injure themselves or someone else in the last 12 months
- 2.6 times as likely to be physically abused
- 3.4 times as likely to drive a vehicle while under the influence of alcohol.

About 1 in 2 recent drinkers had undertaken moderating behaviour (such as reducing the number of days they drank). Concern for their health was the main reason for doing this.

More males than females thought they could drink 3 or more drinks every day without putting their health at risk.

Note: findings relate to people aged 14 or older unless specified. An adult is a person aged 18 or older. All data presented in this chapter are available in the alcohol tables <http://www.aihw.gov.au/reports/illicit-use-of-drugs/ndshs-2016-detailed/data>.
Young Australians are drinking less – but older people are still hitting the bottle hard

Young Australians are drinking less and less. But why? An article by Michael Livingston, first published by The Conversation

Recent research has provided yet more evidence that teen drinking in Australia is in steep decline. We first summarised this trend in 2015, and subsequent surveys have shown that the decline has continued. In the Deakin study, the proportion of adolescents (average age 14) reporting past-month alcohol use fell from 45% in 1999 to 25% in 2015.

Similarly, the recently released data from the 2016 National Drug Strategy Household Survey (NDSHS) show teenage drinking at striking lows, with four-fifths of 12-17 year olds now abstaining from alcohol.

These shifts have occurred alongside similarly steep declines in illicit drug use and smoking, representing a major public health success story. These Australian trends are consistent with broader international patterns, with similar declines reported in many other high income countries.

Increasingly, there is evidence that these declines are being maintained as young people age into adulthood. Monthly risky drinking among young adults (aged 18-24) declined from 57% in 2001 to 42% in 2016. These declines are not as steep as for teenagers and haven’t received the same sort of media and research attention, but it appears young adults are also less likely to drink at all and, if they do, they tend to drink less riskily than previous generations.

In our analysis of the NDSHS data, we identified steady increases in very heavy episodic drinking (20+ drinks in a session) for people aged between 30 and 59. Similarly, the median age of Victorians requiring ambulance attendances for issues related to alcohol is now 40.

These are only small increases, but they are in stark contrast to the sharp declines observed for young people. So what’s going on?

Partly, this simply reflects the ageing of a heavier-drinking cohort of people (those born in the 1960s and 1970s), maintaining their higher consumption levels as they age. But there are some other factors to consider.

One thing that has clearly changed over the past 15 years is Australians’ attitude to alcohol.

Our recent paper showed steady increases between 2001 and 2013 in the proportion of Australians that thought alcohol was the most deadly drug and the drug of “most concern” to society. Similarly, the Australians are now more cautious about what constitutes “safe” drinking levels, suggesting increasing concern about the health impacts of drinking.

These attitudinal shifts have occurred across all age groups, suggesting a broad-based change in our views on alcohol, but which have only flowed through to consumption changes among younger people. It may be that changing attitudes have little impact on the well-established consumption patterns of older drinkers, but have a stronger link to behaviour among those whose drinking careers are just starting out.

It may also be that more negative attitudes to alcohol only really affect how we see other people’s drinking.
Apparent alcohol consumption up first time in 9 years

Apparent consumption of alcohol per person has increased for the first time in nine years, according to data released by the Australian Bureau of Statistics. In 2015-16, there were 189 million litres of pure alcohol available for consumption, which is 9.7 litres for every person in Australia aged 15 years and over,” said Louise Gates, ABS Director of Health Statistics. This is the first time the annual figure has increased since 2006-07. "This is contrary to the long-term trend where the pure alcohol consumption per capita has dropped from 12.9 litres per person in 1975-76 to 9.7 litres in 2015-16. "This is contrary to the long-term trend where the pure alcohol consumption per capita has dropped from 12.9 litres per person in 1975-76 to 9.7 litres in 2015-16. "The main contributor to the rise in pure alcohol available for consumption per person was beer which also increased for the first time in nine years to 3.9 litres of pure alcohol per person aged 15 years and over. “In 2015-16, beer represented 40 per cent of all pure alcohol available for consumption, a slight increase from 39 per cent in 2014-15, although still a decrease over recent decades from 45 per cent in 2005-06 and 54 per cent in 1995-96.”

Other results discussed in the 2015-16 Apparent Consumption of Alcohol (cat. no. 4307.0.55.001) publication include apparent consumption of beer, wine, spirits and ready-to-drink (pre-mixed beverages) and cider.

EXCESSIVE ALCOHOL CONSUMPTION

The latest findings on risky drinking habits, compiled by the Australian Institute of Health and Welfare

Regular consumption of alcohol at high levels increases the risk of alcohol-related harm. High intakes can contribute to the development of chronic diseases such as liver disease, some cancers, oral health problems and cardiovascular disease. Alcohol consumption can also play a part in excess energy intake, contributing to excess body weight. Reducing alcohol consumption reduces the risk of developing these conditions and other health problems.1

A number of nationally representative data sources are available to analyse recent trends in alcohol consumption. The Australian Institute of Health and Welfare (AIHW) National Drug Strategy Household Survey (NDSHS) and the Australian Bureau of Statistics (ABS) National Health Survey (NHS) have both collected data on alcohol consumption from people aged 18 or over for a number of years. The NHS also collected data from people aged 15-17 from 2007-08 and the NDSHS also collected data from people aged 14-17 from 1985 and from people aged 12-13 from 2004.

Comparisons of data from the NDSHS and NHS show variations in estimates for alcohol consumption. For more information on the technical details of these two surveys, see technical notes. In this section, total population prevalence estimates and trends are presented for both the NHS and NDSHS, however the remainder of the results by age and population groups are derived from the NHS.

How is risk of alcohol-related harm measured?

Alcohol consumption refers to the consumption of drinks containing ethanol, commonly referred to as alcohol. The quantity, frequency or regularity with which alcohol is drunk provides a measure of the level of alcohol consumption.

NHMRC guidelines for alcohol consumption provide advice on reducing the risks to health from drinking alcohol. For healthy men and women, drinking no more than 2 standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury. Drinking no more than 4 standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

Alcohol-related risk is defined as follows:

- Lifetime risk for alcohol consumption of more than 2 standard drinks per day
- Single occasion risk for alcohol consumption of more than 4 standard drinks at a single occasion.

Note that one standard drink contains 10g of alcohol (12.5 mL of pure alcohol).1

In the Australian Bureau of Statistics (ABS) 2014-15 National Health Survey (NHS), alcohol risk was derived from an individual’s average daily consumption over the 3 most recent days that they had consumed alcohol in the week before the interview.2,3

In the AIHW National Drug Strategy Household Survey (NDSHS), a number of questions are used to calculate lifetime risk including: how many drinks they usually have per occasion and how often they drink (quantity-frequency method); and how often they drink different quantities of alcohol over a 12-month period (graduated quantity-frequency method).

Results presented here relate to lifetime risk of alcohol-related harm or injury as defined above.

Who exceeds the lifetime alcohol risk guidelines?

Based on self-reported data from the ABS 2014-15 NHS, almost 1 in 5 people aged 18 and over (17%) consumed more than 2 standard drinks per day on average, exceeding the lifetime alcohol risk guidelines. Overall, men were 3 times as likely to be at lifetime risk of harm due to alcohol as women (26% and 9.3%, respectively).

Based on self-reported data from the AIHW 2016 NDSHS, a similar proportion, almost 1 in 5 (18%) people aged 18 or older, consumed more than 2 standard drinks per day on average, exceeding the lifetime risk guidelines.4

Figure 1: Exceedance of lifetime alcohol risk guidelines in persons aged 18 and over, by sex, 2014-15

After adjusting for differences in the age structure of the population over time, both surveys showed a decline in the rate of lifetime risky alcohol consumption among adults over a similar period.

- For the NHS lifetime risky alcohol consumption decreased from 21% in 2007-08 to 17% in 2014-15.
- For the NDSHS lifetime risky alcohol consumption decreased from 22% in 2007 to 17% in 2016.

### Inequalities

The proportion of adults at lifetime risk of harm due to alcohol consumption differs across geographic areas and socioeconomic groups (Figure 3). Adults in Outer regional and Remote areas were 1.4 times as likely to exceed alcohol consumption guidelines as those in Major cities (23% and 16% respectively). Adults living in the least disadvantaged areas were 1.3 times as likely to exceed alcohol consumption guidelines as those living in the most disadvantaged areas (20% and 15%, respectively).

### International comparisons

International comparisons of alcohol consumption are gauged by annual sales and are converted to pure alcohol. In 2014 (or the nearest year), alcohol consumption averaged 9.7 litres (L) per person aged 15 and over in Australia. This was higher than the average across 34 OECD countries (Organisation for Economic Cooperation and Development), which was 9.0 L per person. Turkey had the lowest average (1.5 L per capita) and Belgium had the highest (12.6 L per capita). Consumption was 8.9 L per capita in the United States, 8.0 L in Canada and 9.4 L in the United Kingdom.

Although average adult alcohol consumption per capita gives useful comparisons, it does not identify the number of persons at risk from harmful drinking patterns.

### REFERENCES

1. NHMRC (National Health and Medical Research Council) 2009. Australian guidelines to reduce health risks from drinking alcohol. Canberra: National Health and Medical Research Council.

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THE EFFECTS OF ALCOHOL ON THE BODY

DEPARTMENT OF VETERANS’ AFFAIRS EXPLAINS IN THIS FACT SHEET

Alcohol has some immediate or short-term physical effects on the body as a whole, including the brain, the gut and pancreas, the heart and circulation, sleep control and sexual functions. The most obvious and immediate effects of alcohol are on the brain.

The effects of alcohol on the brain are felt within about five minutes of alcohol being swallowed. Alcohol slows down or blocks many of the brain’s functions. The initial effect might be a reduction in tension or inhibitions, making the drinker feel more relaxed or excited.

However, as the intake of alcohol increases, these effects are counterbalanced by less pleasant effects, such as:
- Drowsiness
- Loss of balance
- Poor coordination
- Slower reaction times (critical when driving or operating machinery)
- Slurred speech
- Slowed thought processes
- Nausea and vomiting.

As more alcohol is consumed and the blood alcohol concentration (BAC) rises, performance and behaviour deteriorate progressively. The risk of accident, violence or injury increases rapidly with increasing blood alcohol levels. If the BAC reaches a high enough level, it can lead to life-threatening events such as:
- Unconsciousness
- Inhibition of normal breathing – this may be fatal, particularly as the person may vomit and can suffocate if the vomit is inhaled.

How alcohol is processed in the body
Alcohol is absorbed into the blood stream within minutes, and affects almost all cells and systems in the body.
- The actual rate of absorption can vary: not only from person to person, but also from time to time for the one person. For example, absorption is slowed down by food in the gut and by drinking low-alcohol content beverages. Higher levels of gas molecules in alcohol (fizzy drinks) increase the rate of absorption.
- In the bloodstream, alcohol is carried throughout the body and distributed in the body fluids (but not in body fat).
- After drinking has stopped, the blood alcohol levels fall slowly over time, as the liver gradually breaks down the alcohol in the blood.
- The amount of alcohol in the blood at any time can be gauged by testing the “blood alcohol concentration” through the amount that is in the breath, blood or urine.

Alcohol can also affect:
- The pituitary gland at the base of the brain, which controls the body’s fluid balance, and can leave the person dehydrated and with a headache.
- The gut, by irritating the lining of the gut as the level of alcohol is increased, with diarrhoea as a possible outcome.
- The pancreas, which may become inflamed, sometimes chronically. This can cause severe pain and a highly unpleasant reaction to alcohol in the future.
- The heart and circulation, where one or two standard drinks can affect the heart rate, blood pressure, the contraction of heart muscle and its efficiency in pumping blood, and blood flow throughout the body; higher levels of alcohol may result in irregular heart rhythms, raised blood pressure, shortness of breath, and cardiac failure.
- The sleep function, where even if alcohol might help people to go to sleep in the short term, it can result in reduced sleep quality, and disrupt the later part of the sleep cycle, sometimes leading to early morning waking. Disruption of sleep can be a trigger for a variety of mental health problems.
- Sexual functioning, particularly in men, who may find it more difficult to get an erection after drinking alcohol beyond low-risk level.

Alcohol can affect the level of risk of particular conditions or diseases, including: cancer; cirrhosis of the liver; heart disease and stroke; cognitive problems (including memory and reasoning); and dementia.
Some groups of people are more vulnerable to the effect of alcohol. They include:

- Women, because alcohol is distributed throughout the body’s total water content, and women have proportionately more body fat and less water than do men, as well as being – on average – smaller than men. In addition, the ability to break down alcohol is limited by the size of the liver, and women on average have smaller livers than men.
- Unborn children, because when a pregnant woman drinks, the alcohol in her bloodstream enters that of her unborn child, and, in sufficient quantities, this can cause problems for the unborn child.
- Children and adolescents, because they are usually physically smaller, and because they lack experience of drinking and its effects, and have not yet built up any tolerance to alcohol.
- Older people, because – as they age – their total body water tends to decrease, so that a given amount of alcohol produces a higher blood alcohol concentration.
- People experiencing the ‘flushing response’ (reddening of the skin) and other side effects (including nausea) due to difficulties in breaking down (metabolising) alcohol (an inherited intolerance or allergy to alcohol, most often found in people of Asian descent).

Combining alcohol with other drugs

It can be very dangerous, even lethal, to mix alcohol with medications or recreational drugs. Alcohol is a sedative drug that dampens activity in the brain and when combined with other drugs that are classified as sedatives or depressants can lead to stupor, coma and death.

Mixing alcohol with stimulant drugs can lead to highly aroused and prolonged (less likely to get drowsy or fall asleep) states of intoxication with very unpredictable behaviour. A growing trend amongst younger drinkers is to consume caffeinated alcoholic beverages. This can lead to extreme binge drinking because of a reduced perception of intoxication, increasing the risk of adverse outcomes from impulsive risky behaviour. Many will not even recognise caffeine as a stimulant drug.

Recommended consumption levels for low-risk drinking

- 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.
- Drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.
- For children and young people under 18 years of age, not drinking alcohol is the safest option.
- For women who are pregnant, planning a pregnancy, or breastfeeding, not drinking is the safest option.
- Further reductions in the lifetime risk of alcohol-related disease or injury can be achieved by reducing the number of occasions of drinking across a lifetime, for example through regular alcohol-free days.

Alcohol affects many body functions, and some people more than others.

You can find more information on the recommended levels of alcohol consumption in the Guidelines for Alcohol Consumption fact sheet.

Adapted from Australian Department of Health and Ageing, Australian Alcohol Guidelines fact sheets, www.nhmrc.gov.au

GUIDELINES SOURCE

OTHER SOURCES

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Does one drink a day damage your health?

This ABC Health and Wellbeing report by James Bullen looks into the mixed messages when it comes to alcohol and its health impacts

You’ve no doubt heard the common wisdom that a drink at the end of a long day does you good. Maybe it’s the antioxidants in wine you swear by, or the relaxing qualities of a beer. Perhaps just the taste makes you feel better.

But the idea low-level drinking is good for your health is actually a myth, says Professor Tanya Chikritzhs, from Curtin University’s National Drug Research Institute.

Earlier research had suggested this but more recent studies have cast serious doubt on the idea. In fact, alcohol is a carcinogen, a substance that can cause cancers. And you might be surprised how little alcohol needs to pass your lips before you start to risk your health.

“From the very first sip, even at very low levels of less than half a drink a day, you can experience an increased risk for a range of cancers,” Professor Chikritzhs said.

One example for which new evidence has emerged in recent years is prostate cancer.

And it seems in this case, even very low-level drinking – one to two drinks every 10 days over a number of years – can increase a man’s risk of developing the cancer by eight per cent compared to someone who has never drunk alcohol.

CANCERS LINKED TO ALCOHOL CONSUMPTION

• Prostate cancer
• Breast cancer
• Mouth cancer
• Throat cancer
• Oesophageal cancer
• Liver cancer
• Stomach cancer
• Colorectal cancer

Professor Chikritzhs said in the last 20 years there had been rapid advances in our understanding of the links between alcohol and cancer, and a growing body of evidence linking increased alcohol consumption and cancer risk.

“For a whole range of cancers, seven or eight of them, we can demonstrate a linear dose response relationship,” she said.

This means as the amount you drink each day increases, there’s a corresponding increase in your risk of developing cancer.

There’s no level of alcohol consumption that’s completely safe.

If you don’t want any increased risk of developing cancer (above what you might have already from genetics or the environment you live in), you’d have to stop drinking altogether.

NATIONAL GUIDELINES

The National Health and Medical Research Council’s alcohol guidelines say you shouldn’t drink more than two standard drinks a day.

By doing so, you keep your lifetime risk of death from alcohol-related disease or injury below one in 100, even if the drinking is daily.

That doesn’t mean there’s no risk, just that it’s relatively low – at a level acceptable to most people and on par with the benchmarks by which we test water quality, Professor Chikritzhs said.

The other thing to think about is exactly how much a standard drink is – because it doesn’t always equate to a glass of wine or a bottle of beer.

In fact, most full-strength beers will equate to around 1.5 standard drinks, and the average restaurant serve of red wine is 1.6.

In case you were wondering, the “two standard drinks” limit is not an average; you can’t drink 10 drinks in a single night, then nothing the rest of the week and kid yourself you’re still within the guidelines.

There’s actually a separate NHMRC guideline for single ‘occasions’ of drinking, and it’s mostly about factors other than your cancer risk.

It states that no more than four standard drinks
should be consumed to limit the risk of alcohol-related injury stemming from that drinking session alone.

**WHAT ABOUT THE HEALTH BENEFITS?**

So what about all those studies we heard about that suggested benefits of a glass or two?

Possible mechanisms by which alcohol could act as a health tonic include it working to boost levels of ‘good’ fats in the blood, increasing the body’s sensitivity to the hormone insulin, or decreasing inflammation (which has been linked to a range of illnesses, including heart disease). Professor Chikritzhs said there were two camps in this area – those who believe low-level drinking confers such benefits, and those who think the studies demonstrating these benefits are flawed. She put herself firmly in the sceptics camp.

The problem is that studies that appeared to show a drink or two was good for us didn’t fully take into account factors other than alcohol that might influence the results.

For instance, some groups of people who didn’t drink looked to be in worse health than others who drank a little.

But this group included non-drinkers who’d had to give up booze because of problems with their health (and often these very health problems were a result of their former drinking habit).

This created an illusion that those who drink more are healthier, Professor Chikritzhs said.

**CUTTING BACK**

So if you’re someone who enjoys a daily drink, is there is any reason to consider cutting down?

It depends on your approach to health risks, Professor Chikritzhs said.

“For some people there are individual considerations.

The genetics behind alcoholism is complex but you might want to keep a closer eye on your drinking if you have parents or siblings who had alcohol [dependence] problems.”

And you might be extra vigilant if you are personally very concerned about certain cancers that are linked to alcohol.

Even consuming less than two standard drinks a day is estimated to cause more than 2,000 deaths in Australia every year – most of them cancers (there are more than 40,000 cancer deaths in total in Australia each year, according to Cancer Council Australia).

And she said it was vitally important Australians were honest with themselves when it comes to how much they drink.

“We tend to underestimate our consumption. People forget the occasions where they drank a bit more,” she says.

“They’ll think about what they usually do but forget about the big night on Friday they had.”

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Alcohol causes nearly 6,000 Australian deaths in one year, a third from cancer

Almost 6,000 Australians died from alcohol-attributable disease in a single year, about one every 90 minutes, according to new research from the National Drug Research Institute

The National Alcohol Indicators (NAI) project, conducted by the National Drug Research Institute (NDRI) at Curtin University, found:

- An estimated 5,785 Australians aged 15 and over died from alcohol-attributable causes in 2015.
- Cancer was responsible for 2,106 (36%) of those deaths while injuries, cardiovascular diseases and digestive diseases were the next leading cause (17%, about 1,000 deaths each).
- Breast cancer (18%) and liver disease (15%) were the biggest killers among women.
- Among men, liver disease (18%) and bowel (colorectal) cancer (10%) were the most common conditions caused by alcohol.
- Hospitalisations attributable to alcohol exceeded 144,000 in 2012-13, an average of about 400 a day.
- Alcohol dependence (21%), falls (12%) and alcohol abuse (10%) were the main causes of hospitalisation.

Alcohol use is in the spotlight this week, with thousands of people marking the end of FebFast tomorrow and the WA Government convening the Preventive Health Summit this Friday.

NAI Bulletin 16, Estimated alcohol-attributable deaths and hospitalisations in Australia, 2004 to 2015, outlines state-by-state and national trends in alcohol-attributable deaths and hospitalisations; the top five causes of deaths and hospitalisations for women and men; and the total number of alcohol-attributable deaths and hospitalisations caused by 37 conditions. It presents the latest statistics available on alcohol-attributable death and hospitalisations in Australia.

“This research shows that in Australia, one person dies every 90 minutes on average, and someone ends up in our hospitals every 3½ minutes, because of preventable conditions caused by alcohol,” said NDRI Alcohol Policy Team Leader Professor Tanya Chikritzhs.

“On top of the 2,000 people who died from alcohol-attributable cancer, nearly 13,000 were hospitalised, and a large proportion of these cancers are related to low or moderate drinking levels. Risk begins from your first drink, and the more you drink the higher your risk.

“We understand much more now about the link between alcohol and cancer than we did five or 10 years ago, and that knowledge continues to grow.”

Terry Slevin, Education and Research Director at Cancer Council WA, said: "It is likely most people will be quite shocked to learn that more than one third of alcohol-related deaths are due to cancer.

“We rarely see people with a cancer diagnosis link their drinking to the disease. Personal stories, such as ‘my smoking caused my cancer’, are powerful in getting across the importance of changing our behaviour for health reasons.

“We have a long way to go to embed the notion that drinking alcohol genuinely increases risk of cancer and death.”

### Top 5 causes of alcohol-attributable deaths (2015)

<table>
<thead>
<tr>
<th>Male (%)</th>
<th>Female (%)</th>
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<tbody>
<tr>
<td>Liver diseases 18</td>
<td>Breast cancer 18</td>
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<tr>
<td>Colorectal (bowel) cancer 10</td>
<td>Liver diseases 15</td>
</tr>
<tr>
<td>Oesophageal cancer 8</td>
<td>Haemorrhagic stroke 10</td>
</tr>
<tr>
<td>Oropharyngeal cancer 6</td>
<td>Colorectal (bowel) cancer 10</td>
</tr>
<tr>
<td>Suicide 6</td>
<td>Lower resp. infections 9</td>
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### Top 5 causes of alcohol-attributable hospitalisations (2012/13)

<table>
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<th>Male (%)</th>
<th>Female (%)</th>
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<tr>
<td>Alcohol dependence 17</td>
<td>Alcohol dependence 26</td>
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<tr>
<td>Falls 13</td>
<td>Falls 11</td>
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<tr>
<td>Alcohol abuse 10</td>
<td>Alcohol abuse 10</td>
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<tr>
<td>Assault 8</td>
<td>Lower resp. infections 8</td>
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<tr>
<td>Lower resp. infections 7</td>
<td>Breast cancer 7</td>
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ALCOHOL DEPENDENCE

THE FOLLOWING ADVICE IS FROM THE RIGHT MIX WEBSITE, AN INITIATIVE OF THE DEPARTMENT OF VETERANS’ AFFAIRS

Regular use of alcohol can result in alcohol dependence. When a person is alcohol-dependent they feel a strong desire to drink and drinking is given priority over important commitments.

Dependence ranges from mild to severe. People with severe dependence drink regularly at high-risk levels and often find it hard to limit how much they drink.

Alcohol is strongly linked with anxiety and depression in those with alcohol dependence (alcohol dependence is associated with twice the risk of having major depression and a four-fold increased risk of experiencing both anxiety and depression) – this increases the risk of violence and self-harm. Alcohol dependence is a major risk factor for suicide.

KEY FEATURES OF ALCOHOL DEPENDENCE

- A slight degree of dependence is not uncommon in the Australian population: for example, finding it a little difficult to go a day without consuming some alcohol or finding it difficult to stop before consuming several drinks (even when there seem to be good reasons to drink less or not at all on a particular day). Dependence at a low level may not, of itself, be a problem. In the early stages of psychological dependence developing alcohol-related problems may not be evident, but there is a risk that regular habitual drinking tendency in some people will slowly increase to become problematic.

- While the risk of dependence is not easy to calculate, it is higher for people drinking more frequently and at higher levels, but very small for people drinking within the guideline limits. One of the earliest and most common signs of dependence is a difficulty with limiting drinking to a low-risk amount on any single occasion – a few drinks can often lead to many more.

More severe dependence is associated with:

- Physical symptoms including increased tolerance to the effects of alcohol (that is, needing more alcohol to get the same degree of effect; for example, now needing four drinks to feel relaxed rather than one or two drinks as previously) and withdrawal symptoms, such as tremors, sweating, anxiety and vomiting when suddenly ceasing drinking (severe withdrawal can be life-threatening and needs to be medically supervised).

- Psychological symptoms (including: a sense of compulsion to drink (craving) or not being fully in control of one’s drinking; depression and/or anxiety; several weeks of abstinence from alcohol often results in a marked reduction in depression and anxiety).

- Wanting to cut down or stop drinking but not managing to do so.

- Social, relationship and vocational problems because drinking is interfering with obligations, tasks and goals (important activities may be given up).

MENTAL HEALTH CONDITIONS

- People who regularly use alcohol to cope with their mental health conditions have an increased risk of becoming dependent on alcohol. Studies have shown that when people with significant alcohol dependence stop drinking entirely, their mood usually worsens over the first few hours and days, but after two to three weeks many will experience an improvement in their mood.

- Anyone at risk of, or under treatment for, a mental health condition should discuss their alcohol intake with a health professional. Recommendations about drinking will vary depending on the...
presenting mental health condition and medication regimes. In many instances, temporary or permanent abstinence may be necessary.

- Carers can encourage people with a mental health condition to stay within guideline levels, or to abstain if necessary.

**FAMILY HISTORY OF ALCOHOL PROBLEMS**

- People with a family history of alcohol-related problems, including alcohol dependence, are more at risk than the general population of being unable to control their level of drinking, developing alcohol-related problems and becoming severely dependent on alcohol.
- Anyone with first-degree (biological parents, full siblings and offspring) or second-degree (biological aunts, uncles, grandparents, grandchildren and half-siblings) relatives with alcohol dependence should consider reducing their drinking to below Guideline 1 and 2 levels (i.e. less than 2 standard drinks a day on average) and also discuss their alcohol intake with a health professional.

**SUPPORTS**

A number of professional, medical and voluntary agencies can help people who have problems with their drinking. Most states and territories have an alcohol and drug telephone helpline, which can provide information on specialist services available.

It is crucial that the impact of such problems on families and partners be recognised, and their needs supported. At the same time, families offer a key resource in helping people with a drinking-related problem, and are often the first to acknowledge such problems.

**RECOMMENDED CONSUMPTION LEVELS FOR LOW-RISK**

**Drinking guideline 1**

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.

**Drinking guideline 2**

Drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

- For children and young people under 18 years of age, not drinking alcohol is the safest option.
- For women who are pregnant, planning a pregnancy, or breastfeeding, not drinking is the safest option.
- Further reductions in the lifetime risk of alcohol-related disease or injury can be achieved by reducing the number of occasions of drinking across a lifetime, for example through regular alcohol-free days. Alcohol-free days also help to avoid the development of alcohol dependence.

Severe alcohol dependence is associated with a range of health and social problems.

You can find more information on the recommended levels of alcohol consumption in the Guidelines for Alcohol Consumption fact sheet.

Adapted from Australian Department of Health and Ageing, Australian Alcohol Guidelines fact sheets, [www.nhmrc.gov.au](http://www.nhmrc.gov.au)

**GUIDELINES SOURCE**


**OTHER SOURCES**


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Identifying that you have a drinking problem isn’t always simple, especially in Australia where drinking a lot is considered normal. There are some common signs and symptoms that you can look out for, and a few things you can ask yourself to find out if you should be getting help.

This can help if:
- You drink a lot and you’re worried about it
- You’re having to drink more than usual to get drunk
- Other people have said they’re worried about your drinking.

Signs of alcohol abuse
Binge drinking is a pretty common activity in Australia, so you might not always notice when a regular couple of drinks has turned into too many, too often.

The fact that you’re thinking about whether you have a problem is a good start, and there are some signs of alcohol dependence that you can look out for.

Mental and social signs include:
- Worrying about when you’ll be able to have your next drink
- Drinking alcohol, or wanting to drink alcohol, when you wake up in the morning
- Consuming alcohol regularly on your own, or trying to hide your alcohol consumption from those around you
- Worsening relationships with friends or family
- Always staying out late and encouraging friends to keep drinking when they’ve said they want to go home.

Physical signs include:
- Sweating when you don’t drink alcohol
- Feeling nauseous when you don’t drink alcohol
- Being unable to get to sleep without drinking alcohol
- Needing to drink more and more alcohol to get drunk.

Ask yourself a few questions
People who work in the field of alcohol addiction often ask people these questions:
- Do you drink because you have problems or to relax?
- Do you drink when you get mad at other people, including your friends or parents?
- Do you prefer to drink alone, rather than with other people?
- Is your work or education suffering as a result of your drinking?
- Have you ever tried to stop drinking, or to drink less, and found that you can’t?
- Do you drink in the morning, before school or work?
- Do you gulp your drinks?
- Do you ever have loss of memory due to your drinking?
- Do you lie about how much or how often you drink?
- Do you ever get into trouble when you’re drinking?
- Do you get drunk when you drink, even when you don’t mean to?
- Do other people comment on your drinking and think it’s a problem?

If you answer ‘yes’ to any of these questions, it’s important that you talk to someone about your drinking. Facing up to the fact that you might have a problem takes courage. Deciding to get some help is a really brave move, but it can be one of the best things you’ll ever do.

Where can I get help?
The easiest and quickest way to get help is to talk to someone about it, whether it’s a friend, family member, doctor or counsellor. The sooner you talk about what you’re going through, the sooner things will start to feel a bit better.

If talking to someone isn’t your thing, there is other support and help out there. It can be hard to know where to find the right support you need. ReachOut NextStep (https://au.reachout.com/articles/signs-you-might-have-a-drinking-problem#nextstep) is an anonymous online tool that recommends relevant support options based on what you want help with.

What can I do now?
- Try ReachOut NextStep to learn about the support options available for you.
- Share your concerns about your drinking with a trusted friend, or make an appointment with a doctor.

ALCOHOL AND INJURY

Department of Veterans' Affairs explains some of the injury-related harms associated with alcohol, in this fact sheet sourced from The Right Mix website

Recent studies show that injury and death due to trauma are amongst the most important consequences of alcohol use. Examples of incidents include: vehicle, cycling and pedestrian-related accidents; falls; fires; drowning; sports and recreational injuries; alcohol poisoning, overdose, suffocation, and inhalation of vomit; assault and violence; intentional self-harm.

TYPES OF INJURIES OR DEATH

- From accidents, by the effects of alcohol on such abilities as reaction time, reasoning, co-ordination, care and judgement;
- From violence, by the effects of alcohol on factors such as self-control, impulsivity, and the capacity to resolve conflicts in non-violent ways; alcohol appears to be involved in about half of all violent crime and for men already inclined towards domestic violence, alcohol increases the likelihood of violence; and
- From self-harm, with heavy drinking as a major risk factor for suicide and suicidal behaviour among both young people and adults. About one third of all self-inflicted injuries and suicides are linked to alcohol. The association between alcohol consumed in a high-risk manner and suicide is particularly strong in teenagers and among Aboriginal and Torres Strait Islander people.

THE LIKELIHOOD OF INJURY AND DEATH FROM ALCOHOL

About 40% of people aged 14 years or older consume alcohol at a level, at least once in a 12-month period, that puts them at risk of harm in the short-term. Risk of injury or death starts to increase at relatively low levels of alcohol intake and it increases as the level of intake increases (the risk increases greatly after three to four drinks).

Additionally, the more often you drink, the greater the risk of eventually experiencing an injury or death related to alcohol. The risk increases more for people whose level of consumption varies significantly from time to time, and the risk is highest for those who occasionally drink much more than their usual amount. Less than four drinks could be risky in young people, those with health issues, the elderly, and those on medication.

- There is a three-fold increase of injury for males and eight-fold increase for females associated with drinking 4 or more drinks on one occasion.
- Alcohol is associated with 44% of fire injuries, 34% of falls and drowning, 30% of car accidents, 47% of assaults, 34% of homicides, 32% of suicides, 16% of child abuse, and 7% of industrial machine accidents.
- Alcohol is the main cause of deaths on Australian roads.
- About one third of male motor vehicle deaths and over 10% of female deaths are due to alcohol.
- For pedestrians, alcohol accounts for around 40% of male and 17% of female deaths – around half of these deaths are in those aged 15-24 years.
- The risk of injury under the influence of alcohol is greatest amongst 18-24 year olds – this is associated with higher risk taking pursuits in this age group.
- Young people have greater vulnerability to alcohol than adults do. As well as usually being physically smaller, they lack experience of drinking and its effects. Additionally, the advent of puberty and adolescence are often accompanied by taking on a range of risk-taking behaviours and/or potentially dangerous activities, both of which can considerably heighten the risk associated with drinking. The loss of inhibitions and decision-making skills place young people at particular risk of violence, accidents, sexual coercion and unprotected sex. One in thirteen deaths in young people are attributable to alcohol at a rate of one per week (and sixty hospitalisations per week).
- In older people, the risk of falling increases with older age, while driving skills may be affected by problems such as visual loss and slowed reaction time. Alcohol can increase the risks in both of these areas.

The risks associated with drinking depend not only on how much a person drinks, but also on the rate of drinking, the environment, the drinker’s expectations of the effects of alcohol and what the person is doing during and after drinking.
The risks associated with drinking depend not only on how much a person drinks, but also on the rate of drinking, the environment, the drinker’s expectations of the effects of alcohol (e.g. including using alcohol as an excuse for unacceptable behaviour) and what the person is doing during and after drinking. Eating while drinking helps to reduce intoxication and, therefore, the risk of harm. The risk of injury, violence, depression and suicide attempts are all influenced by the setting in which people are drinking.

It can be very dangerous, even lethal, to mix alcohol with medications or recreational drugs.

COMBINING ALCOHOL WITH OTHER DRUGS
It can be very dangerous, even lethal, to mix alcohol with medications or recreational drugs. Alcohol is a sedative drug that dampens activity in the brain and when combined with other drugs that are classified as sedatives or depressants can lead to stupor, coma and death. Mixing alcohol with stimulant drugs can lead to highly aroused and prolonged (less likely to get drowsy or fall asleep) states of intoxication with very unpredictable behaviour. A growing trend amongst younger drinkers is to consume caffeinated alcoholic beverages. This can lead to extreme binge drinking because of a reduced perception of intoxication, increasing the risk of adverse outcomes from impulsive risky behaviour. Many will not even recognise caffeine as a stimulant drug.

RECOMMENDED CONSUMPTION LEVELS FOR LOW-RISK DRINKING
• 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.
• Drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.
• For children and young people under 18 years of age, not drinking alcohol is the safest option.
• For women who are pregnant, planning a pregnancy, or breastfeeding, not drinking is the safest option.
• Further reductions in the lifetime risk of alcohol-related disease or injury can be achieved by reducing the number of occasions of drinking across a lifetime, for example through regular alcohol-free days.

Very low levels of alcohol can affect judgement and performance. Therefore, it is recommended that not drinking is the safest option to avoid the risk of endangering the lives of the drinker and/or others in situations where drinking increases the immediate risk of harm, including the supervision of children.

You can find more information on the recommended levels of alcohol consumption in the Guidelines for Alcohol Consumption fact sheet.

Adapted from Australian Department of Health and Ageing, Australian Alcohol Guidelines fact sheets, www.alcohol.gov.au

GUIDELINES SOURCE

OTHER SOURCES

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YOUNG PEOPLE AND ALCOHOL
Fact sheet from the Foundation for Alcohol Research and Education

We all want to do what we can to keep young people safe, including protecting them from harms that might result from drinking alcohol. This fact sheet provides information for parents, guardians and older siblings about alcohol and young people. Further information on where to find out more about this important topic is also included.

When is it okay for a young person to drink alcohol?
The National Health and Medical Research Council (NHMRC) is Australia’s peak organisation for supporting health and medical research and for developing health advice for Australians. The NHMRC has produced guidelines on alcohol called the Australian Guidelines to Reduce Health Risks from Drinking Alcohol (Alcohol Guidelines), which provide information on how to reduce the risks from drinking alcohol. The Alcohol Guidelines recommend:

- For children and young people under 18 years of age, not drinking alcohol is the safest option.
  a. Parents and carers should be advised that children under 15 years of age are at the greatest risk of harm from drinking and that for this age group, not drinking alcohol is especially important.
  b. For young people aged 15-17 years, the safest option is to delay the initiation of drinking for as long as possible.

Put simply, it is best for young people aged under 18 years to avoid drinking alcohol. It is also important to understand that young adults aged up to 25 years are also still at greater risk of alcohol-related harms. This is due to their lower tolerance of alcohol, greater risk of accidents and injuries, and increased risk of impairments to the still-developing brain.

What are the risks for young people who drink alcohol?
Young people have a significantly lower tolerance to alcohol, meaning that they are more physically sensitive to the effects of alcohol consumption. Combined with emotional immaturity and relative inexperience at performing certain tasks that require attention and coordination, young people are at particularly high risk of alcohol-related harm.

There are a number of short- and long-term risks associated with early alcohol use. These include:
- Physical injury
- Increased risk taking and antisocial behaviour
- Risky sexual behaviour
- Poor academic performance
- Permanent damage to the structure and function of the developing brain
- Mental health issues such as depression
- Increased likelihood of illicit drug use, whether at the same time as the alcohol use or later in life, and
- Increased likelihood of later alcohol addiction.

Alcohol consumption also contributes to the three leading causes of death among adolescents – unintentional injuries, homicide and suicide.
Should alcohol be introduced to young people?
Some people believe that introducing alcohol to a young person in a controlled setting (e.g. at home with parents) will prevent irresponsible consumption later in life. We now know that introducing young people to alcohol is not the best way to keep them safe.

This is partly because the younger a child is introduced to alcohol, the more likely they are to develop alcohol problems later in life, regardless of the setting in which alcohol was introduced.7

If you do provide alcohol to a person under 18 years, it is important to be mindful of the laws regarding this. These laws vary across states and territories and they often change, so it is important that you check the local legislation before providing alcohol to a young person.

How do I talk to a young person about alcohol?
Having an open discussion about alcohol with your child can help reduce the risk that they will experience alcohol-related harms.

In having this conversation, you may find the following tips useful:

- Prior to having the conversation, assess your own attitudes and expectations about alcohol and prepare what you want to say and how to answer questions, including potentially difficult ones.
- Choose a time when both you and your child are relaxed, and ensure that the discussion is not perceived as a lecture.
- Tailor the talk to your child's age and maturity levels.
- Talk about the harms associated with alcohol use, including physical, social and psychological impacts in the long and short term (see above). Emphasise the short-term effects such as injuries and social embarrassment, as these are more likely to be a concern for young people.
- Encourage your child to tell you how they view alcohol and be prepared to address any misconceptions they may have about alcohol. These can include the incorrect perception that everyone their age drinks in order to fit in and have fun, and how myths about alcohol's positive effects are often perpetuated and glamourised by the media.
- Develop some rules and boundaries around alcohol, allowing input and collaboration with your child where appropriate. Emphasise that these rules are in place to protect them. The consequences for breaking these rules should be sufficiently tough to be a deterrent but not so harsh that you risk alienating your child. Administer these rules in a consistent manner to ensure they are taken seriously.
- Develop strategies for your child to resist peer pressures to drink alcohol. Emphasise that true friends will accept their decision not to drink.
- Ensure that you are aware of your child's whereabouts when they are not in the company of responsible adult supervision as the risks of misusing alcohol increase. Ask them where they are going, what they will do and with whom. Set curfews and discuss ways of them getting home safely. Ensure that you are not overly strict as they may become more likely to be secretive and rebellious.8

If your child is in a situation where they may drink alcohol or is in a situation where they may be surrounded by drinkers:

- Ensure that there is adequate adult supervision at any party or social gathering they may attend.
- Help your child to develop strategies for managing or removing themselves from situations where there is alcohol misuse. Offer support where you can such as picking them up.
- Discuss how they can protect themselves against drink spiking and other dangers associated with not knowing where their drink came from.
- Warn your child of the dangers of getting into a car where the driver has been drinking, including when they themselves are the driver. Discuss a plan for when faced with a scenario where they may be tempted to ride with a drink driver, such as agreeing to pick them up or pay for a taxi.9

As a parent, modelling responsible and consistent behaviour around alcohol is essential in encouraging...
your child not to drink. This can be achieved by not getting visibly intoxicated in front of your children, not drinking and driving, and avoiding the depiction of alcohol as being fun, glamorous or a viable solution to dealing with stress or unhappiness.\footnote{15\textsuperscript{1}}\textsuperscript{16}\textsuperscript{1}

In all interactions about alcohol, it is important to encourage openness and honesty and reserve judgement as much as possible.\footnote{12\textsuperscript{1}}\textsuperscript{13}

**What do I do if I suspect a young person is misusing alcohol?**

There is no definitive set of signs indicating that a young person is misusing alcohol.

However, the following signs may indicate that there may be a problem, especially if observed in combination:

- Recurrent health complaints
- Unusual mood patterns and changes, particularly irritability
- Changes in sleeping patterns
- Withdrawing from family
- A drop in school performance, attendance and discipline, and
- Changes in friendship groups and social activities.\footnote{14}

The above signs may also arise from other physical or psychological problems, therefore you should consult with health professionals to rule these out first.

When raising the issue of alcohol misuse with your child, remain calm and listen to their side of the story. Tell them your concerns about how their alcohol use has put their health and safety at risk. If they have broken the law, convey to them how it can impact their future including employment opportunities. Ensure that they understand that it is the behaviour you don’t approve of, not them as a person. Consider using the services of a professional such as your GP or a counsellor if you are not confident of your abilities to influence your child. More useful contacts and links are listed below.\footnote{15}

**Where do I go for more information or assistance?**

You may require additional assistance in regards to talking to your child about alcohol, or supporting a young person who is or may be misusing alcohol. Included below are a number of useful contacts.

**Advice on how to talk to your child about alcohol**


**Advice on what to do if your child is misusing alcohol**

- Australian Capital Territory:
  Alcohol Drug Program 24-hour confidential information, advice and referral – 02 6207 9977
- Victoria:
  Directline – 24-hour confidential information, advice and referral – 1800 888 236
- New South Wales:
  Alcohol Drug Information Service, Metropolitan – 02 9361 8000, Rural – 1800 422 599
- Tasmania:
  Alcohol Drug Information Services – 1800 250 015
- Northern Territory:
  Alcohol & Other Drug Services, Darwin
  – 08 8922 8399, Central Australia – 08 8951 7580
- Western Australia:
  Alcohol & Drug Support Line, Metropolitan
  – 08 9442 5000, Country – 1800 198 024
- South Australia:
  Alcohol Drug Information Services – 1300 13 13 40
- Queensland:
  Alcohol Drug Information Services – 1800 177 833

**REFERENCES**

3. Ibid.
4. Ibid.
5. Ibid.
6. Ibid.
9. Ibid.
10. Ibid.
13. Op.cit. no.8
14. Ibid.
15. Ibid.

ALCOHOL USE IN ADOLESCENCE: HOW TO PREVENT IT

STRATEGIES FOR PARENTS FROM RAISINGCHILDREN.NET.AU TO HELP TEENAGERS TO AVOID THE RISKS OF ALCOHOL USE

Adolescence is a time of trying new things – and for some young people, this includes trying alcohol. When it comes to teenagers and alcohol, it's important to get informed and have some strategies ready to help your child avoid the risks of alcohol use.

TEENAGERS AND ALCOHOL: WHAT YOU NEED TO KNOW

For many young people, trying alcohol is a normal part of growing up. For example, having friends and fitting in are very important to teenagers. Your child might drink to feel part of a peer group or because he feels it gives him some status in his peer group.

Some teenagers might enjoy the way alcohol makes them feel. Or some might like alcohol because it gives them a thrill or makes them feel that they’re ‘grown up’.

For most young people who try alcohol, there won’t be any long-term effects. But for a few, drinking in adolescence can lead to immediate harm and more chronic problems or even addiction. For some teenagers, alcohol use can be a sign of social or mental health problems.

You might not think of alcohol as a drug, but it’s a psychoactive substance that affects your body, behaviour and decision-making abilities. You can get addicted to alcohol. It’s one of the drugs that young people use the most, and it can be one of the most damaging drugs. It’s also the drug of choice for Australians of all ages.

DRINKING ALCOHOL: WHAT’S SAFE FOR TEENAGERS

The short answer is nothing. There’s just no safe level of alcohol use for young people under 18 years.

When young people drink, there’s a risk that their brains won’t develop properly. Adolescence is an important time for brain development, with lots of new nerve connections and pathways being made. Alcohol can interrupt this process and even cause mild impairment.

Also, the earlier in life young people start drinking, the greater their risk of alcohol-related problems in early adulthood and beyond. Young people who start drinking before they’re 15 are four times more likely to develop alcohol dependence than young people who don’t start drinking until they’re 21.

The legal drinking age in all Australian states and territories is 18 years. The National Medical Health and Research Council (NHMRC) recommends that children under 15 years should have no alcohol at all. But health experts say teenagers actually shouldn’t use alcohol until they’re 18 or even 21.

HOW TO INFLUENCE YOUR CHILD’S USE OF ALCOHOL

You and other significant adults are a major influence on your child's use of alcohol.

Role-modelling

You’re unlikely to be able to stop your child from trying alcohol, but you can be a role model for safe habits. For example, you can send your child powerful messages about alcohol by drinking occasionally, in moderation and in company.

Safety messages

You can help your child avoid the risks of alcohol use by talking about safe alcohol use, including:

- Drinking in a safe environment and avoiding unsafe environments – for example, with strangers, or at large events and parties where there are no adults
- Not binge drinking
- Not drinking and driving
- Not drinking on an empty stomach, and alternating alcoholic drinks with water
- Not getting involved in drinking games
- Setting up a non-drinking buddy system.

Your child also needs to know the size of a standard drink. A standard drink is any drink containing 10 grams of alcohol. One glass or one small bottle of drink is often a lot more than one standard drink. The
number of standard drinks is shown on the label – for example, on a bottle of beer.

If your child is planning to have a party at home or is invited to a friend’s party, it’s a good idea to agree on some rules. If you allow your child to drink, these could be rules like how much alcohol is OK and what to do if your child’s environment becomes unsafe.

**Talking with young children about drugs and alcohol**

Even children as young as five can have opinions about alcohol, so it’s a good idea to talk with your child from an early age.

Before the school years, you can be open and honest about any questions that come up, but there’s no need to raise the topic of alcohol.

When your child is a couple of years into school, you can chat with her about alcohol. You could start with something like, ‘Does your class ever talk about drinking alcohol? What do they say? What do you think?’.

**For most young people who try alcohol, there won’t be any long-term effects. But for a few, drinking in adolescence can lead to immediate harm and more chronic problems or even addiction. For some teenagers, alcohol use can be a sign of social or mental health problems.**

You can use these conversations as a chance to communicate facts about alcohol, like the effects it has on the body or how it can affect thinking and behaviour. You might also like to use these conversations to discuss values and expectations about alcohol use in your family.

If you have a close relationship with your child, it might be easier for you to raise these issues with him, so work on staying connected. Using a positive approach to managing your child’s behaviour can also help.

If your child is using alcohol or other drugs – or you think she might be – see our article, [Alcohol and other drug use in adolescence: how to help](http://raisingchildren.net.au). It has information on the signs of drug use and abuse, as well as support options and resources.

**WHEN TEENAGERS DRINK ALCOHOL: WHAT CAN HAPPEN**

**Body and behaviour**

Alcohol affects the body in several ways. At first it can make people feel more relaxed. But as people drink more, they might become drowsy, lose balance and coordination, slur speech, think more slowly, and possibly feel sick or even vomit.

As the amount of alcohol in the blood goes up, people can’t think clearly or coordinate their body properly. This means they’re more likely to have accidents, get injured or be involved in violence.

At extreme levels, alcohol can make people unconscious or stop them breathing normally. Young people have been known to die from alcohol poisoning.

Many teenagers don’t understand the effects alcohol has on the body and how it can take a lot less alcohol for teenagers than for adults to feel the effects.

**Decision-making**

One of the most important tasks of adolescence is learning how to make independent, responsible decisions. Some of these decisions will be good and some not so good – making mistakes and learning from them is all part of the process.

But when people are drinking alcohol, mistakes can have very serious consequences. This is because alcohol affects people’s ability to think quickly, make judgements and avoid dangerous situations or risky behaviour.

For example, a young person under the influence of alcohol could:
- Be the victim of physical or verbal violence, or be violent
- Have unprotected sex, or not be able to deal with unwanted sexual advances and be sexually assaulted
- Experience hallucinations or delusions that could lead to accidents or injury
- Get alcohol poisoning and lose consciousness or die
- Be injured while swimming, playing sport, climbing or even trying to cross a road
- Break the law or get into trouble with the police
- Lose control, behave inappropriately and harm important relationships or damage his reputation.
INTRODUCING YOUR CHILD TO ALCOHOL

The earlier a child starts using alcohol, the greater the risk of problems in the future, according to this fact sheet from DARTA

Health professionals and parenting experts are still finding out the best way for parents to introduce alcohol to their children. At present, research findings are contradictory. On the one hand, there is research to suggest that parents can have a positive influence on their child’s drinking behaviour by allowing them small amounts of alcohol and trusting their child to act responsibly and drink in moderation. Other studies, however, have found that introducing your child to alcohol within a family context does not necessarily result in a responsible attitude to drinking. In fact, if parents do not set clear boundaries around drinking at the same time, their child is likely to drink more.

Alcohol plays a different role in every family. However, no matter whether you are teetotalers or you drink regularly, there are a few steps parents need to follow when considering introducing alcohol to your child.

Delay your child’s first drink of alcohol for as long as possible

It is now clear that alcohol consumption during childhood can have a detrimental effect on the developing brain and drinking during the teenage years is related to a wide range of health and social problems. Put simply, the earlier a child starts using alcohol, the greater the risk of problems with the drug in the future. It is therefore important to delay the initiation of alcohol for as long as possible. As a result, experts agree that teenagers under 16 years of age should avoid alcohol.

The advice to parents about the introduction of alcohol is clear. Hold off for as long as you can!

This is a comparatively new message and can be confusing for some parents who are desperate to do the ‘right thing’. Parents want to try to ensure that their child’s first drink isn’t one that takes place in a park late on a Saturday night, but providing it too early, even in the family home with a meal, without clear rules and boundaries, is likely to be problematic in other ways.

Be honest about your own alcohol use and be a good role model

If you are considering introducing your child to alcohol, it is important to firstly examine your relationship with the drug. Have a discussion with your partner about the role alcohol plays in your family’s life – i.e. does it play an important part? Are you teetotalers or regular drinkers? Regardless of whether you have a glass of wine with every family meal, or you have a brown paper bag containing a couple of bottles under your arm each time you go out to socialise – you need to remember that your child has learnt a great deal about the role alcohol plays in the family simply by watching you.

Once you have established what role it does play in your family, talk about that relationship with your child and discuss what you believe is appropriate adult behaviour around alcohol and drinking.
Create rules and boundaries
Based on that discussion, create your family rules and boundaries around alcohol. Rules should always be made with your children present as they need to have some degree of ownership of the rules that will affect their lives, as well as understanding why they exist, i.e. you want to keep them safe.

Too often parents are fearful that they can’t make restrictive rules around alcohol for their child, as they will be seen as hypocritical. It needs to be remembered that drinking alcohol is an adult activity, similar to driving a car and, as a result, it is entirely appropriate for there to be different rules for young people than there are for adults.

Create meaningful consequences
Unfortunately, many consequences that parents put into place when their child breaks rules are often made in anger and, as a result, don’t always work particularly well. This is particularly true of the favourite punishment of many parents: ‘grounding’.

Whatever consequence a parent decides to use, make sure it is meaningful to the child and that it can be carried out with comparative ease. Grounding for days, weeks or months is simply going to be too difficult to carry out. It is also important to remember that young people usually have short memories. As a result they quickly forget what they did wrong and end up simply resenting you and the lengthy punishment you gave to them.

Removal of a mobile phone and loss of computer privileges are two consequences that are currently popular with parents. Begin with short periods of time that they lose these privileges – you will find this is just as effective and much easier for you to carry out.

Make sure that your child knows that rules are negotiable, as they get older
It is important to remember that the rules you set for a 15-year-old are not necessarily going to be as effective, or appropriate, when they reach the age of 17.

Start discussions about alcohol rules with your child from around 12 years of age. It’ll be much easier at this time as your child will not be as interested in alcohol and friends over a period of time than from a teenage party they are going to attend on a Saturday night.

One of the best ways to achieve a positive outcome (i.e. a healthy attitude towards alcohol) is for parents and others to set the example of how, when, where and why to consume alcohol. Most importantly, this includes the valid and often ignored option of choosing not to drink at all.

Every family will have a different way of dealing with this issue
While the jury is still out on the best way to introduce alcohol to young people, the best that parents can do is examine the role alcohol plays in their family life and what messages this is sending to their child. When you have that information, negotiate appropriate rules and boundaries with your teenager.

Obviously, young people need to learn to drink responsibly but they are most probably more likely to learn that from watching you and your family and friends over a period of time than from a teenage party they are going to attend on a Saturday night.

Put simply, the earlier a child starts using alcohol, the greater the risk of problems with the drug in the future. It is therefore important to delay the initiation of alcohol for as long as possible.
SECONDARY SUPPLY

Drinking is not safe for people under 18 years old. Secondary supply laws are aimed at preventing alcohol-related harm for young people, according to this resource from the Alcohol and Drug Foundation.

Secondary supply is when you provide alcohol to a person aged under 18 years. It is now against the law to serve alcohol in a private home to anyone under 18, unless their parents have given permission. It remains illegal for bar staff or bottle shops to serve or sell alcohol to under 18’s.

WHY IS SECONDARY SUPPLY IMPORTANT?

Drinking is not safe for people under 18 years old. There have been a number of cases in Australia where a person has suffered injuries or died as a result of drinking too much alcohol after being supplied by an adult.

The brain is still developing up until your mid-20s. Drinking alcohol may damage a young brain and lead to health complications later in life.

The earlier a young person is introduced to alcohol, the more likely they are to develop problems with it later in life. Young people should therefore delay their first drink for as long as possible.

Secondary supply is the most common way that young people obtain alcohol. Almost 40% of underage drinkers get alcohol from their parents. The majority of minors obtain alcohol from a person who is not their parent, guardian or carer.

THE CURRENT LAWS IN AUSTRALIA

Across Australia, a person who is under the age of 18 is not breaking the law if they drink alcohol on private property. Though, in most states and territories, the person who supplied them with the alcohol could be breaking the law – unless they are the child’s parent or guardian and act in a responsible manner. However, the young person’s parent or guardian can provide consent for the young person to consume alcohol at the private residence.

The following legal information is correct at the time of publication. For more information about the supply of alcohol to people aged under 18 years, contact the Legal Aid Commission in your state or territory.

**Australian Capital Territory**

Under Section 204A of the Liquor Act 2010 (ACT), it is illegal to supply alcohol to people aged under 18 years in a private home unless it is supplied by:

- The child’s parent or guardian, or
- An adult who has the approval of the child’s parent or guardian.

The penalty for an offence is 20 penalty units, currently $3,000.

**New South Wales**

Under Section 117 of the Liquor Act 2007 (NSW), it is illegal to supply alcohol to people aged under 18 years in a private home unless it is supplied by:

- The child’s parent or guardian, or
- An adult who has the approval of the child’s parent or guardian.

A person convicted of secondary supply in NSW can be fined up to $11,000 for each underage drinker involved.

**Northern Territory**

Under Section 106C of the Liquor Act (NT), it is illegal to supply alcohol to people aged under 18 years in a private home unless it is supplied by:

- A parent, step-parent or guardian, or
- An adult who has the parental rights and responsibilities for the child.

However, if the supply of this alcohol is not accompanied by ‘responsible supervision’ (see definition below), the supplier may still be prosecuted. Offenders are liable for a fine of up to $13,300.
Queensland
Under Section 156A of the Liquor Act 1992 (Qld), it is illegal to supply alcohol to people aged under 18 years in a private home unless it is supplied by:

- A parent, step-parent or guardian, or
- An adult with parental responsibilities.

However, if the supply of this alcohol is not accompanied by ‘responsible supervision’ (see definition below), the supplier may still be prosecuted.

The penalty for an offence is a fine up to $9,572.

Tasmania
Under the Police Offences Act 1935 (Tas), it is illegal to supply alcohol to people aged under 18 years in a private home unless it is supplied by:

- A parent, or an adult with parental rights and responsibilities, or
- An adult who has the approval of the child’s parent or guardian.

Secondary supply is the most common way that young people obtain alcohol. Almost 40% of underage drinkers get alcohol from their parents.

However, if the supply of this alcohol is not accompanied by ‘responsible supervision’ (see definition below), the supplier may still be prosecuted.

Fines of up to $12,000 or a jail term of up to 12 months may be incurred for offences that are deemed more serious. Fines for lesser offences may be imposed by infringement notice.

Victoria
Under the Liquor Control Reform Act 1998 (Vic), it is illegal to supply alcohol to people aged under 18 years in a private home unless parental consent has been given.

Offenders are liable for a fine of more than $7,000.

Western Australia
Under Section 122A of the Liquor Legislation Amendment Act 2015 (WA), it is illegal to supply alcohol to people aged under 18 years in a private home without the consent of the parent or guardian.

It is an offence to supply alcohol to people under aged 18 if the parent or guardian giving consent is drunk or otherwise unable to act in a responsible manner.

Offenders are liable for a fine of up to $10,000 for each underage drinker involved.

South Australia
In South Australia, a person who supplies liquor to a minor in contravention of the laws will face a maximum penalty of $10,000 or a fine of $500, while a minor who is caught with liquor in contravention of the new laws will face a maximum penalty of $2,500 or a fine of $210.

RESPONSIBLE SUPERVISION
In Queensland, Tasmania and the Northern Territory

REFERENCES

PARTYING SAFELY – TIPS FOR TEENAGERS

FACT SHEET ADVICE FROM BETTER HEALTH CHANNEL

Summary

- Some of the things that can go wrong when teenagers are partying include binge drinking, drink driving, arrest, unprotected sex, drink spiking, sexual assault, injury and drug overdose.
- Australian statistics show that teenagers who are informed about safe partying are more likely to protect themselves and their friends.
- Know where you’re going, how you’re getting there and how you’re getting home.

Partying is fun for people of all ages. Teenagers in particular like to party. This may include clubbing, attending a concert or festival, having a party at home or going to a party at a friend’s house. If you follow a few simple suggestions, it will help you stay safe while you’re having a good time.

If you are informed about safe partying, you will be better prepared to protect yourself and your friends.

Issues to consider with partying

Some of the things that can go wrong at teenage parties and clubs include:
- Binge drinking
- Drink driving
- Unprotected sex
- Drug overdose
- Drink spiking
- Sexual assault
- Gate-crashing
- Fighting
- Injury
- Getting arrested.

General suggestions for partying safely

Make smart decisions, including:
- Remember that you don’t have to use alcohol or other drugs to have fun.
- Eat well before you leave home. A full stomach slows the absorption of alcohol.
- Drink in moderation. Don’t let others top up your drinks and go for low-alcohol options wherever possible.
- The best way to avoid drug-related problems is not to use at all. If you do, make sure you know what you’re taking and find out how to reduce the risks of overdose or injury. Never mix drugs with alcohol or other drugs.
- Trust your own judgement. Don’t let peer pressure sway you into doing anything you don’t want to do. It’s okay to say no.
- Keep your wits about you and stay close to friends you trust.
- Take condoms with you if you think you might end up having sex – and use them.
- Don’t get into a car with a driver who has been drinking.
- Remember that your judgement may be impaired if you’ve been drinking or taking drugs – don’t take risks you may regret, such as diving into water if you don’t know how deep it is or fooling around near swimming pools.
- Leave for somewhere safe if you feel unsafe at a venue or party.

Plan the night out

If you’re going out with friends to party, safety suggestions include:
- Know where you’re going and how you’re getting there.
- Plan how to get home – for example, take enough money to share a taxi or nominate a driver to stay sober.
- Have a plan B to get home if plan A falls through – for example, ask someone’s parent if they will pick you up if you can’t get a taxi.
- Decide to stay together in a group and look after each other.
- Don’t leave drinks unattended and don’t accept a drink from a stranger. Don’t take your eyes off your drink.
- Decide on a drink limit and stick to it. Occupy your hands with soft drink or water once you’ve reached your limit, so you’re not tempted to keep buying alcohol drinks. Avoid ‘shouts’ or drinking games. You are likely to make silly or even dangerous decisions when you have had too much to drink.
- Remember that it is illegal to drink alcohol on the street or in a public place or to carry or use illicit drugs. Even if you’re drunk (and not just actively drinking) in public, the police are able to place you in custody. You could be arrested and conviction may impact on your future employment or travel plans.

Avoid potentially violent situations

Alcohol and some drugs can lead to physical fights and assault.

Suggestions include:
- Pace yourself so that you don’t lose control as a result of using alcohol or other drugs
- Decide with friends beforehand to look out for each other.
- Don’t get into a verbal argument if someone aggressively confronts you. Walk away.
- Don’t go off with a person you’ve only just met. Stay in the public place. If they interest you, get a phone number.
- Seek help and advice from your doctor, a social

Summary

Some of the things that can go wrong when teenagers are partying include binge drinking, drink driving, arrest, unprotected sex, drink spiking, sexual assault, injury and drug overdose.

Australian statistics show that teenagers who are informed about safe partying are more likely to protect themselves and their friends.

Know where you’re going, how you’re getting there and how you’re getting home.
worker or alcohol and drug worker if you tend to pick fights when you’re drunk or on drugs.

**Overdoses can be avoided**

Drugs can cause many health problems including overdose.

Safety suggestions include:

- Educate yourself about drugs and their effects. Tell a friend what you are taking if you intend to take an illegal drug. They can advise the ambulance staff if necessary.
- Don’t assume that medications are a safer option than illegal drugs. Medications can be dangerous, even life-threatening, if used incorrectly.
- Remember that illegal drugs are not manufactured to a precise formula like medicines. An illegal drug may be much stronger than you expect. It may not actually be the drug you think it is, but may contain something else.
- Be aware that mixing alcohol and drugs can put you in extreme danger of overdose. The depressant effects of alcohol can mask the effects of stimulant drugs like ‘speed’.
- Never use alone and don’t share needles.
- Remember that if you call the ambulance, the paramedics will only get the police involved if someone feels threatened, or if there has been a death.

**Safe partying at home**

If you are throwing a party at home, safety suggestions include:

- Register your party with your local police at least one week in advance.
- Insist that the party is ‘invitation only’ to reduce the risk of gate-crashers. Ask your guests not to spread the word to others via SMS or the internet.
- Indicate clearly on the invitation whether the party is ‘alcohol-free’ or if alcohol is provided or is BYO. Say whether cigarette smoking is permitted. State firmly that illegal drugs are not welcome.
- Invite parents of party guests to call beforehand for more information.
- Ask parents of guests to provide transport to and from the party.
- Secure all valuables on your property.
- Make sure you have responsible adults on hand to monitor the party.
- Make sure the host (and the host’s parents and other responsible adults) remain sober so that any problems can be dealt with quickly and safely.
- Consider a hired security guard – it may seem extreme, but it could give you (and your guests) additional peace of mind.
- Serve plenty of food. Guests are more likely to get drunk on an empty stomach. Avoid salty foods, which may encourage guests to drink.
- Serve plenty of water and soft drinks.

- Be vigilant if you have a swimming pool – intoxicated guests may fall in.
- Turn the music down after midnight.
- Have a plan of action if a guest becomes drunk or ill. This might involve arranging for them to get home safely, or calling 000 if they’re seriously ill.
- Ask gate-crashers to leave immediately or threaten that the police will be called. Follow through with your threats.
- Call the police if you feel that a situation is beyond your control.

If you are informed about safe partying, you will be better prepared to protect yourself and your friends.
• Don’t keep quiet and allow unsafe behaviour. If you are concerned at all, speak to the host, the host’s parents or the designated ‘responsible adults’.

**How to help a friend in need**

If your friend is suffering from the effects of alcohol or drugs or needs help, suggestions include:

• Always dial triple zero (000) for an ambulance in an emergency. Don’t avoid calling the ambulance because you’re afraid the police may become involved. Your friend may suffer serious consequences if you delay getting them help. Ambulance officers only care about saving lives.

• Stay close by your friend and monitor their wellbeing. Offer reassurance.

• If your friend is unconscious, lay them on their side to reduce the risk of aspirating (breathing in) vomit.

• If they are not breathing, commence cardiopulmonary resuscitation (CPR). If you don’t know how to perform CPR, call 000 and emergency services staff will guide you over the phone. The ambulance officers will take over as soon as they arrive.

• If your friend has been assaulted, or thinks they may have been drugged and assaulted, encourage them to immediately contact the police or go to the emergency department of the nearest hospital. Offer your support.

It’s a good idea to read ReachOut.com’s fact sheet on helping a drunk friend, so that you have some good strategies for helping drunk friends at: Reach Out – *Helping a drunk friend*.

**Where to get help**

• Your doctor

• Police, call triple zero (000)

• Ambulance, call triple zero (000)

• Emergency department of your nearest hospital

• Kids Helpline Tel. 1800 551 800

• DirectLine Tel. 1800 888 236 – for 24-hour confidential drug and alcohol telephone counselling, information and referral

• Youth Support and Advocacy Service (YSAS) Tel. 1800 458 685 – for young people, 24-hour confidential drug and alcohol telephone counselling, information and referral

• DrugInfo Tel. 1300 85 85 84 – for information

• Family Planning Victoria Tel. 1800 013 952 or (03) 9257 0100

• Melbourne Sexual Health Centre Tel. (03) 9341 6200 or 1800 032 017 or TTY (for the hearing impaired) (03) 9347 8619

• Action Centre (for young people 25 and under) Tel: (03) 9660 4700

• Sexual Assault Crisis Line and CASA Tel. 1800 806 292

• National Sexual Assault, Domestic Family Violence Counselling Service (Australia) Tel. 1800 737 732 – free telephone counselling hotline (24 hours, 7 days)

• 1800RESPECT – for real-time online counselling

• Victims of Crime Helpline 1800 737 732 – free telephone counselling hotline (24 hours, 7 days)

• Parentline Tel. 132 289

• Victoria Police Party Safe program – call your local police station

• Family Drug Help – for information and support for people concerned about a relative or friend using drugs Tel. 1300 660 068.

**REFERENCES**

- Staying safe, Youth Central.
- Public drunkenness, Victorian Legal Aid.
- Safe partying, ReachOut.com.
- Regrets from alcohol and drug use, ReachOut.com.
- Tips for parents, Department of Human Services, Government of Victoria.
- Party safe, Queensland Police.

This page has been produced in consultation with, and approved by, ReachOut.com.

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Alcohol has a complex role in Australian society. Most Australians drink alcohol, generally for enjoyment, relaxation and sociability, and do so at levels that cause few adverse effects. However, a substantial proportion of people drink at levels that increase their risk of alcohol-related harm. For some, alcohol is a cause of significant ill health and hardship. In many countries, including Australia, alcohol is responsible for a considerable burden of death, disease and injury. Alcohol-related harm to health is not limited to drinkers but also affects families, bystanders and the broader community.

These 2009 National Health and Medical Research Council (NHMRC) guidelines aim to establish the evidence base for future policies and community materials on reducing the health risks that arise from drinking alcohol. The guidelines communicate evidence concerning these risks to the Australian community to allow individuals to make informed decisions regarding the amount of alcohol that they choose to drink.

Research since the previous edition of the guidelines in 2001 has reinforced earlier evidence on the risks of alcohol-related harm, including a range of chronic diseases and accidents and injury.

The new guidelines take a new approach to developing population-health guidance, which:

- Goes beyond looking at the immediate risk of injury and the cumulative risk of chronic disease, to estimating the overall risk of alcohol-related harm over a lifetime
- Provides advice on lowering the risk of alcohol-related harm, using the level of one death for every 100 people as a guide to acceptable risk in the context of present-day Australian society
- Provides universal guidance applicable to healthy adults aged 18 years and over (Guidelines 1 and 2) and guidance specific to children and young people (Guideline 3) and to pregnant and breastfeeding women (Guideline 4).

Guideline 1 is based on modelling that provides information on the lifetime risk of harm from drinking, from a chronic disease or through accident or injury.

The modelling shows that:

- For both men and women, 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
- Every drink above this level continues to increase the lifetime risk of both disease and injury
- Drinking less frequently over a lifetime (e.g. drinking weekly rather than daily), and drinking less on each drinking occasion, reduces the lifetime risk of alcohol-related harm.

There is little difference between men and women in the risk of alcohol-related harm at low levels of drinking. However, at higher levels of drinking, the lifetime risk of alcohol-related disease increases more quickly for women and the lifetime risk of...
alcohol-related injury increases more quickly for men.

Age is an important determinant of health risks related to alcohol. Harm from alcohol-related accident or injury is experienced disproportionately by younger people; for example, over half of all serious alcohol-related road injuries occur among 15-24-year-olds. Harm from alcohol-related disease is more evident among older people.

**GUIDELINE 2**

*Reducing the risk of injury on a single occasion of drinking*

On a single occasion of drinking, the risk of alcohol-related injury increases with the amount consumed.

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

*Each drinking occasion also contributes to the lifetime risk of alcohol-related harm.*

Guideline 2 is based on evidence suggesting that:

- As more alcohol is consumed on a single occasion, skills and inhibitions decrease while risky behaviour increases, leading to a greater risk of injury during or immediately after that occasion
- While women reach a given blood alcohol concentration with a lower amount of alcohol, on average, men take more risks and experience more harmful effects
- Drinking four standard drinks on a single occasion more than doubles the relative risk of an injury in the six hours afterwards, and this relative risk rises even more rapidly when more than four drinks are consumed on a single occasion.

**GUIDELINE 3**

*Children and young people under 18 years of age*

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

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

(b) For young people aged 15-17 years, the safest option is to delay the initiation of drinking for as long as possible.

Guideline 3 is based on an assessment of the potential harms of alcohol for young people, as well as a range of epidemiological research, which show that:

- Drinkers under the age of 15 years are much more likely than older drinkers to undertake risky or antisocial behaviour connected with their drinking
- Risky behaviour is more likely among drinkers aged 15-17 years than older drinkers; if drinking does occur in this age group, it should be at a low risk level and in a safe environment, supervised by adults
- Alcohol may adversely affect brain development and lead to alcohol-related problems in later life.

**GUIDELINE 4**

*Pregnancy and breastfeeding*

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

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

(b) For women who are breastfeeding, not drinking is the safest option.

Guideline 4 is based on an assessment of the evidence on the potential harms of alcohol for the developing fetus and for young babies during the breastfeeding period.

The level of risk is:

- Highest when there is high, frequent maternal alcohol intake
- Likely to be low if a woman has consumed only small amounts of alcohol (such as one or two drinks per week) before she knew she was pregnant or during pregnancy
- More likely to be related to neurodevelopmental abnormalities than prematurity, miscarriage, still birth or reduced birth weight at low levels of maternal alcohol consumption
- Individually variable as it is influenced by a wide range of maternal and fetal characteristics.

The evidence also shows that alcohol may adversely affect lactation, infant behaviour (e.g. feeding) and psychomotor development of the breastfed baby. As Australian and international guidelines recommend...
breastfeeding for the first six months, advice is provided for women who choose to drink in this period.

**Further issues to consider**

There are a number of additional factors that influence the risk of alcohol-related harm, including:

- **Specific situations where alcohol has the potential to endanger life;** for example, when drinking is combined with activities such as driving, operating machinery or supervising children.
- **Groups that can be at increased risk if they drink alcohol;** for example, young adults (18-25 years), older people (60+ years), people with a family history of alcohol dependence, and people who use drugs illicitly.
- **People who may need to seek professional advice about drinking;** for example, people taking medication, people with alcohol-related or other physical conditions, and people with mental health conditions.

**Making decisions about personal risk**

Choices about alcohol are part of wider considerations that include factors related to each person’s lifestyle and health and also depend on contextual and individual circumstances. However, people who choose to drink more than the guideline levels should understand that they will, on average, increase their risk of harm to a level that is higher than that for a person who chooses not to drink or to drink at a lower level.

When making decisions about drinking levels and patterns, people should also take into account the fact that drinking can adversely affect others, and in some circumstances may be against the law.

These guidelines are concerned with risks to health, and not with moral or normative standards about drinking. Various groups in Australian society differ about what they consider to be ‘responsible’ drinking, and about when they consider drinking to be appropriate or acceptable. There is a need for continuing public debate about these standards of conduct.

1. A single occasion of drinking refers to a sequence of drinks taken without the blood alcohol concentration reaching zero in between.

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STANDARD DRINKS GUIDE

According to this guide from the Department of Health, these are only an approximate number of standard drinks. Always read the container for the exact number of standard drinks.

NUMBER OF STANDARD DRINKS – BEER

Full strength 4.8% alc. vol
- 285 ml glass – 1.1 standard drinks
- 375 ml bottle or can – 1.4 standard drinks
- 425 ml glass – 1.6 standard drinks
- 24 x 375 ml case – 34 standard drinks

Mid strength 3.5% alc. vol
- 285 ml glass – 0.8 standard drinks
- 375 ml bottle or can – 1 standard drink
- 425 ml glass – 1.2 standard drinks
- 24 x 375 ml case – 24 standard drinks

NUMBER OF STANDARD DRINKS – WINE

Red wine 13% alc. vol
- 100 ml standard serve – 1 standard drink
- 150 ml average restaurant serving – 1.4 standard drinks
- 750 ml bottle – 7.7 standard drinks
- 2 litre cask – 21 standard drinks
- 4 litre cask – 41 standard drinks

White wine 11.5% alc. vol
- 100 ml standard serve – 0.9 standard drink
- 150 ml average restaurant serving – 1.4 standard drinks
- 750 ml bottle – 6.8 standard drinks
- 2 litre cask – 18 standard drinks
- 4 litre cask – 36 standard drinks

Champagne 12% alc. vol
- 150 ml average restaurant serving – 1.4 standard drinks
- 750 ml bottle – 7.1 standard drinks

Port 17.5% alc. vol
- 60 ml standard serve – 0.8 standard drinks
- 2 litre cask – 28 standard drinks

NUMBER OF STANDARD DRINKS – SPIRITS

High strength 40% alc. vol
- 30 ml nip – 1 standard drink
- 750 ml bottle – 22 standard drinks

Full strength ready-to-drink 5% alc. vol
- 275 ml bottle – 1.1 standard drinks
- 330 ml bottle – 1.2 standard drinks
- 660 ml bottle – 2.6 standard drinks

Full strength ready-to-drink 7% alc. vol
- 275 ml bottle – 1.5 standard drinks
- 330 ml bottle – 1.8 standard drinks
- 660 ml bottle – 3.6 standard drinks

Full strength pre-mix spirits 5% alc. vol
- 250 ml can – 1 standard drink
- 300 ml can – 1.2 standard drinks
- 375 ml can – 1.5 standard drinks
- 440 ml can – 1.7 standard drinks

Full strength pre-mix spirits 7-10% alc. vol
- 250 ml can – 1.4-1.9 standard drinks

High strength pre-mix spirits 7% alc. vol
- 300 ml can – 1.6 standard drinks
- 375 ml can – 2.1 standard drinks
- 440 ml can – 2.4 standard drinks.

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ALCOHOL: HOW MUCH IS TOO MUCH?

This guide from the myDr website outlines the risks associated with drinking alcohol, including details on who should consume less than the general guidelines.

Studies that have reported that moderate consumption of alcohol may have health benefits for some people are now being questioned, with health organisations distancing themselves from the findings. While harm from drinking alcohol seems to depend on the amount you drink and your individual characteristics and circumstances, Australian guidelines state that there is no level of drinking alcohol that can be guaranteed completely safe.

RISKS ASSOCIATED WITH ALCOHOL

Drinking too much alcohol has several risks. In the short term, you risk:

- Accidents and injury
- Violence
- Reduced circulation
- Sexual dysfunction
- Raised stress levels, and
- Disturbed sleep (your sleep can be disturbed after as few as one or 2 drinks).

Over months and years, the risks of drinking too much include:

- Cancer
- High blood pressure
- Stroke
- Heart muscle damage
- Inflammation of the liver and pancreas
- Brain damage and memory loss, and
- Sexual problems.

If you drink alcohol, you can minimise your risk by aiming for low-risk drinking – a level of drinking at which there is likely to be little harm.

The National Health and Medical Research Council (NHMRC) currently recommends the following for low-risk drinking.

NHMRC recommendations for alcohol consumption

Guideline 1: For healthy men and women, drinking no more than 2 standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.

Guideline 2: For healthy men and women, drinking no more than 4 standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion. A single occasion of drinking is a sequence of consuming drinks without the blood alcohol concentration reaching zero in between.

Drinking less frequently over a lifetime (e.g. drinking weekly rather than daily) and drinking less on each drinking occasion, reduces the lifetime risk of alcohol-related harm.

What is a standard drink?

A standard drink is:

- 100 mL of wine
- One nip (30 mL) of spirits, or
- One can or stubbie of mid-strength beer.

You may be surprised to know that:

- One middy or pot (285 mL) of full-strength (4.9 per cent) beer is equal to 1.1 standard drinks
- 425 mL (often called a schooner) of full-strength beer is 1.6 standard drinks, and
- An average restaurant wine glass contains 1.5 standard drinks.

THE DANGERS OF BINGE DRINKING

Binge drinking – drinking heavily over a short period or drinking continuously over a number of days or weeks – is thought to be especially harmful, even if you don’t do it very often.

How quickly you drink is also important – men are advised to drink no more than 2 standard drinks in the first hour, then no more than one drink per hour; women should have only one standard drink per hour.

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ALCOHOL EFFECTS IN MEN AND WOMEN

- Women tend to be smaller than men, resulting in women having less water in their bodies. This results in a higher blood alcohol concentration in women than in men for a given amount of alcohol.
- Women tend to have smaller livers than men, making women more prone to liver damage from alcohol than men.
- Women absorb alcohol more quickly than men and also tend to break it down more rapidly, meaning that harmful by-products of alcohol are generated in the body more quickly.
- Women generally have more body fat than men, and alcohol is not absorbed into fatty tissue; this results in a higher blood alcohol concentration in women than men for a given amount of alcohol.

Also, women who take the oral contraceptive pill may break down alcohol more slowly than women who are not on the pill.

Despite these differences, at low levels of alcohol consumption there is little difference between men and women in terms of alcohol-related harm, according to the NHMRC. However, at higher levels of alcohol consumption the risk of alcohol-related disease increases more quickly for women, while the risk of alcohol-related injury increases more quickly for men.

Also, if men and women drink the same amount on a single occasion, women tend to reach a higher blood alcohol level, but men are more likely to be injured because, in general, they are more likely to engage in risk-taking behaviour.

EXCEPTIONS TO THE RULE

The NHMRC has recommended that certain groups of people should drink less than the amounts in the general guidelines. Have a look at the table below to see whether you fall into one of these groups.

WHAT IF I’M HAVING TROUBLE CONTROLLING MY DRINKING?

If you’re concerned about the amount you are drinking and are having trouble cutting back, help is at hand. Talk to your GP or contact one of the support groups that help people with alcohol problems.

REFERENCES


PEOPLE WHO SHOULD DRINK LESS THAN THE GENERAL GUIDELINES

<table>
<thead>
<tr>
<th>GROUP</th>
<th>NHMRC RECOMMENDATION</th>
<th>REASON OR COMMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>People doing activities that involve risk or require skill, e.g. Driving, Water sports, Skiing</td>
<td>Avoid alcohol before and during these activities.</td>
<td>Even small amounts of alcohol affect judgement and performance.</td>
</tr>
<tr>
<td>People with a health or social problem linked to or made worse by alcohol, e.g. Alcohol dependence, Domestic violence, Chronic hepatitis C</td>
<td>Temporary or permanent abstinence may be necessary. You should discuss your alcohol intake with a health professional.</td>
<td>Continued drinking will cause further harm in people with significant alcohol dependence or major organ damage. For some people with alcohol-related conditions, a planned programme of limited drinking under the supervision of a health professional may be appropriate.</td>
</tr>
<tr>
<td>People with a relative who has had alcohol dependence or another alcohol-related problem</td>
<td>Consider reducing the amount of alcohol to below the recommended amount for healthy adults. Discuss your alcohol intake with a health professional.</td>
<td>A family history of alcohol-related problems increases the risk that a person will be unable to control their drinking.</td>
</tr>
<tr>
<td>People taking medicines – this includes herbal remedies</td>
<td>Carefully read the labels and leaflets to check for interactions with alcohol. Discuss possible interactions with your doctor or pharmacist. You may need to limit your alcohol intake or stop drinking altogether.</td>
<td>Even at low levels, alcohol can interact with medicines – this can alter the effect of the alcohol and/or the medicine. The greater the number of medicines taken, the higher the risk of interactions with alcohol.</td>
</tr>
<tr>
<td>People using illicit drugs, especially opioids such as heroin or methadone</td>
<td>Consuming alcohol with illicit drugs can have dangerous or lethal consequences.</td>
<td>Alcohol, heroin and methadone all depress brain activity. Alcohol increases the risk of lethal opiate overdose. Combining alcohol with stimulant drugs such as cocaine, methamphetamines and ecstasy increases the risk of dehydration, heart rhythm abnormalities and fits.</td>
</tr>
<tr>
<td><strong>People with a mental health problem or disturbed sleep</strong></td>
<td>If you drink, be very careful to stay within the recommended limits. Consider not drinking at all – especially if you find it hard to limit your drinking or if your symptoms persist. Check with your doctor or pharmacist about interactions between medicines and alcohol.</td>
<td>Drinking above the guideline levels can aggravate mental health problems. Even one or 2 drinks can disrupt your sleep. Many medicines used to treat mental illnesses interact with alcohol.</td>
</tr>
<tr>
<td><strong>Older people aged over 60 years</strong></td>
<td>Older people are advised to consult their doctor about the most appropriate level of drinking for their health.</td>
<td>Older people tend to have a higher blood alcohol level than younger people for a given level of alcohol consumed. Light to moderate alcohol consumption in older adults may lower the risk of several chronic conditions. For some older adults, drinking alcohol increases the risk of falls and injuries, as well as some chronic conditions. Many older people take medicines that can interact with alcohol.</td>
</tr>
<tr>
<td><strong>Young adults (aged 18-25 years)</strong></td>
<td>Be careful not to drink beyond the guideline limits, and take steps to avoid accidents and injuries. Avoid alcohol for at least several hours before potentially risky activities like driving or swimming. Don’t mix alcohol with other mood-altering drugs.</td>
<td>Statistically, young adults are most likely to be harmed by alcohol and to experience alcohol-related injury. Younger, less experienced drinkers are at high risk due to their lower alcohol tolerance. Alcohol affects brain development in young people, so drinking (especially heavy drinking) at any time before brain development is complete, which is not until about age 25, may adversely affect brain function.</td>
</tr>
<tr>
<td><strong>Children and young people under 18 years of age</strong></td>
<td>Not drinking alcohol is the safest option. Children younger than 15 years are at greatest risk of harm from drinking alcohol, and for this age group, not drinking 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.</td>
<td>State and territory liquor licensing Acts state that people younger than 18 cannot legally buy alcohol. Laws differ among states and territories in terms of the circumstances under which people younger than 18 can legally be supplied with alcohol in a private home. Young people can tolerate less alcohol than adults due to smaller body size. Alcohol can adversely affect brain development and lead to alcohol-related problems in later life. People under the age of 15 are much more likely than older drinkers to undertake risky or antisocial behaviour connected with their drinking. Risky behaviour is also more likely among those aged 15-17 – if drinking occurs in this age group it should be at a low risk level and in a safe environment, supervised by adults.</td>
</tr>
<tr>
<td><strong>Women who are pregnant or who might soon conceive</strong> [Includes women trying to conceive because the first weeks after conception are critical – women may not be aware they are pregnant at this stage]</td>
<td>Not drinking is the safest option. Alcohol enters the developing fetus. Drinking can contribute to congenital malformation, poor growth and behavioural problems. The level of risk is highest when there is high, frequent intake of alcohol by the mother. The risk of harm to the fetus is likely to be low if a woman has consumed only small amounts of alcohol before she knew she was pregnant or during pregnancy. The level of risk to the individual fetus is influenced by maternal and fetal characteristics and is hard to predict.</td>
<td></td>
</tr>
<tr>
<td><strong>Women who are breastfeeding</strong></td>
<td>Not drinking is the safest option. Specifically, consider not drinking for the first month after delivery until breastfeeding is well established. For women who choose to drink after this period, alcohol should be limited to no more than 2 standard drinks per day, and women should avoid drinking immediately before breastfeeding. Women could also consider expressing milk in advance if they are planning to drink alcohol.</td>
<td>Alcohol passes into the breast milk. It may reduce milk supply and cause irritability, poor feeding and disturbed sleep in a breast-fed baby.</td>
</tr>
</tbody>
</table>

Source: Australian guidelines to reduce health risks from drinking alcohol. NHMRC, 2009.
Ways to reduce your alcohol use

Advice from Alcohol.Think Again – a website-based campaign produced by the Government of Western Australia

REDDUCING HOW FREQUENTLY YOU DRINK

- Have a few alcohol-free nights a week. Enjoy the summer weather and go for a walk, or go to beach/park when you get home from work, rather than drinking alcohol once you walk through the door after work. It can also be worthwhile doing exercise after work (straight from work, don’t go home first!) – physical exercise can help relieve tension and relax your mind.
- Change your after-work routine. Start putting the kettle on when you get home, instead of going straight to the fridge on those alcohol-free days.
- Drive on Saturday night. Being a designated driver is a good way for making sure you don’t drink.
- Go somewhere where you don’t have to drink such as the movies, or picnic at the beach or park.
- Try not to keep alcohol in the house. When it comes to drinking, easy access is the ultimate enabler and if all it takes is opening the fridge then you’re potentially on a slippery slope. Not keeping alcohol in the house is an effective method to kerb drinking behaviour. If it’s not there, you can’t drink it. Instead of keeping a steady supply of alcohol nearby, make your house a drink-free zone and only head to the bottle shop if you specifically need drinks for an occasion. The added bonus being that if you have to drive to get drinks the effort required means you’ll only go if it’s really necessary.
- If a friend drops in unexpectedly (who you may normally offer alcohol to) offer them a non-alcoholic drink such as tea, coffee, sparkling water or a soft drink. And don’t make apologies/excuses for it, just do it! (works very well if it is daytime)
- When you want an alcohol-free day, start your day right: start your day with an intention of how you want your day to happen. For example, I will eat healthy and exercise. Have a written plan for exactly how you want your day to unfold. When your mind is tempted to drink, remember your intention and your plan and why it is important to you.
- Find ways to change your routine. For example, if you are coming home from work and relaxing with a drink is the pattern, pack a beach bag/picnic/joggers or exercise clothes in the morning and drive straight there from work rather than via home.
- For reducing either frequency or quantity see if you can get a friend/partner/family member to join you to keep you accountable.
- Take part in Febfast or Dry July as ways of doing it differently.
- Set a budget on how much you will spend on alcohol in any period.

REDDUCING HOW MANY DRINKS YOU HAVE

- Drink low-strength alcohol. Having low-alcohol drinks is a smart way of ensuring you are drinking less and minimising the negative impacts of alcohol. That way if you’re out at a long social function you can drink something with lower alcohol content over a longer period of time, if need be.
- Rather than having a few drinks before eating when out to dinner, wait until dinner is served. Aim to only have 2 standard drinks. 1 full-strength stubbie or a glass of wine has around 1.5 standard drinks, so why not only have one drink with dinner. Consuming food at the same time also helps as it slows down drinking.
- Don’t drink in rounds if you head out on Saturday night. Drinking in rounds is also one of the behaviours that makes you drink more than you would want to. If you don’t do rounds you’ll be able to drink at your own pace plus you can leave whenever you’d like, as opposed to waiting for someone to ‘catch up’ on the shout round.
- If going to a friend’s house, take less alcohol with you and take some non-alcoholic drinks that you enjoy drinking.
- When your mind is tempted to drink, remember your intention and your plan and why it is important to you.
- Make every second drink a non-alcoholic drink. Drink non-alcoholic drinks as ‘spacers’ such as a glass of water, soft drink, soda water or juice. Drink these slowly (do not gulp them down and fill up with your drink because you have “had a spacer”!) Slow down your drinking so you can enjoy your drink just as much, if not more. Try and remind yourself to sip, not gulp as this will help you to control your rate of drinking. Concentrate on drinking every drink slowly.
- Think about your non-drinking or low-drinking friends – invite them out so you’re not the only one not drinking in the group.
- When you need to tell friends that you can’t drink or need to drink less, rehearse a few standard responses – this may be helpful if people are bugging you to drink more. And have a safety/escape plan if you find yourself feeling vulnerable.
- Have some key phrases/responses for people to respond to when caught by surprise or feeling the peer pressure to drink more, “I’m pacing myself”, “I’m on a health kick”.
- Try not to mix your alcoholic drinks e.g. if you start by drinking beer, stay with drinking beer for the entire time.
- Before starting to drink – have a few glasses of non-alcoholic drinks i.e. water so you don’t drink fast in the beginning just because you are thirsty.
- Eat before you start drinking (especially if you are drinking at home). Having a full stomach can temper how many drinks you feel like drinking.
- Along with thinking about pre-arranged reasons why you’re not drinking perhaps think about some non-alcoholic drinks that you could order before being put on the spot at the bar.
WHEN THINGS GO WRONG

ADVICE REPRODUCED FROM THE ALCOHOL.THINK AGAIN EDUCATION CAMPAIGN

Sometimes when you go out things can go wrong, no matter how well-planned the night was. Understanding why things can go wrong can help prevent them going wrong in the future. It is also important to know the steps to follow if something does go wrong.

DRUNKENNESS

There are lots of factors that can contribute to drunkenness. Some of these factors include:

- Being inexperienced with drinking alcohol.
- Strength of alcohol and the drink serving size. A standard drink contains 10 grams of alcohol. In Australia there are no common glass sizes so drink serving sizes can often be more than one standard drink.
- Low tolerance to alcohol.
- Lack of knowledge of the effects of alcohol.
- Mixing alcohol and/or drugs.
- The environment (a hot nightclub, at the beach).
- How fast alcohol is consumed.
- Physical, mental or emotional health.

IF SOMEONE BECOMES UNWELL OR COLLAPSES

If someone becomes unwell or collapses it is very important to treat it as an emergency and get help immediately. Don’t delay; you could save their life by getting help sooner rather than later:

What NOT to do in an emergency:

- DON’T hesitate to call an ambulance in the hope that things will get better. Every second counts.
- DON’T put the person in a bath, pool or throw water on them as they could choke or drown.
- DON’T give them anything to drink if they are unconscious as this could cause them to choke or vomit. If a person has vomited there is a risk they may inhale vomit.
- DON’T leave the person alone in case they stop breathing.
- REMEMBER: The ambulance officers are only interested in helping. Police will not be contacted unless they feel threatened or if there is a death.

GETTING HELP

Step 1: Getting the person into the recovery position

The recovery position is a safe and stable position for someone who is unconscious or nearly unconscious. Sometimes when people have too much to drink they are likely to vomit and placing them in the recovery position will help to make sure they don’t choke on their vomit. When in the recovery position a person is in a balanced position on their side with their head supported.

It is important to check a person in the recovery position is still breathing regularly, watch for chest rise and fall. If possible do not leave an unconscious person alone for too long.

The recovery position ensures:

1. The airway (mouth) is open and remains open.
2. Drainage can occur, in case of vomiting and choking.

Step 2: Call triple zero (000) for an ambulance from anywhere in Australia

It’s important to remember a few things during an emergency when you call an ambulance.

- Remain calm and speak clearly.
- Tell the operator what state you are calling from and your location including the street name and nearest intersection, if you know this.
- Tell them what you think has happened.
- They may ask you to tell them if the person has taken drugs, what drugs they have taken and how much. If you know, it is important to pass on this information so that your friend can be helped more quickly.
- They may ask you what you have done before making the call.
- The operator will tell you what to do next.

Step 3: While you wait for the ambulance

If the person is conscious and responding when you talk to them:
• Take the person to a safe place where they are out of harm’s way, but don’t leave them alone.
• Provide them water to sip slowly.
• Stay calm.
• Reassure them that what is happening will pass. It’s important to try to keep the person relaxed and calm.
• Check that they are warm.

If the person is unconscious/not responding you may need to administer the St John Ambulance DRSABCD Action Plan.1

Danger – check for danger to you, the casualty and others.

Response – check if they are unconscious or conscious. Check for a response by asking for their name and squeezing their shoulders. If there is a response, begin to make the person comfortable, check for injuries and monitor response. If there is no response to your voice or your touch send for help.

Send for help – if an ambulance hasn’t already been called, call triple zero (000) for an ambulance or if there is someone else present get them to make the call.

Airway – open the mouth and check for foreign material blocking the airway. If there is anything blocking the airway, place the person in the recovery position and scoop the mouth from top to bottom with two fingers. Open the airway by tilting the head with the chin lifted.

Breathing – check breathing by looking and feeling for chest movement. Listen for air coming out of the mouth and nose, the occasional gasp is not enough. If the person is breathing normally place them in the recovery position and call triple zero (000) for an ambulance. Regularly check they are breathing until the ambulance arrives.

If the person is not breathing normally carefully roll them onto their back and commence CPR (cardiopulmonary resuscitation).

CPR – involves giving 30 chest compressions at a rate of 100 compressions per minute followed by ventilating the person by giving them 2 breaths.

Place the heel of the hand on the lower half of the breast bone in the centre of the chest with the other hand on top of the first hand. Press down ⅓ of the chest depth. With the casualty lying on their back, open their airway by lifting the chin and tilting the head backwards. Take a breath then place your mouth over the casualty’s mouth, ensuring a good seal, then blow into their mouth for up to 1 second.

Turn your mouth away from the casualty’s mouth and watch for chest to fall. Maintain head tilt and chin lift and take another breath and repeat the sequence.

Continue CPR (30:2 ratio) until help arrives or the casualty recovers. You should aim for approximately 100 compressions per minute.

If the casualty starts to breathe, place them in the recovery position. Reassure them and cover them with a blanket if there is one available and if they are cold. Stay with them and check their breathing and signs of life every two minutes until the ambulance arrives. Remember – it’s important to keep doing CPR once you have started. DO NOT stop and start CPR. Continue CPR until help arrives, the person starts responding and breathing normally, or you are not able to continue.

Defibrillation – apply an Automated External Defibrillator (AED) if there is one available and follow the voice prompts. Ensure that everyone is clear of the casualty before delivering the shock.

**Step 4: When the ambulance leaves**

Think about who might need to be called and who should make these calls.

• Plan a way to get home or to the hospital safely.
• Recognise that you have been dealing with a crisis. Witnessing and responding to an overdose can be very stressful. It’s not unusual to feel shocked or upset. Don’t be afraid to seek support now or anytime in the future from friends, family or a professional.

REFERENCES

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ALCOHOL-RELATED VIOLENCE: HOW TO PROTECT YOURSELF

Here are some simple tips from DARTA to help protect yourself if you come into contact with drunk people you don’t know.

Some people are affected by alcohol-related violence when they try to help drunk friends who are becoming aggressive, putting themselves and others into dangerous situations, while others are affected by people they have no relationship with whatsoever. Although physical violence is much more dangerous, verbal aggression can still be extremely frightening.

Here are some simple tips to help protect yourself if you come into contact with drunk people you don’t know:

- Avoid eye contact
- Keep doing what you’re doing
- Don’t argue with them
- Leave the environment as soon as it is safe to do so
- Don’t get physically involved – get help.

Here are some things that may help you keep a little safer if a drunk friend becomes violent:

- If they’re fighting, call for help
- Don’t argue with them
- Keep your distance
- Back away from them using small steps and your hand by your side
- If you know them, keep eye contact
- All else fails, run away.

People affected by alcohol can be potentially dangerous, whether you know them or not. If you are trying to assist a drunk friend, always remember your first priority must always be personal safety. If in doubt, always call 000.

Always remember, you are a friend, not a doctor.

Why do people become violent after drinking alcohol?

Not everyone who drinks alcohol becomes aggressive or violent. We do know that certain people are more prone to this type of behaviour, e.g. young men who have a history of violence or have mental health problems. When these people drink, they can become extremely angry, particularly when they feel threatened or frustrated. If they are in a hot, noisy and crowded place this only makes it worse.

While some people can express their anger in a controlled and constructive way, others lash out aggressively. This can lead to intimidating, violent or bullying behaviour endangering themselves, other people and property. This type of behaviour is unpredictable and so the people around them are often unprepared and as such, can get badly hurt.

What can you do to protect yourself if you come into contact with drunk people you don’t know?

Drunk people are unpredictable and if they are prone to violent behaviour they can be extremely dangerous. If you come into contact with a group of drunk people or an alcohol-affected person here are a couple of things you can do to protect yourself:

- Avoid eye contact – never look an alcohol-affected person you don’t know in the eye. If you do, there is every chance they will see it as an invasion of their territory, much like looking into the eyes of an animal in the jungle. If you’re walking past a group of drunk people make sure you know where they are and what they are doing but there is no need to look them in the face. If a drunk person addresses you and you have no choice but to respond, try to look above or below their eye-line when you speak to them.
- Keep doing what you’re doing – if an adult was walking down the street at night they are likely to be looking at least 100 metres ahead in case of danger. Young people tend not to do this and do not notice problems until they are very close. Changing your behaviour (e.g. crossing the road, suddenly stopping talking) too close to drunk people is likely to be noticed and sensing your fear, they may respond aggressively.
- Don’t argue with them – never argue with a drunk person! If they start accusing you of something that you didn’t do, telling them that they are wrong will only escalate the situation. Each time you say ‘no’ to them, their anger will escalate. Use a calm voice, be as non-confrontational as possible and try to assure them that you don’t want to argue with them and that you do not want trouble.
• Leave the environment as soon as it is safe to do so – if you are at a party or gathering, or a nightclub or bar, as soon as you have got away from the drunk person or people who have just confronted you, get out of there as soon as you are able to do so safely. Drunk people can get ‘tunnel-vision’ when it comes to incidents and they do not forget – if you come into their field of vision sometime later in the night there is every possibility that they could lash out without any warning.

• Don’t get physically involved – get help. If you see someone else in trouble who is being threatened by drunk people, as much as you may want to try to help them by getting involved, you are most probably going to make matters worse. Never put yourself in physical danger by helping someone else. If you see an incident, call 000 and get help!

What are the warning signs that a drunk friend could become violent?

Here are some simple things to look out for that may mean a friend who has been drinking alcohol could become violent:

• They become focused on a particular incident that was quite small and are building it up to be much more important than it was
• They show signs of anxiety – e.g. they wring their hands, the pitch and tone of their voice changes, they pace the floor
• They start to speak more loudly and are becoming irrational
• They make verbal threats
• They try to intimidate others by moving closer to them and puffing their chests out and clenching their fists.

Can you prevent a drunk friend from becoming violent?

If you are going to make a difference, and there is no guarantee that you will, you need to intervene early. As soon as you see the warning signs and it is safe to do so, you should attempt to calm the person down. It is important to understand that you are not trying to get them to see what they are doing is ‘right’ or ‘wrong’, rather you are attempting to get them to regain control of their behaviour without ‘lashing out’.

• Move them to a quiet place, away from stimulation
• Try to get them to sit down if possible
• Ask people who do not need to be there to leave
• Speak to them using a soft, controlled voice and use their name when you can
• Ask them why they’re feeling the way they do and acknowledge their feelings
• Give them time to talk and let them know you are there to help them.

What can you do to protect yourself if a drunk friend becomes violent?

People affected by alcohol can be potentially dangerous, whether you know them or not. Your first priority must always be your personal safety – never put yourself into a situation where you could get hurt. If in doubt, particularly if you think they could hurt themselves, you or someone else, always call 000.

• If they’re fighting, call for help – do not get physically involved in a fight as it is highly likely the only outcome will be that you will get hurt as well. If a police officer sees a fight, it is unlikely that he or she would try to deal with the situation themselves, instead they would call for reinforcements. You need to do the same thing, even if it is a friend call for help.

• Don’t argue with them – you will never win an argument with a drunk friend and every time you tell them that they are wrong they are likely to become more frustrated and more aggressive. Without being patronising, do your best to agree with what they are saying and attempt to ‘talk them down’.

• Keep your distance – give them as much space as possible and try your best to move them to a quiet place, away from groups of people and music and noise. If you can get them to sit down they are far less likely to make any sudden moves that could those around them.

• Back away from them using small steps and your hands by your side – never move towards an aggressive drunk person. As you step back from them your hands should be kept open (no clenched fists), with your palms facing downwards. Slowly move them up and down, indicating a calming motion.

• If you know them, keep eye contact – if you feel it is safe to do so you can use eye contact to empathise with your friend. Your body language, your words and eye contact can go together to calm the drunk person to some extent in some instances, however, it is always important to remember that those affected by alcohol are unpredictable, even if they are your friend.

• If all else fails, run away!

ALCOHOL CONSUMPTION AND ALCOHOL-RELATED HARSMS

POSITION STATEMENT FROM THE AUSTRALIAN MEDICAL ASSOCIATION

This position statement details the measures the AMA believes are necessary to reduce the harms associated with excess consumption of alcohol in Australia. The AMA makes recommendations about prevention, early intervention and treatment regarding alcohol consumption, and include a focus on problem drinking among young Australians. This position statement is supported by an AMA background information paper on alcohol consumption and patterns of harm.

Australians drink a large volume of alcohol overall, and many drink at harmful levels, including teenagers and young adults. Young Australians are starting to drink at an earlier age, and most drink in a way that puts their own and others’ health at risk.

A range of factors can contribute to harmful alcohol use, including the marketing and glamorisation of alcohol (especially to young people), the social acceptability of hazardous use, the ready availability of alcohol and its affordability.

The harms of excess alcohol use are significant and warrant serious measures, especially regarding adolescents and youth. The AMA is committed to Australia achieving the greatest possible reduction in the harmful effects of excess alcohol consumption. The AMA believes these harms are best reduced through targeted prevention and early intervention, and fully resourced best-practice treatment.

PREVENTION

Successful prevention and early intervention will minimise the effect of factors that contribute to harmful alcohol use, and promote and strengthen the factors that protect against that behaviour.

ALCOHOL MARKETING AND PROMOTION

In Australia’s contemporary media and communications landscape, the community is exposed to alcohol marketing at an unprecedented level and from multiple sources. This is particularly true of young people who use new digital technologies and are exposed to alcohol marketing on mobile phones, online video channels, interactive games, and social networks such as Facebook and Twitter.

Marketing of alcohol is increasingly sophisticated and multidimensional, integrating online and offline promotions with the sponsorship of music and sporting events, the distribution of branded merchandise, and the proliferation of new alcoholic brands and flavours.

There is compelling emerging evidence linking alcohol marketing and alcohol consumption, particularly among young people. While children, adolescents and teenagers are likely to be more susceptible to this marketing and promotion, people into their mid-twenties are also susceptible, and are also at highest risk of alcohol-related harms. There is an urgent and unmet need to tackle this problem with more robust and rigorous policy and regulation to supplement parental oversight and responsibility. The AMA recommends the following preventive measures.

There is strong evidence that self-regulation and voluntary codes are not effective in stemming inappropriate and irresponsible promotion of alcohol to young people. The regulation of alcohol marketing and promotion should be statutory and independent of the alcohol and advertising industries, and should carry meaningful sanctions for non-compliance.

Such regulations should:
- Prohibit marketing communications, packaging and branding that targets, or appeals to, children and young people;
- Prohibit the production and sale of alcoholic energy drinks, and ban any marketing that promotes the use of energy drinks in conjunction with alcoholic beverages, including the promotion of alcoholic energy drinks at licensed venues;
- Prohibit the sponsorship of sporting events, youth music events and junior sports teams, clubs and programs by alcohol companies or brands. Organisations should be encouraged and assisted to source alternative funding;
- Limit the amount of alcohol marketing as well as its content. The volume of alcohol marketing that young people are exposed to has consistently
been shown to affect their drinking behaviours, and is not sufficiently addressed through content regulations;

- Prohibit alcohol advertising and promotion in locations, publications, and at times that are likely to influence teenagers and children. This should apply to point of sale promotions, branded merchandise, product placement, and new digital technologies such as social media, viral campaigns, mobile phones, and through online behavioural profiling;

- Require that alcohol advertising encourages no more than the daily levels of consumption recommended by the NHMRC for low-risk drinking, and indicates what those levels are;

- Require that all contexts of alcohol promotion include simple and clearly visible information about the health risks of excess consumption, and urge pregnant women not to consume alcohol. This should include point-of-sale, naming and digital media.

Mechanisms should be developed for global governance and standard setting to control alcohol marketing across national borders. Models for this may include the WHO Framework Convention on Tobacco Control.

Health education for young people regarding alcohol consumption should include a strong focus on critical media literacy skills.

**PRODUCT CONTENT AND INFORMATION**

- Licensed venues should provide clearly visible point of sale signage that specifies the risks of excess alcohol consumption, and what constitutes unsafe levels of drinking.
- Glasses for alcohol at venues should indicate their volume in terms of standard drinks.
- Governments and other stakeholders should address the public’s understanding of how various drinking vessels for alcohol (e.g. wine glasses, beer glasses) translate into a “standard drink” measure.
- Alcohol products should have simple and clearly visible front-of-pack labels that warn of the health risks of excess consumption, and urge pregnant women not to consume alcohol.
- Labelling of energy drinks should include warnings about the potential harms associated with mixing alcohol and energy drinks.

**ACCESS AND AVAILABILITY OF ALCOHOL**

- All service staff in licensed premises should undergo training in the responsible service of alcohol, and liquor licences should be reviewed annually to assess responsible service.
- Liquor licensing regulations should consider the known impacts of liquor outlet density and opening hours on excess consumption, violence and related harms.
- State and territory licensing authorities should regulate the issuing of liquor licenses in a way that is sensitive to the extant levels of alcohol-related harm in that respective state or territory.
- The sale of energy drinks, and the mixing of energy drinks with alcohol, should be prohibited in licensed venues.

**PRICING AND TAXATION OF ALCOHOL**

- Alcohol products should be taxed on the basis of the volume of alcohol they contain. Products with higher alcohol content will be taxed at a higher rate, pushing prices higher than lower content ones. A volumetric alcohol tax will also act as an incentive for manufacturers to produce lower alcohol products.
- Alcohol taxes should be set at a level that sustains high prices for alcohol products, so that price signals reflect the very substantial social costs of alcohol consumption.
- Expenditure of the revenue collected from alcohol taxation should be devoted to programs for alcohol prevention and early intervention, and treatment support.
- All licensed premises should set a ‘minimum floor price’ for alcohol to disallow alcohol promotions involving free or heavily discounted drinks. Guidelines should also be developed for discount offers in off-licence retail outlets.

**PUBLIC EDUCATION, SCHOOLING AND FAMILY EDUCATION**

- Appropriately targeted and sustained mass media campaigns on the harms of excess alcohol use are essential, and should be funded from a levy on alcohol products.
- Classroom-based programs that develop teenagers’ decision-making skills and resistance to risk-taking should be implemented in Australian schools, as well as other programs that educate about the harms of excess alcohol use.
- Parents’ behaviour in relation to alcohol, and the way in which adolescents are introduced to alcohol, influence children’s future drinking patterns.
Parents should be supported and encouraged to set rules and explain to their children the various harms associated with alcohol use.

- NHMRC guidelines on alcohol consumption should assist people as much as possible to make informed decisions about drinking. The NHMRC should therefore develop guidelines as to what levels of consumption are high-risk and what levels are low-risk.

**ALCOHOL AND PREGNANCY**

Alcohol consumed during pregnancy crosses the placenta and can cause complications of pregnancy and damage to the developing foetus, including foetal alcohol syndrome. The risks are greatest with high, frequent alcohol consumption during the first trimester of pregnancy.

- As there is no scientific consensus on a threshold below which adverse effects on the foetus do not occur, the best advice for women who are pregnant is not to consume alcohol. The NHMRC guidelines should clearly state that no level of alcohol consumption during pregnancy can be guaranteed to be safe for the foetus.

**EARLY IDENTIFICATION AND INTERVENTION**

Even when a comprehensive package of prevention measures is put in place, there will still be some who occasionally engage in high-risk drinking or develop habits of harmful alcohol consumption. It is crucial that they are identified as early as possible and that appropriate measures are taken to stop the problem becoming worse.

**THE ROLE OF DOCTORS**

Doctors have an important role to play in providing advice to their patients about the harms of excessive alcohol use. Nine out of ten Australians visit a general practitioner at least once a year. During 2007-08, nearly 30 per cent of patients visiting a GP were at-risk drinkers. This gives doctors significant opportunities to identify and address the risk behaviours of a very large proportion of the Australian population. Brief interventions from doctors have been shown to be effective in reducing alcohol consumption and alcohol-related problems, with follow-up sessions resulting in longer-term effectiveness.

To maximise these opportunities for early intervention, the AMA believes it is important that:

- There should be greater capacity for doctors to use medical practice staff resources more efficiently and flexibly to provide preventive interventions for those at risk;
- Grant programs should be established to support the development and implementation of ‘whole-of-practice’ programs for problematic alcohol use, suited to practice populations;
- Media and public education campaigns should be developed with a focus on encouraging young people to see their doctor if they have questions or concerns about their alcohol use.

**LAW ENFORCEMENT AND DIVERSION PROGRAMS**

The AMA supports the use of health education diversion programs for alcohol-related offences, particularly with teenage and under-age drinkers who come to police attention. Such programs should direct offenders to education sessions and counselling about alcohol use and harms and, where appropriate, seek to build skills around responsible drinking.

**TREATMENT OF PROBLEMATIC ALCOHOL USE**

Treatment for alcohol abuse and dependence must be based on clinical decisions about the most appropriate approach for the individual, taking into account the extent and severity of the problems, the individual’s goals, and health and safety considerations.

- The successful treatment of alcohol dependence often requires ongoing and extended assistance. There should be increased availability of specialised alcohol treatment services throughout the community, so that doctors can readily refer problematic drinkers, and those showing early risks. Such services should also be attuned to the co-occurrence of alcohol use and depression and similar ‘dual diagnoses’. These should include GP led services where there is expertise.
- Treatment and detoxification services for alcoholism should be provided at all major hospitals, and services for acute alcohol abuse treatment at hospitals with Emergency Departments. Brief early intervention and referral services are vital in early detoxification and appropriate referrals.
- A full range of culturally appropriate treatment approaches should be provided to address alcohol use for indigenous peoples. Resources such as the Alcohol Treatment Guidelines for Indigenous Australians should be utilised and regularly reviewed to ensure they reflect current evidence and best practice.

**RESEARCH AND DATA COLLECTION**

There is a need for accurate, timely and comprehensive data on alcohol-related harm in various sectors including hospitals, the justice system, general practitioners, and the community. This information is crucial for evaluating the effectiveness of policies and programs designed to prevent alcohol-related harm.
indicators and monitoring of alcohol use and alcohol-related harms.

- Alcohol sales data should be collected so that the sales volumes of each beverage type and type of outlet can be determined at local level to facilitate evaluation of community initiatives to reduce alcohol-related harm.
- The evidence base around alcohol treatment options and outcomes for adolescents and teenagers needs to be significantly strengthened and appropriately funded from taxation.
- Data should be collected on foetal alcohol spectrum disorder, both in the general population and in high-risk groups.
- Data on alcohol use and patterns collected by government departments or authorities should be readily available to alcohol researchers and program evaluators.

RESPONSIBILITY FOR POLICY AND ACTION

Addressing harmful alcohol use is a shared responsibility. The Commonwealth Government can make a distinctive contribution in setting national targets for reducing harm, funding major initiatives, tracking outcomes, sponsoring research and evaluation, and coordinating action among jurisdictions. Local communities can also make a big difference, particularly in relation to the density of drinking establishments, opening hours and policing licences.

- National alcohol policy needs to foster local initiatives and solutions to local problems, and empower local communities to adopt their own ‘local alcohol action plans’ to respond to local needs.
- A major responsibility lies with the alcohol manufacturing and retail industry itself, to take concrete and serious steps to make sure that it does not profit at the expense of those who may be harmed by excess alcohol use.

EXAMPLES OF HARM MINIMISATION APPROACHES

ALCOHOL: DEMAND REDUCTION

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ALCOHOL: SUPPLY REDUCTION

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ALCOHOL: HARM REDUCTION

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WORKSHEETS AND ACTIVITIES

The Exploring Issues section comprises a range of ready-to-use worksheets featuring activities which relate to facts and views raised in this book.

The exercises presented in these worksheets are suitable for use by students at middle secondary school level and beyond. Some of the activities may be explored either individually or as a group.

As the information in this book is compiled from a number of different sources, readers are prompted to consider the origin of the text and to critically evaluate the questions presented.

Is the information cited from a primary or secondary source? Are you being presented with facts or opinions?

Is there any evidence of a particular bias or agenda? What are your own views after having explored the issues?

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Brainstorm, individually or as a group, to find out what you know about alcohol and harm prevention.

1. What is binge drinking, and why is it a problem?

2. What does BAC stand for in relation to alcohol consumption, and in what circumstances is it used?

3. What is a ‘standard drink’? Provide an example of a standard drink for each of the following: full-strength beer, red wine and spirits?

4. What does the term ‘secondary supply’ refer to in relation to alcohol consumption?

5. Which groups of people are at increased risk of alcohol-related harm if they drink alcohol, and why?
“Alcohol has a complex role in Australian society. Most Australians drink alcohol, generally for enjoyment, relaxation and sociability, and do so at levels that cause few adverse effects. However, a substantial proportion of people drink at levels that increase their risk of alcohol-related harm. For some, alcohol is a cause of significant ill health and hardship.”

National Health and Medical Research Council, *Australian guidelines to reduce health risks from drinking alcohol.*

Consider the above statement, and in the space below write 2-3 paragraphs explaining how each of the following impacts on alcohol consumption in Australia (include examples in your answers).

**ALCOHOL MARKETING AND PROMOTION**

**ALCOHOL AVAILABILITY AND ACCESS**

**ALCOHOL PRICING AND TAXATION**
Sometimes when you go out things can go wrong, no matter how well-planned the night was. Understanding why things can go wrong can help prevent them going wrong in the future. It is also important to know the steps to follow if something does go wrong.

Government of Western Australia. *When things go wrong.*

Form into groups of two or more people to discuss the following scenarios. Using the spaces provided below compile a list of ideas on how to address each situation, and include any steps you could take to maintain your personal safety and the safety of others. Compare and discuss your ideas with other groups in the class.

1. You are planning a party at your home. What steps can you take, prior to and during, the event to ensure that the party doesn’t get out of control and is as safe as possible?

2. You are at a party and someone you don’t know has had too much to drink. They start to get verbally aggressive with another person. What steps can you take?

3. You are at an event and one of your friends has had too much to drink, they collapse and become unconscious. What steps should you take?
Complete the following multiple choice questionnaire by circling or matching your preferred responses. The answers are at the end of the following page.

1. Which of the following cancers have been linked to alcohol consumption? (select any that apply)
   a. Breast cancer
   b. Bowel cancer
   c. Liver cancer
   d. Mouth cancer
   e. Prostate cancer
   f. Skin cancer
   g. Stomach cancer
   h. Throat cancer

2. What are the recommended alcohol consumption levels for children and young people under 18 years of age?
   a. Drinking one or two standard drinks on a special occasion
   b. Drinking no more than two standard drinks on any day
   c. Drinking no more than four standard drinks on a single occasion
   d. Drinking no more than four standard drinks in a week
   e. Not drinking is the safest option

3. Which of the following drug classifications applies to alcohol?
   a. Stimulant
   b. Sedative
   c. Hallucinogen
   d. Prescription
   e. Opioid
   f. Narcotic

4. Which of the following organs is responsible for breaking down alcohol in the blood?
   a. Heart
   b. Lungs
   c. Liver
   d. Appendix
   e. Stomach
   f. Bowel

5. Which of the following are possible side-effects of excessive alcohol consumption? (select any that apply)
   a. Loss of balance
   b. Faster reaction times
   c. Slurred speech
   d. Loss of coordination
   e. Sleepiness
   f. Slower thought processes
   g. Vomiting
6. A four-litre cask of white wine contains approximately how many standard drinks?
   a. 12  
   b. 24  
   c. 36  
   d. 48  
   e. 64  
   f. 76

7. A case of full-strength beer (24 x 375 ml) contains approximately how many standard drinks?
   a. 12  
   b. 24  
   c. 34  
   d. 48  
   e. 64  
   f. 76

8. Who can provide consent for a person under 18 years of age to consume alcohol at a private residence? (select any that apply)
   a. A parent or guardian  
   b. A friend over 18 years of age  
   c. A friend’s parent or guardian  
   d. Any responsible adult  
   e. A sibling over 18 years of age

9. Respond to the following statements by circling either ‘True’ or ‘False’:
   a. Alcohol is absorbed into the bloodstream within minutes, and affects almost all cells and systems in the body.  True / False
   b. Over half of all serious alcohol-related road injuries occur among 15-24 year olds.  True / False
   c. For healthy men and women, drinking no more than 4 standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.  True / False
   d. In Australia, there are no common glass sizes so drink serving sizes can often be more than one standard drink.  True / False
   e. Alcohol dependence is a major risk factor for suicide.  True / False
   f. Alcohol is not absorbed into fatty tissue which results in a higher blood alcohol concentration in men than women for a given amount of alcohol.  True / False

MULTIPLE CHOICE ANSWERS

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Alcohol is a sedative drug that dampens activity in the brain and when combined with other drugs that are classified as sedatives or depressants can lead to stupor, coma and death (ibid). (p.14)

Even consuming less than 2 standard drinks a day is estimated to cause more than 2,000 deaths in Australia every year – most of them cancers (Bullen, J, Does one drink a day damage your health?). (p.16)

Alcohol is strongly linked with anxiety and depression in those with alcohol dependence – this increases the risk of violence and self-harm. Alcohol dependence is a major risk factor for suicide (Department of Veterans’ Affairs, Alcohol dependence). (p.18)

One of the earliest and most common signs of dependence is a difficulty with limiting drinking to a low-risk amount on any single occasion (ibid). (p.19)

Recent studies show that injury and death due to trauma are amongst the most important consequences of alcohol use. Examples of incidents include: vehicle, cycling and pedestrian-related accidents; falls; fires; drowning; sports and recreational injuries; alcohol poisoning, overdose, suffocation, and inhalation of vomit; assault and violence; intentional self-harm (Department of Veterans’ Affairs, Alcohol and injury). (p.21)

1 in 13 deaths in young people are attributable to alcohol at a rate of 1 per week (and 60 hospitalisations per week) (ibid). (p.21)

Alcohol consumption contributes to the three leading causes of death among adolescents – unintentional injuries, homicide and suicide (Foundation for Alcohol Research & Education, Young people and alcohol). (p.23)

The earlier in life young people start drinking, the greater their risk of alcohol-related problems in early adulthood and beyond. Young people who start drinking before they’re 15 are four times more likely to develop alcohol dependence than young people who don’t start drinking until they’re 21 (Raising Children Network, Alcohol use in adolescence: how to prevent it). (p.26)

In Australia, a person who is under the age of 18 is not breaking the law if they drink alcohol on private property. Though, in most states and territories, the person who supplied them with the alcohol could be breaking the law – unless they are the child’s parent or guardian and act in a responsible manner (Alcohol and Drug Foundation, Secondary supply). (p.30)

At higher levels of drinking, the lifetime risk of alcohol-related disease increases more quickly for women and the lifetime risk of alcohol-related injury increases more quickly for men (NHMRC, Australian guidelines to reduce health risks from drinking alcohol). (pp. 35-36)

A range of factors can contribute to harmful alcohol use, including the marketing and glamorisation of alcohol, the social acceptability of hazardous use, the ready availability of alcohol and its affordability (AMA, AMA Position Statement: Alcohol consumption and alcohol-related harms). (p.47)
Alcohol
A colourless, volatile, inflammable liquid that forms the intoxicating element in wine, beer and spirits. Alcohol is the most widely used social drug in Australia. Heavy alcohol use or binge drinking can cause a number of serious health problems. Alcohol is a depressant drug – it slows down the activity in the central nervous system including the brain. Depressants affect concentration and coordination, and slow the response time to unexpected situations.

Alcohol abuse
In general terms, alcohol abuse may cause: work or school performance to be affected; children to not be adequately cared for; engaging in hazardous activities such as driving or operating machinery while intoxicated; legal problems, e.g. drink driving offences; a person may continue to consume alcohol despite knowing that it causes or threatens to create social or relationship problems.

Alcohol dependence
People who regularly drink at high-risk levels may become dependent on alcohol. There are degrees of dependence that range from mild to severe. Alcohol-dependent people find that drinking becomes far more important than other activities in their life. People with severe dependence drink regularly at high-risk levels and often find it hard to limit how much they drink.

Binge drinking
Drinking heavily on a single occasion or drinking continuously over a period of days and weeks. It can lead people to take risks and put themselves in dangerous situations. It can have adverse short- and long-term effects on health and wellbeing. Common effects of binge drinking episodes are hangovers, headaches, nausea, shakiness, memory loss and vomiting.

Blood alcohol concentration (BAC)
The amount of alcohol in the bloodstream. A BAC of 0.05 means the person has .05 grams of alcohol in every 100 ml of their blood. As the liver metabolises alcohol at around one standard drink per hour, the BAC level drops unless more alcohol is consumed. BAC is measured with a breathalyser, or by analysing a sample of blood.

Drink driving
It is safest not to drink alcohol at all if you are going to drive. Alcohol is involved in about one-third of all serious motor vehicle accidents. It is illegal to drive with a BAC over and including 0.05. Probationary drivers (P-platers) must maintain a zero BAC. Drivers of heavy trucks, buses, trains and trams are now subject to a zero BAC level in most of Australia. Motorcyclists in their first year of driving also must maintain a zero BAC. Penalties for drink-driving offences include disqualification from driving for a set period, fines and imprisonment.

Drink spiking
Occurs when alcohol and/or another drug is placed in a person's drink without their knowledge.

Foetal Alcohol Spectrum Disorders (FASD)
Term covering a range of adverse, clinically significant effects caused by exposure to alcohol during pregnancy, including but not limited to growth retardation, facial anomalies and development abnormalities of the central nervous system.

Harm minimisation
Actions that aim to address alcohol and other drug issues by reducing the harmful effects of alcohol and other drugs on individuals and society.

Harmful consumption of alcohol
Drinking at levels in excess of the National Health and Medical Research Council's Australian Guidelines to Reduce Health Risks from Drinking Alcohol 2009.

Initiation
The age when a person first tries alcohol.

Intoxication
There is no official definition of intoxication, however it is usually taken to refer to an elevated blood alcohol concentration such that a person cannot function within their normal range of physical/cognitive abilities.

Pre-loading
Where people drink large quantities of alcohol before attending a social event or going out with friends.

Responsible service of alcohol
The service of alcohol in a responsible manner with the main concern being for the safety and wellbeing of customers and staff. A Responsible Service of Alcohol (RSA) statement of attainment is an essential requirement for any job involving the service of alcohol to the public.

Risky/high-risk drinking
Refers to the relative alcohol consumption risk levels as defined by the National Health and Medical Research Council in the Australian Guidelines to Reduce Health Risks from Drinking Alcohol 2009.

Standard drink
An Australian standard drink contains 10 grams of alcohol (equivalent to 12.5mL of pure alcohol). The use of standard drinks can help people to monitor their alcohol consumption and exercise control over the amount they drink. Different types of alcoholic drinks contain different amounts of alcohol.

Tolerance
The immediate effects of alcohol are less apparent in people who drink regularly as they develop a degree of tolerance. In part, this occurs as the liver becomes more efficient at breaking down alcohol.

Underage drinking
It is illegal for people under 18 to buy alcohol; receive or possess alcohol; drink alcohol in a hotel or public place (e.g. street, park or beach). However, it is not illegal if a person under 18 drinks alcohol when alcohol is consumed at home or in someone else's home.
Website with further information on the topic

- Alcohol and Drug Foundation  https://adf.org.au
- Alcohol.Think Again (Government of Western Australia)  www.alcoholthinkagain.com.au
- Australian Medical Association  www.ama.com.au
- Better Health Channel  www.betterhealth.vic.gov.au
- Department of Health (Alcohol page)  www.alcohol.gov.au
- Department of Veterans’ Affairs  www.therightmix.gov.au
- Drug and Alcohol Training Australia (DARTA)  http://darta.net.au
- Foundation for Alcohol Research and Education (FARE)  www.fare.org.au
- mydr  www.mydr.com.au

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Thank You
- Australian Medical Association
- Department of Veterans’ Affairs
- Drug and Alcohol Training Australia
- Australian Institute of Health and Welfare.

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