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Introduction

Alcohol and Binge Drinking is Volume 334 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 is the most widely used recreational drug in Australia. Alcohol is so widely used and so socially acceptable that many people frequently consume it to harmful levels. Binge drinking refers to drinking heavily over a short period of time with the intention of becoming intoxicated, resulting in immediate and severe intoxication. The number of young people consuming alcohol at alarmingly high levels has increased significantly in recent years.

What are safe drinking levels according to the latest guidelines, and what are the short- and long-term health risks when alcohol consumption goes too far? Alcohol-related risk behaviours are also examined, including drink driving, unprotected sex, violence and injury.

This book presents information about the many health and social impacts of excessive alcohol intake and provides tips for promoting responsible drinking choices among young people. When does ‘having a drink’ become far more than a drop too much?

The book consists of three chapters: Alcohol and your health; Binge drinking; Alcohol and young people.

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.
Chapter 1

Alcohol and your health

ALCOHOL CONSUMPTION IN AUSTRALIA

The consumption of too much alcohol is a major risk factor for a variety of health problems among Australians, according to this report extract from the Australian Institute of Health and Welfare.

Alcohol consumption

Excessive alcohol consumption is a major risk factor for a variety of health problems such as stroke, coronary heart disease, high blood pressure, some cancers, and pancreatitis (Irving et al. 2009; WHO 2002a). It also contributes to motor vehicle accidents, drownings, homicides and falls (WHO 2002a).

The most recent Australian Burden of Disease Study reported that the only group for whom alcohol benefits outweighed the harmful effects was females over the age of 65 years. In terms of the population overall, alcohol prevented 0.9% of the burden of disease and injury in 2003 while being responsible for 3.2% of the total burden (Begg et al. 2007). Other research suggests that benefits from alcohol consumption only occur at very low levels of drinking or that there is no protective effect from drinking (NHMRC 2009).

The impact of alcohol in Australia can be described in terms of social costs. In 2004/05, the total social costs of alcohol amounted to $15.3 billion, the majority (71%) being for tangible costs (Collins & Lapsley 2008). For alcohol, tangible costs include, for example, costs associated with lost productivity, road accidents and crime.

Measuring the health risks posed by different levels and patterns of drinking is complex and informed by a large body of research. The National Health and Medical Research Council (NHMRC) released new guidelines in March 2009 (see box below) to help Australians reduce their health risks from drinking alcohol. These guidelines move away from previous threshold-based definitions of ‘risky’ or ‘high risk’ drinking in recognition of the fact that the lifetime risk of harm from consuming alcohol increases progressively with the amount consumed (NHMRC 2009).

The National Drug Strategy Household Survey series shows that the proportion of Australians who drink, and how frequently they do so, has remained relatively stable over the period 1993-2007. Most Australians drink alcohol (82.9% of those aged 14 years and older in 2007) and about 8.1% drink daily (Table 1). Almost half the population drank alcohol at least once a week.

Alcohol use, risk of harm and health status

This section reports against the 2001 NHMRC alcohol...
consumption guidelines as these were the guidelines in place when the data were collected. The guidelines were expressed in terms of short-term and long-term risk of harm (injury, ill health and death). In 2007, an estimated 17.1% of Australians aged 14 years and older had not consumed alcohol in the previous 12 months (AIHW 2008b), and so are not assessed for risk here. The majority of Australians (60.8%) had drunk at levels considered low risk for harm in the short and long term, and 8.6% had drunk at levels considered risky or high risk for both short- and long-term harm.

Perhaps unsurprisingly, people who drank at high-risk levels in 2007, both in the short and long term, were more likely than other drinkers to assess their own health as fair or poor (AIHW 2008b). People who abstained from alcohol consumption were more likely to report their health as fair or poor compared with risky or low-risk drinkers. It is important to note that other factors such as age and socioeconomic status may also affect self-assessment of health status.

Risky drinkers also appeared to have poorer mental health: a higher proportion of those who drank at levels considered to be high risk in the short term reported that they had a mental health illness (13.2%) compared with low-risk drinkers (10.2%) or the whole population aged 14 years and over (10.8%) (AIHW 2008b). The survey also showed that high-risk (15.3%) and risky (11.0%) drinkers were more likely than low-risk drinkers (8.5%) to experience high or very high levels of psychological distress. The relationship between mental health and alcohol consumption is not in one direction. In some cases, mental health issues may have preceded or prompted alcohol use, while for others the alcohol use may have occurred first.

**Drinking reduction**

Although almost half of all Australians aged 14 years and over drink at least once a week, a substantial number report taking action to reduce their drinking. In 2007, 48.2% of recent drinkers (those who had consumed at least one full drink of alcohol in the last 12 months) had taken actions to reduce their consumption. Around 8.3% of this group had stopped drinking and 7.4% had switched to drinking more low-alcohol drinks than in the past. The most common moderating actions were to reduce the amount of alcohol consumed at one time (29.0%) and/or to reduce the number of drinking occasions (29.4%).

**Alcohol use among young people**

Estimates of alcohol use by young people are affected by low prevalence and smaller sample sizes. Nonetheless, estimates suggest that in 2007 around two-thirds of those aged 12-15 years had never had a full serve of alcohol (AIHW 2008d). Around 1 in 50 drank at least once a week, and 1 in 4 drank less often than weekly. Among those aged 16-17 years, 20.3% had never had a full serve of alcohol. The majority of this age group (57.0%) drank less frequently than once a week. Few (0.8%) young people aged 16-17 years drank daily, compared with 7.9% of the Australian population aged 14 years and over.

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<tbody>
<tr>
<td>Daily</td>
<td>8.5</td>
<td>8.8</td>
<td>8.5</td>
<td>8.3</td>
<td>8.9</td>
<td>8.1</td>
</tr>
<tr>
<td>Weekly</td>
<td>39.9</td>
<td>35.2</td>
<td>40.1</td>
<td>39.5</td>
<td>41.2</td>
<td>41.3</td>
</tr>
<tr>
<td>Less than weekly</td>
<td>29.5</td>
<td>34.3</td>
<td>31.9</td>
<td>34.6</td>
<td>33.5</td>
<td>33.5</td>
</tr>
<tr>
<td>Ex-drinkers&lt;sup&gt;a&lt;/sup&gt;</td>
<td>9.0</td>
<td>9.5</td>
<td>10.0</td>
<td>8.0</td>
<td>7.1</td>
<td>7.0</td>
</tr>
<tr>
<td>Never a full serve of alcohol</td>
<td>13.0</td>
<td>12.2</td>
<td>9.4</td>
<td>9.6</td>
<td>9.3</td>
<td>10.1</td>
</tr>
</tbody>
</table>

<sup>a</sup> Ex-drinkers are those who consumed at least a full serve of alcohol in their lives, but not in the last 12 months.

Source: AIHW 2008c; AIHW 2008d.
There were some differences in drinking patterns for young males and females. Generally, greater proportions of young females drank at risky or high-risk levels compared with young males (but note that, under the 2001 NHMRC guidelines, males could drink more than females before they were at risk) (AIHW 2008b). Girls aged 12-15 years drank more frequently than boys; 3.2% drank weekly compared with 1.0% of boys the same age (AIHW 2008d). In the group aged 16-17 years, boys drank more often than girls: 22.0% drank daily or weekly compared with 15.4% of girls.

Levels of risky alcohol drinking among young people have been relatively stable between 2001 and 2007 (AIHW 2008b). Similarly, young people’s choice of product has been stable over that period, with the youngest drinkers preferring spirits.

**International comparisons**

Measured in terms of per person consumption of pure alcohol (a means of taking account of the different alcohol content of different beverages), Australia ranks in the middle of all OECD countries and of key comparison countries (Figure 1), at around 10 litres of alcohol per person per year (OECD 2009b).

Over time the pattern of per-person alcohol consumption has varied among OECD countries. Australia, like the majority of OECD countries, appeared to have a peak in consumption in the 1970s and 1980s, followed by reductions over the 1990s and early 21st century. Notable among the key comparison countries, Ireland and the United Kingdom had an increase in consumption over the past 40 years.

**FIGURE 1: ALCOHOL CONSUMPTION, POPULATION AGED 15 YEARS AND OVER, KEY COMPARISON COUNTRIES, 2006-2007**

<table>
<thead>
<tr>
<th>Country</th>
<th>Litres of pure alcohol per person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ireland</td>
<td>12.0</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>10.9</td>
</tr>
<tr>
<td>Australia</td>
<td>9.3</td>
</tr>
<tr>
<td>New Zealand</td>
<td>8.7</td>
</tr>
<tr>
<td>United States</td>
<td>7.6</td>
</tr>
<tr>
<td>Canada</td>
<td>6.5</td>
</tr>
</tbody>
</table>

Note: Data are from 2006 or 2007. Source: OECD 2009b.
The effects of alcohol consumption go beyond diseases, accidents and injuries to a range of adverse social consequences, both for the drinker and for others in the community. These consequences include harm to family members (including children) and to friends and workmates, as well as to bystanders and strangers. Alcohol-related disturbance and assault ranges from acts of vandalism, offensive behaviour and disruption to far more serious antisocial behaviour, which can result in violence or injury to others. While it is not a perfect description of the wider social impacts of the harmful consumption of alcohol, some commentators have coined the term ‘passive drinking’, akin to passive smoking, to refer to the impact of drunken behaviour on third parties.

Families and children

It is a reality that the most visible effects of drinking on others, including children, result from accidents and injury (including violence) during or after drinking occasions. When families have to deal with a relative’s alcoholism, violence, injury or even death, these serious consequences can cause great suffering. Drinking within families is an important consideration because, depending upon the circumstances, it can be either a positive or negative influence on the drinking behaviour of young people. It is estimated that 13% of Australian children aged twelve years or less are exposed to an adult who is a regular binge drinker. It has been estimated that 31% of parents involved in substantiated cases of child abuse or neglect experience significant problems with alcohol use.

In Australia, it is estimated that 47% of all perpetrators of assault and 43% of all victims of assault were intoxicated prior to the event. It has also been reported that 34% of homicide perpetrators and 31% of homicide victims were alcohol affected at the time of the homicide. In addition, it has been estimated that alcohol is an important factor in 50% of cases of domestic physical and sexual violence. In a single year (1998-1999), there were 8,661 people admitted to Australian hospitals with injuries from alcohol-related assaults; 62,534 alcohol-related assaults were reported to police in the same year, and it is estimated that many more went unreported. Of the hospitalisations with injuries from alcohol-related assaults, 74% were male and two-thirds were aged 15-34 years.

An important factor in alcohol-related violence is the setting where drinking occurs. Australian studies have generally confirmed that alcohol-related violence most commonly occurs in and around inner-city hotels, in the early hours of Saturday and Sunday mornings, and usually among young adult males. Furthermore, it has been shown that the majority of alcohol-related incidents occur in a minority of high-risk licensed venues.

It is not surprising that much of the time and resources of policing in Australia is related to incidents involving alcohol. One study reported that alcohol is involved in 62% of all police attendances, 73% of assaults, 77% of street offences, 40% of domestic violence incidents and 90% of late-night calls, from 10 pm to 2 am. The total social cost of the harmful consumption of alcohol is estimated to be more than $15 billion each year. The majority of these costs are for tangible social costs such as crime ($1.6 billion), health ($1.9 billion), productivity in the workplace ($3.5 billion), productivity in the home ($1.5 billion) and road accidents ($2.2 billion) (see Table).

References


Total cost of alcohol misuse now estimated at $36 billion annually
This includes tangible costs of $24.7 billion
New report shows $20 billion in costs caused by someone else’s drinking
Over 73% of adults are negatively affected by someone else’s drinking
Almost 70,000 Australians are reported victims of alcohol-related assaults every year, including 24,000 victims of domestic violence
Almost 20,000 children across Australia are victims of substantiated alcohol-related child abuse [in 2006/07].

A new report commissioned by the Alcohol Education and Rehabilitation Foundation (AER Foundation), found the hidden cost of harms caused by someone else’s drinking brings the total economic impact of alcohol misuse to $36 billion annually, more than double previous estimates.

This includes tangible costs of $24.7 billion and intangible costs of $11.4 billion.¹

The report, The Range and Magnitude of Alcohol’s Harm to Others, found the cost of harm to others totalled more than $20 billion annually.² This is in addition to the known cost identified by Collins and Lapsley in 2008,³ bringing the new total to $36 billion.

The Range and Magnitude of Alcohol’s Harm to Others report, undertaken by the AER Centre for Alcohol Policy Research in Melbourne, provides an insight into how individual acts of alcohol misuse ripple through families and communities. It analyses the rarely studied connections between child protection, health, law enforcement and family services.

In compiling this report, researchers drew on and analysed a wide variety of existing⁴ and newly developed data, including a national survey completed in 2008 of more than 2,600 Australians aged 18 years or older.

When people drink too much, they often fail to acknowledge the negative impact this can have on their friends, family, colleagues and the broader community.

AER Foundation Director Rev. Tim Costello said “When people drink too much, they often fail to acknowledge the negative impact this can have on their friends, family, colleagues and the broader community. We often hear stories of family breakdowns, domestic violence, child neglect and violence on the streets. This highlights the causal link between alcohol misuse and entirely avoidable personal trauma.”

Other key findings include
- The tangible and intangible costs caused by someone else’s drinking totals more than $20 billion
- Tangible costs equate to $14.3 billion which consists of out-of-pocket costs, forgone wages or productivity, and hospital and child protection costs
- Intangible costs equate to $6.4 billion. These are costs assigned to lost quality of life due to someone else’s drinking
- 367 deaths and 13,669 hospitalisations because of the drinking of others [in 2005]
- $88.6 million in total morbidity costs, due to the drinking of others (hospital costs, road crash injury cases and assault)
- 29% of the population reported being negatively affected by the drinking of someone who was well known to them
- More than 10 million Australians experienced some negative effect of a stranger’s drinking in one year
- 43% of people reported experiencing alcohol-related harm (physical, verbal or fear) from the drinking of someone not known to them, and altogether 70% reported experiencing noise, annoyance or worse
- $1.6 billion a year in cost of repairs to property and personal belongings due to drinking by a stranger
- Women nominated being...
negatively affected by the
drinking of a relative or
household member more
frequently than men (14% vs 8%).

➤➤

Men and women nominated
being negatively affected by
the drinking of friends almost
equally (12% vs 11%).

“Behind each of these statistics
lie personal, family and community
problems that stem from the harms
associated with the drinking of others.
Although we don’t know the details of
the stories behind these statistics, the
majority of Australians will know of
times when they themselves, or those
close to them, have been affected by
other people’s drinking,” Rev. Costello
said.

“The results are clear: too many
Australians are experiencing the
negative impact of other’s drinking.
A range of evidence-based measures
is needed to shift Australia’s drinking
culture.

These figures demonstrate the
need for population-wide strategies
including volumetric taxation, lic-
ensing restrictions and mandatory
regulation of alcohol advertising.”

Behind the statistics lie
personal, family and
community problems
that stem from the harms
associated with the
drinking of others.

The report will also be discussed
at the AER Foundation workshop at
the United Nations Department of
Public Information/Non-Government
Organisation Conference in Mel-
bourne from 30 August to 1 September
2010.

CITATIONS

1. Tangible costs consist of out-of-pocket
expenses, forgone wages and productivity.
Intangible costs are the costs assigned to
diminished quality of life.

2. The $20bn cost identified in The Range and
Magnitude of Alcohol’s Harm to Others
report, is made up of $14bn in tangible costs
(out-of-pocket expenses, forgone wages
and productivity) and $6bn in intangible
costs (lost quality of life). This study is the
first attempt to value the harm to others
associated with drinking in Australia. The
findings are conservative and further work
is currently underway to improve the quality
of data underpinning these estimates.

3. The estimated cost of alcohol abuse
by drinkers in Australia is $15.3bn, as
identified in a report published in 2008
by D.J. Collins and H.M. Lapsley, The Costs
of Tobacco, Alcohol and Illicit Drug Abuse
to Australian Society in 2004/05. However,
when adjusted for inflation to 2008, this
cost figure becomes $17bn. Taking into
account some cost overlaps between the
Collins and Lapsley study ($17bn) and The
Range and Magnitude of Alcohol’s Harm
to Others report ($20bn), the total costs
combined from the two studies is $36bn.

4. Existing data includes registers of cases
from: social and health agencies, police,
child protection agencies, alcohol and
drug services and helplines, road accident
statistics, hospital records, and previous
population surveys.

A full copy of the report is available
on request, or via the AER Foundation

The Alcohol Education and Rehabilitation
Foundation is a unique, independent, not-for-
profit organisation with a goal to change the
way we drink. The AER Foundation collaborates
with grass-roots community organisations,
all levels of government, police, researchers
and the private sector to turn evidence-based
research on alcohol and inhalant misuse into
practical, real-life solutions. Since its inception
in 2001, the AER Foundation has invested over
$115 million in prevention, public education,
workforce development, and treatment and
rehabilitation projects, underpinned by innovative
research. Our dedication to creating a safer and
healthier Australia sees the AER Foundation
forming new partnerships and alliances with
like-minded organisations, with a focus on youth
and indigenous issues. Looking forward, the
AER Foundation will continue its unwavering
commitment to changing Australia’s drinking
culture to one of safety and responsibility. For
further information: www.aerf.com.au

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Media release, 24 August 2010

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6

Alcohol and Binge Drinking

Issues in Society | Volume 334
A new study from the National Drug and Alcohol Research Centre finds more than one in five Australians abuses alcohol – one of the highest rates in the world; four out of five with alcohol disorders go untreated; young men still most at risk.

More than three and a half million Australians will experience problems of alcohol abuse and dependence during their lifetime but only one in five of these seeks treatment, according to a new study from the National Drug and Alcohol Research Centre (NDARC) at the University of New South Wales. The report, published online in *Addiction* and launched today at the NDARC Annual Symposium, provides the first ever lifetime estimates of alcohol problems in Australia.

The study, analysing data from the 2007 *National Survey of Mental Health and Wellbeing*, has found 22 per cent of Australians will have an alcohol use disorder, either alcohol abuse* (18 per cent) or dependence (4 per cent), over their lifetime – with nearly a third of men experiencing a problem at some time. Young men were two and a half times as likely to have current alcohol use problems as the rest of the population – with more than 11 per cent of men aged 16 to 24 reporting symptoms consistent with an alcohol use disorder over the previous 12 months.

Lead author of the report, NDARC’s Professor Maree Teesson said that Australia has one of the highest rates of alcohol use disorders in the world. It rates on a par with America and New Zealand. She said it was alarming that in the 10 years since the last *National Survey of Mental Health and Wellbeing* the number with problems remained so high and that there had been no increase in the number receiving treatment.

“One reason for the lack of treatment is that alcohol problems still have a terrible stigma about them,” says Professor Teesson. “People are much less likely to want to own up to having a problem with alcohol than they are about other physical or mental illnesses, yet their abuse of alcohol has serious consequences to them personally and around them including getting into fights, taking time off work, child neglect, getting into trouble with the police, and driving while drunk.”

Professor Teesson says the alcohol sector needs to learn from the highly successful local and international campaigns that have helped to reduce the stigma around mental illnesses such as depression and which have encouraged people to receive treatment and encouraged prevention of problems before they occur. “Alcohol problems are most common in young men, so we need better interventions and prevention strategies for young Australians,” said Professor Teesson. “People need to know that alcohol abuse which is impacting on their personal, home or work life can be treated.”

Professor Paul Haber, Medical Director Drug Health Services for Sydney South West Area Health Service, said treatment for alcohol problems is generally not readily available to people and requires more funding.

“There is evidence that treatment for alcohol disorders is effective but people are either not confident in the treatment that exists or they simply don’t know where, how and when to access it,” he said.

The number of women aged 30 to 40 drinking alcohol has increased significantly compared with previous generations but there had been no increase in the number of these women drinking at risky levels. By contrast, there has been a big jump among young men aged 20 to 29 drinking at risky levels.

Disturbingly 42 per cent of Australians with alcohol problems have at least one co-existing mental illness, such as depression or an anxiety disorder. Yet while close to half of all Australians suffering from depression are being treated, only 22 per cent of people with alcohol-related problems receive help.

Key findings from the report:

➤ A random sample of nearly 9,000 Australians aged 16 to 85 responded to the survey
➤ 22 per cent of Australians have alcohol disorders over their lifetime – 18.3 per cent experience alcohol abuse and 3.9 per cent are dependent. Only 22.4 per cent with alcohol problems are treated
➤ One third of men will have a problem at some point compared with 12 per cent of women
➤ Married people and people from a non-English speaking background are less likely to have a problem with alcohol
➤ More young women are drinking but no increase in their drinking at risky levels
➤ Men born between 1978 and 1987 are 1.7 times more likely to drink at risky levels than those born ten years earlier.

*Note to editors:* alcohol abuse does not measure quantity consumed but relates to the impact of using alcohol including: failure to fulfill duties at home or work; using alcohol in dangerous situations such as driving; legal problems; fights with spouse over use of alcohol.

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National Drug and Alcohol Research Centre
www.med.unsw.edu.au/NDARCWeb.nsf/page/home

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Alcohol and Binge Drinking
**ALCOHOL FACTS**

**AN OVERVIEW OF THE HEALTH EFFECTS OF ALCOHOL USE FROM THE AUSTRALIAN DRUG FOUNDATION**

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**WHAT IS ALCOHOL?**

Alcohol is a liquid produced by fermentation. Further processing produces alcoholic drinks such as beer, wine, cider and spirits.

Alcohol is a depressant drug. This means that it slows down the activity of the central nervous system and the messages going between the brain and the body. Depressant drugs do not necessarily make a person feel depressed.

**Other names**

Booze, grog, piss.

**What does it look like?**

Pure alcohol has no colour. It has a very strong taste that feels like a burning sensation. Alcoholic drinks vary in colour and taste depending on their ingredients and how they are made.

**Why is it used?**

In Australia, alcohol is used for social and cultural reasons. Many Australians drink alcohol with meals, to celebrate special occasions and to help them relax and to have fun.

**EFFECTS OF ALCOHOL**

The effects of any drug (including alcohol) vary from person to person. How alcohol affects a person depends on many things including their size, weight and health, also whether the person is used to it and whether other drugs are taken. The effects of any drug also depend on the amount taken.

- **After a few drinks** – more relaxed, reduced concentration and slower reflexes
- **A few more drinks** – lowered inhibitions, more confidence, reduced coordination, slurred speech, intense mood (sad, happy, angry)
- **Still more drinks** – confusion, blurred vision, poor muscle control
- **More still** – nausea, vomiting, sleep
- **Even more** – possibly coma or death
- **There is no safe level of alcohol use.** Use of alcohol or other drugs always carries some risk – even medications can produce unwanted side effects. It is important to be careful when taking any type of drug including alcohol.

**COMING DOWN**

**Hangovers**

When someone drinks heavily, they may experience a range of symptoms the following day.

---

**IMMEDIATE EFFECTS**

The effects of alcohol on the brain occur within five minutes of alcohol being drunk.

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<thead>
<tr>
<th>LOW TO MODERATE DOSES</th>
<th>HIGHER DOSES</th>
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<tbody>
<tr>
<td>Feeling relaxed</td>
<td>Headaches</td>
</tr>
<tr>
<td>Mild euphoria</td>
<td>Tremors</td>
</tr>
<tr>
<td>Reduced coordination and slower reflexes</td>
<td>Nausea</td>
</tr>
<tr>
<td>Lowered inhibitions</td>
<td>Vomiting</td>
</tr>
<tr>
<td>Increased confidence</td>
<td>Coma</td>
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<tr>
<td>Inappropriate sexual or violent behaviour</td>
<td>Death.</td>
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<td>Blurred vision</td>
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<td>Slurred speech</td>
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<td>Flushed appearance</td>
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<td>Headache nausea</td>
<td></td>
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<td>Vomiting</td>
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<td>Sleep</td>
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When someone drinks heavily over a short period with the intention of becoming drunk, it is sometimes referred to as ‘binge drinking’. Binge drinking is harmful because it results in immediate and severe drunkenness. As well as the health risks, it can lead people to take unnecessary risks and put themselves and others in danger.

Some common effects of binge drinking are:
- Headaches
- Tremors
- Nausea
- Vomiting
- Coma
- Death.
These symptoms are called a hangover and may include:

- Headache
- Sensitivity to light and sound
- Diarrhoea
- Reduced appetite
- Trembling
- Nausea
- Fatigue
- Increased heart rate and blood pressure
- Dehydration (dry mouth, extreme thirst, dry eyes)
- Trouble concentrating
- Anxiety
- Difficulty sleeping.

**Sobering up**

Sobering up takes time. The liver gets rid of about one standard drink an hour. Cold showers, exercise, black coffee, mints, fresh air or vomiting will not speed up the process. Someone who drinks a lot at night, may still be affected by alcohol the following day.

**LONG-TERM EFFECTS**

Some of the long-term effects of drinking more than the recommended guidelines include:

- Brain injury
- Loss of memory
- Confusion
- Hallucinations
- Cancer
- High blood pressure
- Irregular pulse
- Enlarged heart
- Greater chance of infections, including tuberculosis
- Inflamed lining
- Bleeding
- Ulcers
- Severe swelling and pain
- Hepatitis
- Cirrhosis
- Liver cancer
- Inflammation causing pain
- Changes in red blood cells
- Weakness
- Loss of muscle tissue
- Tingling and loss of sensation in hands and feet
- Flushing
- Sweating
- Bruising
- Males: impotence, shrinking of testicles, damaged/reduced sperm
- Females: greater risk of gynaecological problems, damage to foetus if pregnant.

**OTHER EFFECTS OF ALCOHOL USE**

**Taking alcohol with other drugs**

The effects of mixing alcohol with other drugs, including over-the-counter or prescribed medications, can be unpredictable and dangerous.

Always read the instructions or seek advice from a health professional before mixing alcohol with medications.

Mixing alcohol with other depressant drugs such as benzodiazepines or GHB can cause a person's breathing and heart rate to decrease to dangerous levels and increase the risk of overdose. Drinking alcohol and smoking cannabis together can increase the chances of unpleasant effects, including nausea, vomiting and feelings of panic, anxiety and paranoia.

Combining alcohol with stimulant drugs places the body under great stress and can mask some of the effects of alcohol. For example, if a person combines alcohol with energy drinks that contain caffeine (a stimulant) they will still be affected by the alcohol but may not feel as relaxed or sleepy. They may feel more confident, take more risks and increase the chances of experiencing alcohol-related harm such as drinking too much or being injured in a fight or accident.

**Social problems**

All areas of a person's life can be affected by alcohol use.

- Disagreements and frustration over alcohol use can cause family arguments and affect personal relationships
- Legal and health problems can also add to the strain on personal, financial and work relationships.

**Men and women**

At low levels of drinking there is little difference between men and women. However, at higher levels of drinking:

- Males: impotence, shrinking of testicles, damaged/reduced sperm
- Females: greater risk of developing an alcohol-related disease such as cancers, diabetes and obesity

Men are at a greater risk of an alcohol-related injury such as a car accident, assault and violence.

**Pregnancy and breastfeeding**

Read about the effects of alcohol on pregnancy and breastfeeding on the Australian Drug Foundation website.

**Driving**

Read about the effects of alcohol on driving on the Australian Drug Foundation website.

**Alcohol and the workplace**

Read about the effects of alcohol in the workplace on the Australian Drug Foundation website.

**TOLERANCE AND DEPENDENCE**

People who drink heavily on a regular basis may become dependent on alcohol. They may also develop a tolerance to it, which means they need to drink larger amounts of alcohol to get the same effect.

Dependence on alcohol can be physical, psychological, or both. People who are dependent on alcohol crave alcohol and find it very difficult to stop using it. People who are psychologically dependent on alcohol may find they feel an urge to use it when they are in specific surroundings or socialising with friends. Physical dependence occurs when a person's body adapts to alcohol and gets used to functioning with it present.

**Withdrawal**

If a dependent person stops drinking alcohol, they may have withdrawal symptoms because their body has to get used to functioning without alcohol. Withdrawal symptoms usually start about 4-12 hours after the last drink and can continue for about 4-5 days. These symptoms include sweating, tremors, nausea and anxiety.

Withdrawal from alcohol carries the risk of seizures or fits. Medical assistance may be required to help the person get through withdrawal safely.

**GETTING HELP**

**Treatment**

In Australia, there are many...
different types of treatments for drug problems. Some aim to help a person to stop using a drug, while others aim to reduce the risks and harm related to their drug use.

**What to do if you are concerned about someone’s alcohol use**

If you are concerned about someone’s alcohol use, there is help available. Contact the alcohol and drug information service in your state or territory.

**What to do in a crisis**

Always call triple zero (000) if an overdose is known or suspected – and remember that paramedics are not obliged to involve the police. If someone overdoses or has an adverse reaction while drinking alcohol, it is very important that they receive professional help as soon as possible. A quick response can save their life.

If someone overdoses while drinking alcohol, it is very important that they receive professional help as soon as possible. A quick response can save their life.

**ALCOHOL: CAUSES AND EFFECTS**

<table>
<thead>
<tr>
<th>Brain</th>
<th>Eyes</th>
<th>Tunnel vision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mouth, throat, oesophagus</td>
<td>Can cause cancer in these areas</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Breast</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Liver</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stomach</td>
</tr>
<tr>
<td></td>
<td>Pancreas</td>
<td>Can cause cancer; heavy drinking can cause pancreatitis and diabetes</td>
</tr>
<tr>
<td></td>
<td>Intestines</td>
<td>Inflammation of intestinal lining, ulcers</td>
</tr>
<tr>
<td></td>
<td>Pregnancy</td>
<td>Anything over 2 drinks a day while pregnant can cause severe birth defects. One drink a day has not been proved harmful</td>
</tr>
<tr>
<td></td>
<td>Feet</td>
<td>Excessive consumption causes nerve damage, akin to effects of diabetes</td>
</tr>
</tbody>
</table>

**SYMPTOMS OF ALCOHOL DEPENDENCY**

- More needed to get drunk
- Failed attempts to cut or stop consumption
- Drinking more than intended
- Withdrawal symptoms when drinking suddenly stops
- Increased time spent drinking or thinking about alcohol
- Less time on other activities
- Memory problems, blackouts.

**ALCOHOL USE IN AUSTRALIA**

**Statistics**

According to the National Drug Strategy Household Survey, in 2007, alcohol is the most widely used drug in Australia.

From 1996-2005, an estimated 32,696 Australians aged over 15 years and older died from alcohol-related injury and disease caused by risky/high risk drinking.

For more statistics about the use of alcohol in Australia, visit the Australian Drug Foundation Quick statistics page.

**Alcohol and the law**

There are laws that govern how alcohol may be used. These laws may differ, depending on the state, territory or local area. For example, in some areas local by-laws make it illegal to drink alcohol in public places such as beaches, parks and streets.

For legal advice specific to your situation contact a legal aid service in your state or territory.

**National drug policy**

Australia’s national drug policy is based on harm minimisation. Strategies to minimise harm include encouraging people to avoid using a drug, through to helping people to reduce the risk of harm if they do use a drug. It aims to reduce all types of drug-related harm to both the individual and the community.

This information has been adapted from the pamphlet ‘How Drugs Affect You: Alcohol’, produced by the Australian Drug Foundation.

For single copies of this pamphlet contact DrugInfo. Multiple copies are available from the ADF Bookshop.

**ALCOHOL DEPENDENCY**

- More needed to get drunk
- Failed attempts to cut or stop consumption
- Drinking more than intended
- Withdrawal symptoms when drinking suddenly stops
- Increased time spent drinking or thinking about alcohol
- Less time on other activities
- Memory problems, blackouts.

**WEB RESOURCES**

Visit the Better Health Channel website to read St John Ambulance’s advice on drug overdose.
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 bloodstream 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) increases the rate of absorption
- In the blood stream, 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 alcohol in the blood is gradually broken down by the liver
- 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 levels.

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 on medication or drugs, because alcohol dampens activity in the brain, and it can be particularly dangerous, or even lethal, when used with medications or other drugs, legal or illegal, that have similar effects on the brain.

➤ 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).

Alcohol dampens activity in the brain, and it can be particularly dangerous, or even lethal, when used with medications or other drugs ...

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.

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.alcoholguidelines.gov.au

GUIDELINES SOURCE


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The Right Mix | www.therightmix.gov.au
ALCOHOL AND MENTAL HEALTH

People with mental health problems are at particular risk of problems with alcohol. Some facts from the Department of Veterans’ Affairs

Alcohol can interact with mental health problems in various ways:

➤ People with mental health problems are at particular risk of experiencing problems relating to alcohol
➤ There is growing evidence that alcohol increases the risk of highly prevalent mental health conditions such as depression and anxiety in some people
➤ People diagnosed as having an alcohol dependence problem are also more likely to suffer from other mental health problems
➤ There is a high correlation between alcohol dependence and Post-traumatic Stress Disorder (PTSD). Eighty-eight per cent of veterans with a DVA accepted disability of alcohol dependence have a coexisting mental health condition, most commonly PTSD
➤ Alcohol use at well above low-risk levels is itself a causal factor in a number of mental health conditions.

Ways in which alcohol can make mental health problems worse

There is clear evidence that drinking above the levels set in the Guidelines can lead to poorer outcomes for people who have a mental health problem:
➤ In particular, people who are depressed and sometimes drink excessively are at much greater risk of self-harm and suicide, especially if they also drink regularly above guideline levels
➤ Depression can be made worse by drinking excessively and can also be a consequence of dependent drinking patterns. In many cases, mood will lift considerably after a few weeks of abstinence from alcohol
➤ Alcohol can provide temporary relief for people experiencing significant anxiety. However, while alcohol consumption may bring some relief from anxiety or stress in the short-term, it can worsen anxiety in the longer term, especially with binge drinking over two days or more, and when the drinker becomes alcohol dependent

There is growing evidence that alcohol increases the risk of highly prevalent mental health conditions such as depression and anxiety in some people.

➤ Individuals with social phobias are much more comfortable in social situations if they have used alcohol; a small amount of alcohol may induce short-term stress relief, but as tolerance develops more alcohol is required for the same effect and there is a risk of developing alcohol dependency
➤ Many veterans report drinking above low-risk levels to cope with the symptoms of PTSD; drinking above low-risk levels will compromise the treatment of PTSD
➤ Alcohol use above low-risk levels is associated with poorer outcomes for people suffering from schizophrenia; even low-risk drinking can worsen the symptoms of this condition
➤ Alcohol use is also high in patients with bipolar disorder; patients who suffer from bipolar disorder and alcohol dependence have significantly reduced quality of life compared with patients with bipolar disorder only
Alcohol can cause disrupted sleep. Even one or two drinks may result in reduced sleep quality and early morning waking, and disruption of sleep can be a trigger for a variety of mental health problems.

Alcohol can interact in harmful ways with most of the medications prescribed for mental health problems, even at low-risk levels of drinking (1-2 standard drinks). Alcohol may interfere with the effectiveness of antidepressant medication.

In summary, alcohol can:

- Lead to poorer mental health outcomes
- Make the symptoms worse
- Increase the risk of alcohol dependence
- Interact in a harmful way with the medications prescribed for that problem, and/or with other drugs
- Contribute to worse moods in the longer term, and
- Result in disrupted sleep that may trigger some mental health problems.

Anyone with a mental health problem need to be extremely careful with alcohol.

If they do drink:

- They should take particular care to stay within the low-risk guidelines
- They should consult with their doctor or pharmacist about possible side effects, and
- They may need to consider not drinking at all, if they find it difficult to keep their drinking within these guideline levels; and to stop drinking entirely if symptoms persist.

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

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You can find more information on the recommended levels of alcohol consumption in the Guidelines for Alcohol Consumption Fact Sheet.
Key issues in alcohol-related violence

An overview of the relationship between alcohol use and violence, from the Australian Institute of Criminology

The harm associated with the consumption of alcohol, particularly among young people, is an area of growing concern within the Australian community and presents a major challenge to all levels of government. Developing policies and initiatives that attempt to influence drinking behaviour is notoriously difficult, largely because the consumption of alcohol is both widely accepted as a significant part of Australian culture and at the same time responsible for a range of social and health-related problems.

There is a well established drinking culture in Australia of ‘drinking to get drunk’, whereby the consumption of alcohol, frequently at excessive and harmful levels, is associated with many forms of entertainment and participation in social events.

However, the evidence relating to the range of individual and social harms associated with alcohol misuse is strong. The consumption of alcohol, especially at high levels, is a significant risk factor for violence. Alcohol-related crime and disorder can have a significant adverse impact upon the perceptions of safety among the broader community. This concern and perception extends well beyond those who have been directly involved in an incident of alcohol-related antisocial behaviour or harm (Nicholas 2006).

This issues paper provides a brief overview of the relationship between alcohol use and violence, the characteristics of alcohol-related violence and important risk factors that can be targeted by prevention strategies to reduce the social harms associated with alcohol use.

ALCOHOL-RELATED VIOLENCE

There is strong evidence of an association between the consumption of alcohol and violence (Graham & Homel 2008). Conservative estimates suggest that in 2004-05, the total costs attributable to alcohol-related crime in Australia was $1.7b; the social cost relating to alcohol-related violence (which excludes costs to the criminal justice system) was $1.87m; and the costs associated with the loss of life due to alcohol-related violent crime amounted to $124m (Collins & Lapsley 2007).

National surveys of alcohol use and victimisation provide further evidence of the impact of alcohol-related violence.

According to the National Drug Strategy Household Survey (NDSHS), in 2007 approximately:

➤ 1 in 4 Australians were a victim of alcohol-related verbal abuse
➤ 13 per cent were made to feel fearful by someone under the influence of alcohol
➤ 4.5 per cent of Australians aged 14 years or older had been physically abused by someone under the influence of alcohol (AIHW 2008).

The rates of physical and verbal abuse by a person affected by alcohol were more than twice the rate for other drug types. In addition, more than one-third of victims (38%) had consumed alcohol themselves at the time of the incident. This is consistent with evidence that shows that a significant proportion of violent offences are committed by and committed against people who have been drinking or are intoxicated (Plant, Plant & Thornton 2002).

A significant proportion of violent offences are committed by and committed against people who have been drinking or are intoxicated.

Estimates regarding the extent of the involvement of alcohol in violent offences vary significantly across studies. These variations are largely the result of differences in the way in which the involvement of alcohol in crime is defined, whether the figure relates to incidents attended by police or total recorded crime, different data collection processes, problems relating to the accurate and reliable measurement of alcohol consumption and intoxication, and underreporting by victims. Nevertheless, Australian research estimates that a significant proportion of assaults involve alcohol; from 23 to as much as 73 per cent of all assaults (Briscoe & Donnelly 2001a; Doherty & Roche 2003; Poynton et al 2005). Alcohol is also a significant contributor to serious injury from assault. In a NSW study, two-thirds of patients presenting at an emergency department with injuries from interpersonal violence reported having consumed alcohol prior to the incident and three-quarters of these patients stated that they had been drinking at license premises (Poynton et al 2005).

Self-reported alcohol use among offenders can help to provide more accurate and reliable evidence of the involvement of alcohol in violent offending. Findings from the AIC’s Drug Use Monitoring Australia (DUMA) program indicate that in 2007, half of all offenders detained by police across Australia for disorder and violent offences had consumed alcohol in the 48 hours prior to their arrest (Adams et al 2008). Further analysis of DUMA data conducted specifically for this paper reveals that 52 per cent of offenders charged by police for an assault had consumed alcohol in the previous 24 hours and 26 per cent reported that the consumption of alcohol had contributed to their offending. An additional four per cent of offenders detained for an assault were too intoxicated to be interviewed, which means that in total, approximately one-third (30%) of assault charges are likely to be attributable to alcohol.
Around one-third of offenders detained for breaching an Apprehended Violence Order (AVO) also reported that consuming alcohol had contributed to their offending.

**Characteristics of alcohol-related violence**

Preventing alcohol-related violence requires an understanding of the characteristics of violent incidents to effectively target interventions. A growing body of evidence from both Australian and overseas studies has explored the association between alcohol and violence and identified a range of areas that can be targeted. Factors that have been identified as important predictors of alcohol-related violence include a mixture of individual and situational factors.

Key findings relating to the characteristics of alcohol-related violence include:

- Being young, single and male are the most significant predictors of self-reported alcohol-related victimisation (Teece & Williams 2000). In 2007, males (6%) were twice as likely as females (3%) to report being physically abused by someone under the influence of alcohol (AIHW 2008).
- Rates of self-reported victimisation are particularly high among young people living in rural areas, with one-third of people aged 14–19 years and two-thirds of those aged 20–24 living in rural areas having reported being victims of alcohol-related physical abuse (Williams 1999).
- A significant proportion of perpetrators of alcohol-related social disorders are also victims (Williams 2000).
- Males are more likely to be involved in incidents of physical abuse in pubs and clubs or in the street, whereas for females, these incidents are more likely to be in their own home (AIHW 2008).
- Alcohol consumption among young people is typified by frequent episodes of binge drinking and heavy drinking has been shown to be associated with aggression and violence (Wells & Graham 2003).

**Female victims of physical abuse by someone under the influence of alcohol or illicit drugs are more likely than males to know their abuser.**

- Female victims of physical abuse by someone under the influence of alcohol or illicit drugs are more likely than males to know their abuser (AIHW 2008).
- Alcohol-related violence in which both the victim and offender have consumed alcohol are more likely to be spontaneous or opportunistic and more likely to involve strangers (Finney 2004; Plant, Plant & Thornton 2002).
- Alcohol-related assaults most commonly occur between 9 pm and 3 am on Friday and Saturday nights (Briscoe & Donnelly 2001a).
- There is a relationship between seasonal changes, calendar events and major sporting events and the rate of reported incidents of violence, which can in part be explained by the increased level of alcohol consumed on these days (Marcus & Braaf 2007).

**Alcohol and homicide**

Alcohol is also involved in a significant number of homicides. Recent research using the AIC’s National Homicide Monitoring Program’s (NHMP) database concluded that around half (47%) of all homicides in Australia between 2000 and 2006 were alcohol-related (Dearden & Payne 2009). In this study, a homicide was classified as alcohol related if police had recorded the offender as having been drinking or drunk or toxicology reports showed the victim had consumed alcohol. In the majority of these homicides (60%), both the offender and victim had consumed alcohol.

Other findings include:

- Male victims of homicide are significantly more likely than females to have consumed alcohol.
- Alcohol-related homicides most frequently involve a male offender and victim who will likely know one another.
- Almost half (44%) of all intimate partner homicides, and the majority (87%) of intimate partner homicides...
involving indigenous people, are alcohol-related
➤ Homicides occurring on weekends and in the hours between 6 pm and 6 am are more likely to involve alcohol
➤ Homicides in recreational settings are more likely to involve alcohol, although those incidents that occur in residential locations or on the street account for a greater proportion of alcohol-related homicides
➤ Alcohol is most frequently associated with those deaths involving physical altercations, blunt force injuries and stab wounds (Carcač & Conroy 2001; Darke & Duflou 2008; Dearden & Payne 2009).

Cost to police
Police in Australia devote a significant amount of resources to responding to incidents involving people who are intoxicated. Recent research estimated that around 10 per cent of police time was dedicated to dealing with alcohol-related incidents, of which the most common was responding to assaults (Donnelly et al 2007). Dealing with each assault takes an average of more than two hours and as such, places a significant burden on police resources (Donnelly et al 2007). The total cost to policing across Australia from crime attributable to alcohol is around $747m annually (Collins & Lapsley 2007).

Underreporting of violent crime
A relatively small proportion of incidents involving alcohol-related violence are reported to police. As a result, many violent offences involving alcohol go unrecorded, making it difficult to determine the full extent of alcohol-related violence. According to one study, among those people who were physically abused by someone under the influence of alcohol or other drugs within a 12-month period, nearly three-quarters (70%) did not report the incident to police (Bryant & Williams 2000). This figure is even higher for assaults that occur in pubs and clubs, with approximately 85 per cent of assaults not reported to police (Doherty & Roche 2003). One of the major reasons for this is that the incident is perceived as being too trivial for police involvement; but other common reasons include a belief that the police could not, or would not, do anything (Bryant & Williams 2000).

Perceptions of alcohol-related violence and feelings of safety
Alcohol-related crime and disorder can have an adverse impact upon perceptions of crime and safety among the broader community. According to a national survey, more than two-fifths (43%) of respondents perceived physical assault in a public place to be a problem in their neighbourhood and 84 per cent believed it to be a problem in their state or territory (SCRCSP 2009). A similar proportion of respondents (86%) perceived drunken or disorderly behaviour as a problem in their state or territory. Another national survey found that of all drug types, around one-third of people identify the excessive consumption of alcohol as the most serious concern to the community (AIHW 2008). Public perceptions of the seriousness of alcohol-related violence, while likely to overestimate the true extent of offending, are not totally unfounded. Recent research suggests that the rate of assaults has increased markedly over the past decade (Ringland & Baker 2009). Alcohol-related assaults have also increased during this time (McIlwain & Homel 2009).

Alcohol-related violence in indigenous communities
While the proportion of indigenous people who consume alcohol is lower than the rest of the population, those who do consume alcohol do so at far more harmful levels (NDRI 2007). As a result, the excessive consumption of alcohol and alcohol-related conflict continue to be a significant problem within indigenous communities, particularly in rural and remote areas (Delahunty & Putt 2006). Self-reported victimisation or physical abuse by someone under the influence of alcohol has been shown to be much higher among Indigenous Australians (Hennessy & Williams 2001). Intimate partner homicides involving an indigenous offender and victim are 13 times as likely to be alcohol related than other intimate partner homicides (Dearden & Payne 2009). A survey of police found that four in five officers in both urban and non-urban areas perceive the use of alcohol by indigenous people as a serious problem (Delahunty & Putt 2006). Research in remote indigenous communities in Queensland concluded that while alcohol consumption was a common contributing factor in fights, it should be viewed as an important situational factor that exacerbates the seriousness of conflict, rather than a cause of violence (Memmott et al 2001). Research has also shown that indigenous people do not underestimate the significance of problems associated with alcohol (Hennessy & Williams 2001).

Alcohol and family violence
Alcohol is also an important risk factor for both
domestic violence and child abuse and neglect. The high rate of alcohol involvement in intimate partner homicide has already been reported. The consumption of alcohol, either by the offender or victim or both, is also a significant contributing factor in incidents of non-fatal domestic violence, with research demonstrating that women whose partners consume alcohol at excessive levels are more likely to experience domestic violence (Marcus & Braaf 2007). The involvement of alcohol in domestic violence is also a significant issue within indigenous communities (Memmott et al 2001).

There is also a considerable body of research that suggests that alcohol abuse is an important risk factor for child abuse, maltreatment and neglect (Dawe, Harnett & Frye 2008). Research has shown that the excessive consumption or misuse of alcohol is associated with poor quality or inconsistent parenting, which can lead to a child experiencing a range of emotional or psychological problems (Dawe, Harnett & Frye 2008). Children whose parent (or parents) misuse or abuse alcohol are also more likely to be subjected to various forms of physical and verbal abuse (Dube et al 2001). Victims of child abuse (particularly physical abuse) and neglect are more likely to offend later in life, with research suggesting a direct causal link between child maltreatment and juvenile offending, including violent offending (Stewart, Dennison & Waterson 2002).

THE RELATIONSHIP BETWEEN ALCOHOL AND VIOLENCE

Despite this strong body of evidence, the relationship between alcohol and violence, like many other complex social phenomena, is not a simple or straightforward one. Research shows that heavy drinking and intoxication are associated with physical aggression (Plant, Plant & Thornton 2002; Wells & Graham 2003). However, the majority of people who drink alcohol do not become offenders or victims of violent crime and consuming alcohol does not necessarily act as a precursor to violent behaviour (Plant, Plant & Thornton 2002).

Instead, research suggests that the association between alcohol and aggression is the result of a complex interaction of a number of variables, including:

➤ The pharmacological effects of alcohol on the cognitive, affective or behavioural functioning of the drinker which can lead to increased risk taking, reduced anxiety regarding possible sanctions for their behaviour, heightened emotionality, impulsive behaviour, ‘liquid courage’, a distorted interpretation of events and an inability to resolve incidents verbally

➤ Individual characteristics including age, gender, personality traits, predisposition to aggression, deviant attitudes and expectations of the drinker about the effects of alcohol and their behaviour while intoxicated

➤ Effects of the drinking environment including situational factors such as crowding, permissiveness of violent behaviour, the management of licensed premises and the role and behaviour of venue staff (including managers and security)

➤ Societal attitudes and values, including a culture of drinking to deliberately become intoxicated, using alcohol as an excuse for behaviour not normally condoned and for holding individuals less responsible for their actions (Graham et al 2006; 1998).

### TABLE 1: RISK FACTORS AND LICENSED PREMISES

<table>
<thead>
<tr>
<th>PATRON CHARACTERISTICS</th>
<th>VENUE CHARACTERISTICS</th>
<th>SOCIAL ENVIRONMENT</th>
<th>STAFFING CHARACTERISTICS</th>
<th>WIDER ENVIRONMENT</th>
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</thead>
<tbody>
<tr>
<td>Heavily intoxicated</td>
<td>Queues or line-ups outside the building</td>
<td>Heavy drinking and high levels of intoxication</td>
<td>High proportion of male staff</td>
<td></td>
</tr>
<tr>
<td>Greater proportion of males</td>
<td>Patrons hanging around outside venue at closing</td>
<td>Generally permissive environment with high levels of rowdy behaviour</td>
<td>Low staff-to-patron ratio</td>
<td></td>
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<tr>
<td>Presence of males in groups, especially strangers to one another</td>
<td>Queues for public transport</td>
<td>Expectation that aggression will be tolerated</td>
<td>Lack of responsible serving practices</td>
<td></td>
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<tr>
<td>Younger drinkers</td>
<td>Venues with larger capacity</td>
<td>Hostile atmosphere</td>
<td>Refusing service to already intoxicated patrons</td>
<td></td>
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<tr>
<td>Younger patrons, including those that are underage</td>
<td>Poorly maintained and unpleasant decor</td>
<td>Macho culture</td>
<td>Drinking by staff</td>
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</tr>
<tr>
<td>Greater proportion of unkempt patrons and patrons from marginal groups</td>
<td>Unclean or messy</td>
<td>Patron boredom</td>
<td>Greater number of staff adopting confrontational approach to venue management</td>
<td></td>
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<tr>
<td>Patrons exhibiting signs of being less agreeable, more impulsive and angry</td>
<td>Poor or low levels of lighting</td>
<td>Underage drinking</td>
<td>Aggressive security staff</td>
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<td></td>
<td>Crowding that inhibits movement around the venue, including around the bar</td>
<td>Presence of competitive games</td>
<td>Poor coordination of staff</td>
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<td>Frequent patron movement</td>
<td>Dancing</td>
<td>Poor monitoring and control of minor incidents</td>
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<td></td>
<td>Higher noise level</td>
<td>Sexual activity, contact and competition</td>
<td>Limited ability to control or defuse situations</td>
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<td></td>
<td>Poor ventilation and high temperature</td>
<td>Drink promotions</td>
<td>Lack of professionalism by security staff</td>
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<td></td>
<td>Inadequate or uncomfortable seating</td>
<td>Other illegal activities, such as drug dealing</td>
<td>Serving several drinks to patrons at closing</td>
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<tr>
<td></td>
<td>Inconvenient access to the bar</td>
<td></td>
<td>Younger security staff</td>
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</table>

Therefore, the relationship between alcohol and violence is influenced by the interaction effects of alcohol along with personal, environmental and cultural factors. The prevention of violence and aggression must therefore be based upon a clear understanding of these interacting processes and risk factors, drawing upon the evidence base with respect to the most effective interventions to address these factors, and customising these strategies to suit the specific circumstances of local communities (Graham & Homel 2008).

VIOLENCE AND THE DRINKING ENVIRONMENT

Australian Government policy directed towards reducing the incidents of alcohol-related victimisation has been primarily concerned with regulatory responses that target entertainment precincts, licensed premises and liquor outlets (Loxley et al 2005). Licensed premises are a high risk setting for alcohol-related violence, with a significant proportion of assaults occurring in or within close proximity to hotels and nightclubs (Haines & Graham 2005). Drinking establishments have been linked (both as the location of assaults and for the consumption of alcohol) with much higher rates of alcohol-related aggression and violence, particularly among males, than any other setting (Poynton et al 2005; Teece & Williams 2000; Wells et al 2005). Australian research indicates that over 40 per cent of all assaults occur in or around licensed premises (McIlwain & Homel 2009). Both patrons and staff of licensed premises are at heightened risk of becoming involved in a violent incident when compared to other locations (Graham & Homel 2008).

Research demonstrates a strong correlation between liquor outlet density and the incidence of multiple forms of social disruption including homicide, assault and child abuse and neglect (Chikritzhs et al 2007). Outlet density is also related to neighbourhood perceptions of drunkenness as a problem (Donnelly et al 2006). However, not all licensed venues are problematic. Research has also shown that in any given area, a small number of outlets can be responsible for a disproportionate number of incidents of alcohol-related harm (Briscoe & Donnelly 2001b). Hotels and nightclubs are the most problematic licensed venues for violence, particularly those with extended or 24-hour trading (Briscoe & Donnelly 2001b; Chikritzhs & Stockwell 2002).

Understanding why certain licensed venues are more problematic than others is important. There is evidence that the characteristics of venue patrons, such as young males who drink heavily, are associated with increased likelihood of violence. However the strongest predictor of violence in licensed premises is the characteristics of the venue itself (Quigley, Leonard & Collins 2003). Premises that fail to discourage aggressive behaviour while exhibiting particular physical and social characteristics that are more conducive to aggressive behaviour will more frequently attract patrons who are most likely to become involved in aggressive behaviour (Quigley, Leonard & Collins 2003). There is strong evidence for adopting strategies to create a positive physical and social environment to attract patrons that are more likely to be well behaved.

Table 1 outlines the risk factors for licensed premises relating to the characteristics of patrons, the venue, social environment, staff behaviour and the wider environment. Many of these factors have been linked not only to the frequency of aggression, but to the severity of violence when it occurs. Understanding and addressing the range of factors associated with violence in and around licensed premises is critical to the development of effective interventions.

The broader social and regulatory context in which licensed premises operate must also be considered. In Australia, as with many other countries, there has been a general trend towards the liberalisation of liquor licensing legislation, deregulation of the sale of alcohol and growth in the night-time economy (Chikritzhs et al 2007; Graham & Homel 2008). Licensed premises are popular venues for entertainment and the consumption of alcohol, and an important location for socialising, particularly among young people (McIlwain & Homel 2009). This has important implications for the development of strategies that aim to reduce alcohol-related problems in and around entertainment precincts. It influences the types of premises that are established in these areas, the characteristics of the clientele and the culture and community within which premises operate (Graham & Homel 2008).
Alcohol-related violence in residential locations

Despite the attention that is often given to licensed premises, not all alcohol-related violence occurs within a public area. In fact, a significant proportion of alcohol-related assaults occurred within a private setting (Chikritzhs et al 2007). According to an analysis of NSW recorded crime data, more than one-third of assault incidents (38%) that were flagged as being alcohol related took place in residential locations, compared to 28 per cent of assaults in outdoor locations (which can include those assaults that take place within the vicinity of licensed venues) and 26 per cent of assaults inside licensed premises (Briscoe & Donnelly 2001a). Similarly, among those respondents to the NDSHS who reported being physically abused by someone under the influence of alcohol or illicit drugs in the previous 12 months, 34 per cent of respondents reported having experienced physical abuse in their own home (AIHW 2008). While around 40 per cent of homicides in residential locations are alcohol related, more than half (54%) of all alcohol-related homicides take place in someone’s home (Darke & Duflo 2008; Dearden & Payne 2009). Individuals involved in violent incidents also frequently report having consumed an excessive amount of alcohol in residential locations, rather than in licensed premises, prior to the incident, including those incidents where the violence took place in or around a licensed premise (Hughes et al 2007).

There is also a relative dearth of research into alcohol-related violence (particularly non-domestic violence) that occurs outside of licensed premises and entertainment precincts. Greater attention needs to be given to preventing violence in residential settings and targeting the excessive consumption of alcohol at home. Given the practical difficulties associated with preventing alcohol-related violence in the home, it is important that there are mechanisms in place to identify and work with both perpetrators and victims to prevent repeat offending. This highlights the importance of improving reporting by victims, particularly given that a person of interest will be identified in 91 per cent of recorded assaults that take place in the home (Briscoe & Donnelly 2001a).

IMPLICATIONS FOR POLICY AND PRACTICE

There is a growing body of evidence that outlines a range of effective interventions to reduce the harms associated with alcohol, ranging from universal strategies to reduce the availability of alcohol to small scale, community-based projects to modify environmental conditions (e.g. see NDRI 2007). Regardless of the approach adopted, it is important that interventions target key risk factors for alcohol-related violence. This summary paper has highlighted several areas that should be targeted to reduce violence associated with the consumption of alcohol.

These findings suggest that strategies should aim to:

➤ Identify and target those venues associated with the greatest number of problems
➤ Create a positive physical and social drinking environment to attract patrons that are more likely to be well behaved by setting and maintaining high standards for both venue operators and clientele
➤ Target multiple contributing factors rather than any single cause of alcohol-related violence
➤ Encourage and facilitate the reporting of victimisation
➤ Address alcohol-related violence in a range of settings, not just in entertainment precincts
➤ Be developed at the community level, where practical and appropriate, and adapted to suit local circumstances
➤ Be based on effective partnerships between all levels of government, non-government, private business, academia and the community
➤ Be supported by effective enforcement of existing liquor licensing laws.

To be effective in reducing alcohol-related violence, prevention efforts must aim to influence the relationships between individuals and the environment in which alcohol is consumed (Holder, Treno & Levy 2005). Environmental conditions (including social, physical and cultural factors) can be manipulated to influence individual drinking behaviours and related problems, including alcohol-related violence (Holder, Treno & Levy 2005). Particularly important is the need for a range of partners within the community to work together to set appropriate standards for the consumption of alcohol and set formal and informal controls on the misuse of alcohol and the problem behaviours that result (Graham & Homel 2008; Holder et al 2005).

As is the case with any community, interventions aimed at reducing the negative effects of alcohol and alcohol-related violence in indigenous communities must attempt to address the factors that contribute to alcohol abuse.

In conclusion, it is important that the existing evidence base is used to inform policy and practice and is customised to suit local problems and circumstances. Further research and evaluation of violence prevention programs is required to continue to develop our understanding of what works in reducing alcohol-related violence and why, and to identify important lessons for successful implementation.

This summary paper was funded by the WA Office of Crime Prevention.

Key issues in alcohol-related violence

Research in Practice Summary Paper No. 4, December 2009
By Anthony Morgan and Amanda McAtamney
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HELPING A DRUNK FRIEND
SOME IMPORTANT FACT SHEET ADVICE FROM REACHOUT.COM

It is likely that at some stage of your life you will be in the situation where you have to look after a friend who is drunk. Your friend may have been drunk for a number of reasons, including not being familiar with how much alcohol they could handle, feeling pressure to drink a lot, or even because they like the feeling. Whatever the reason, when someone is drunk, they may be more likely to get into unsafe situations, and that is where you, as their friend, can help.

How can you know if a friend has had too much to drink?
Alcohol affects people differently. Factors that might influence how alcohol affects you might include your gender, age, body shape, and even your mood. Some people might be able to drink a lot without it affecting them, whereas others might be affected after one drink.

Signs that your friend has had too much to drink might include that he/she:
➤ Can't string words together to make a coherent sentence
➤ Acting strangely and doing things they wouldn’t normally
➤ Has thrown up
➤ Has a glazy look in their eyes
➤ Can't walk straight and keeps bumping into people and objects
➤ Has passed out.

What can you do to help your friend?
Look out for each other when you go out. If you think your friend might have had too much to drink there are a number of things you can do to help, including:
➤ Stay with your friend, and make sure they are okay
➤ Quietly, let your friend know that they are probably drunk, and suggest to them it would be a good idea to stop drinking alcohol, or else slow down, and to drink some water and eat something. Sometimes the easiest way to encourage your friend to slow down is to get the group to go for something to eat that way you are getting your friend to take time out from drinking without having to confront them
➤ Make sure your friend gets home okay; for example, by either getting them into a taxi, taking them home (by car, public transport or by walking), or taking them back to your place
➤ Let someone in their house know they're really drunk and need to have an eye kept on them, or else keep an eye on them yourself
➤ If your friend loses consciousness or passes out, it is important to get help straight away and call an ambulance. The way you act will depend on whether your friend is breathing or not, and whether or not they have a pulse. Check out the St Johns Ambulance site for more info.

My friend is ‘just drunk’. They'll be okay won’t they?
Not necessarily. Alcohol is a toxin, which means if it is consumed in excessive amounts, it can cause serious damage to the body. Alcohol poisoning is a potentially deadly condition caused by drinking excessive amounts of alcohol.

Symptoms of alcohol poisoning include:
➤ Mental confusion, stupor, coma, or the person cannot be roused
➤ Vomiting
➤ Seizures
➤ Slow breathing (fewer than eight breaths per minute)
➤ Irregular breathing (10 seconds or more between breaths)
➤ Hypothermia (low body temperature), bluish skin colour, paleseness

If your friend has any of the above symptoms, call 000 straight away.

Later on ...
Friends are meant to help each other out, but being the person who has to look after everyone else on an ongoing basis is no fun. A bit later on you might want to tell your friend about how worried you were about them when you had to look after them, and discuss ways to drink without it affecting your nights in a negative way.

Acknowledgement: Alcohol Education & Rehabilitation Foundation (AER)

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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, and this increases the risks 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, but there is a tendency in some people for the level of dependence to increase slowly over time.

Alcohol is strongly linked with anxiety and depression in those with alcohol dependence.

- 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 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), and
  - Social, relationship and vocational problems.

**MENTAL HEALTH CONDITIONS**

- People who use alcohol to cope with their mental health conditions have a tendency to become dependent. 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 it is greatly improved.

- 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.

➤ Anyone with first (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 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.

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.

You can find more information on the recommended levels of alcohol consumption in the [Guidelines for Alcohol Consumption Fact Sheet](#).

ADAPTED FROM


GUIDELINES SOURCE


OTHER SOURCES


Reducing health risks from drinking alcohol – frequently asked questions

Common questions relating to the 2009 Australian Guidelines to Reduce Health Risks from Drinking Alcohol, produced by the National Health and Medical Research Council

The National Health and Medical Research Council (NHMRC), is an independent statutory authority that has the job of bringing together the best information available from worldwide medical research to advise Australians about their health choices. These new NHMRC guidelines are about reducing the risks to your health from drinking alcohol. Of course, how much you drink is your choice. But we hope these guidelines will help you make an informed choice and also help health agencies guide the community in reducing health risks.

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.

Guideline 2:
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.

Guideline 3:
3A 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.
3B For young people aged 15-17 years the safest option is to delay the initiation of drinking for as long as possible.

Guideline 4:
4A For women who are pregnant or planning a pregnancy, not drinking is the safest option.
4B For women who are breastfeeding, not drinking is the safest option.

UNDERSTANDING THE GUIDELINES

Q. What is a safe level of drinking?
A. The revised Australian Guidelines to Reduce Health Risks from Drinking Alcohol (2009) provide information for Australians on reducing risks to health from drinking alcohol. There is no level of drinking alcohol that can be guaranteed to be completely ‘safe’ or ‘no risk’. Rather these guidelines set out advice on the level of drinking alcohol that will enable healthy adults to keep their risk of alcohol-related accidents, injuries, diseases and death low both in the short and long term.

The guidelines for pregnant and breastfeeding women, children and young people recommend that not drinking is the safest option.

The guidelines for pregnant and breastfeeding women, children and young people recommend that not drinking is the safest option.

Q. What has changed from the previous 2001 Australian Alcohol Guidelines?
A. In the 2001 Australian Alcohol Guidelines: Health Risks and Benefits there were two designated drinking levels where drinking above these levels was ‘risky’ and ‘high risk’. These terms are not used in the 2009 Guidelines because we now know that risk increases progressively - the more you drink, the greater the risk. The 2009 Guidelines are based on reducing health risks from drinking alcohol.

The 2009 Guidelines focus on the health risks that accumulate over a lifetime from alcohol, and understanding that these risks increases progressively - the more you drink, the greater the risk.

The 2001 version had 12 guidelines. In the 2009 Guidelines there are just four. Appendix A1 in the 2009 Australian Guidelines to Reduce Health Risks from Drinking Alcohol also describes other health issues and situations that should be considered.

The main differences in the recommendations are:
➤ The 2009 guidelines advise both men and women to drink no more than two standard drinks per day to reduce their health risks over a lifetime. The previous guidelines set out four drinks for men and two drinks for women per day, on average
➤ Young people (up to 18 years of age) are advised not to drink alcohol at all. The previous guidelines recommended young people not to drink above levels suggested for adults
Women who are pregnant, planning a pregnancy or breastfeeding are advised not to drink.

Q. In addition to the four main Guidelines, what are the further health issues and situations to consider?

A. People who are supervising children or engaged in risky activities including driving, operating machinery, water and snow activities, young adults (aged 18-25) and older people need to take special care. People taking certain medications or people who have physical or mental health problems that could be made worse by alcohol consumption, should seek advice from a health professional.

Although not discussed in detail in the Guidelines, people drinking alcohol also need to take into account legal issues, such as drinking and driving, intoxication in public and purchasing or drinking alcohol under age 18.

Q. What does a single occasion of drinking mean? How is a single occasion of drinking determined?

A. A single occasion of drinking is a sequence of consuming drinks without the blood alcohol concentration reaching zero in between. This can be at home or at an event, but includes drinking spread across more than one context or venue.

Q. Why do the Guidelines advise that not drinking alcohol is the safest option for children and young people under age 18?

A. The risks of accidents, injuries, violence and self-harm are high among drinkers aged under 18 years. Young people who drink are more prone to risky and antisocial behaviour than older drinkers.

Earlier initiation of drinking is related to increased alcohol consumption in adolescence and young adulthood, and these patterns in turn are related to the possibility of damage to the developing brain and development of alcohol-related harms in adulthood.

Q. I am pregnant, or planning to be pregnant. How much alcohol is it safe for me to drink?

A. Alcohol may harm your baby whilst you are pregnant. Heavy daily drinking or heavy episodes of drinking have the most risk, and the risk from low-level drinking (one or two drinks per week) is likely to be small.

However there is no lower limit that can be guaranteed to be completely safe and so the safest thing is to stop drinking altogether while you are pregnant and while you are breastfeeding. If you find it difficult to decrease or stop drinking alcohol speak to your health care practitioner for support and advice.

Q. I’ve just found out that I’m pregnant. As I had a few drinks before I knew, is my baby at risk?

A. If you drank alcohol early on before you knew you were pregnant, the risk to your baby from low-level drinking is likely to be low. The safest thing to do is to stop drinking altogether while you are pregnant. If you are worried ask your doctor for advice.

Q. Should I drink while taking prescription or herbal medications?

A. If you are taking medication, either prescribed or bought over the counter (including herbal preparations), ask your doctor or pharmacist about whether combining them with alcohol could be harmful.

Q. Drinking alcohol makes me feel better about myself – why should I drink within the Guidelines?

A. People who are depressed, anxious or have other mental health problems sometimes drink to make themselves feel better. This does not address the real problems and may make things worse. Mixing alcohol with certain medications can cause significant problems as well.

Q. Do the Guidelines take into account differences in age?

A. Yes – There are separate guidelines for healthy Australian adults, children and young people, and pregnant or breastfeeding women. Appendix A1 in the 2009 Australian Guidelines to Reduce Health Risks from Drinking Alcohol provides information for young adults and older Australians.
Q. Do the Guidelines take into account differences between men and women?
A. At low-levels of alcohol consumption, there is little difference between the risk of alcohol-related harm for men and women, both over a lifetime and on a single drinking occasion.

However, at higher levels of alcohol consumption:
➤ Over a lifetime, the risk of alcohol-related disease increases more quickly for women and the risk of alcohol-related injury increases more quickly for men; and
➤ On a single occasion, women may reach higher blood alcohol levels than men who have consumed an equivalent amount of alcohol; however, men are more likely to incur an injury because in general they are more likely to engage in risk-taking behaviour when drinking.

On the basis of these factors the drinking guidelines for low health risk are the same for men and women.

Recent scientific evidence suggests that any potential health benefits from consuming alcohol probably have been overestimated.

Q. Do the Guidelines define ‘binge drinking’?
A. Although ‘binge drinking’ is popularly understood to mean someone going out to get drunk, the Guidelines do not define binge drinking because it means different things to different people and is difficult to define scientifically. Instead of the term ‘binge drinking’, the Guidelines refer to a single occasion of drinking.

Q. Are there any health benefits from consuming alcohol?
A. Recent scientific evidence suggests that any potential health benefits from consuming alcohol probably have been overestimated. Any benefits are mainly related to middle aged or older people and only occur with low-levels of alcohol intake of about half a standard drink per day, which is within the Guidelines level.

The Guidelines do not encourage people to take up drinking just to get health benefits.

Q. Has the ‘standard drink’ changed from the previous Guidelines?
A. No – a standard drink is still 10 grams of alcohol.

Q. Is a standard drink different to a serving of alcohol?
A. Yes – it is important to note that drink serving sizes are often more than one standard drink. There are no common glass sizes used in Australia.

BACKGROUND TO THE GUIDELINES

Q. Who and what are the Guidelines for?
A. The Guidelines are intended to form the evidence base for developing future policies and community materials on the health effects of alcohol consumption. They also aim to establish clear advice for Australians on how to avoid or minimise the harmful health consequences of drinking alcohol – from both the immediate (or short-term) effects of each drinking occasion and from the longer-term effects of regular drinking.

These Guidelines are a resource for a range of groups including health professionals, community groups, industry, professional organisations, schools and educational organisations. They will also inform policy makers, planners, decision-makers, and those responsible for providing alcohol, who have a broader responsibility to the community.

Q. Who wrote the new draft guidelines?
A. The NHMRC established a Working Committee of Australian experts including members with experience in treatment, general practice, research, addiction, and consumer representation.

The Guidelines were also peer reviewed by four experts.

### HOW MUCH IS A STANDARD DRINK?

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<thead>
<tr>
<th>Drink Type</th>
<th>Standard Drink</th>
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<tr>
<td>Can/stubbie low-strength beer</td>
<td>0.8 standard drink</td>
</tr>
<tr>
<td>Can/stubbie mid-strength beer</td>
<td>1 standard drink</td>
</tr>
<tr>
<td>Can/stubbie full-strength beer</td>
<td>1.4 standard drinks</td>
</tr>
<tr>
<td>100ml wine (13.5% alcohol)</td>
<td>1 standard drink</td>
</tr>
<tr>
<td>30ml nip spirits</td>
<td>1 standard drink</td>
</tr>
<tr>
<td>Can spirits (approx 5% alcohol)</td>
<td>1.2 to 1.7 standard drinks</td>
</tr>
<tr>
<td>Can spirits (approx 7% alcohol)</td>
<td>1.6 to 2.4 standard drinks</td>
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independent international experts in alcohol research, two Australian health economists, and several Australian scientists with expertise in epidemiology and public health.

Q. How did the NHMRC develop the 2009 Guidelines?
A. The NHMRC commissioned a systematic search and analysis of the literature on the health effects and risks of alcohol consumption, based on international papers published between 2001 and 2007. This ensures the Guidelines are underpinned by the most current and best available scientific research and evidence.

The NHMRC then released the draft guidelines for public consultation in 2007. A range of issues were identified and these were considered in the development of the final Guidelines.

The methodology to define and describe risk was developed specifically for the 2009 Guidelines. They are the first Guidelines to be based on a specification of lifetime risks to the drinker from drinking at a particular level or in a particular pattern.

Previous alcohol guidelines were set without any specification of what absolute risk was involved at particular levels of drinking.

Q. What is the process for issuing NHMRC Guidelines?
A. Once a final draft of guidelines has been developed, they are provided to the Council of NHMRC for consideration. If satisfied with the draft, Council provides advice to the Chief Executive Officer (CEO) recommending the guidelines be issued. The CEO considers this advice and, if satisfied, issues the guidelines.

The NHMRC is independent and government approval is not required for guidelines to be issued.

Q. Are the Australian Guidelines out of step with the rest of the world?
A. No. There is no single international standard for safe or unsafe drinking levels. For more details of international guidelines refer to pages 18-19 of the Guidelines, which examines the recommendations in many other countries.

Q. Why did the Guidelines take longer than expected to be released?
A. For two reasons. Firstly, due to the high number of submissions received during public consultation, the Guidelines took longer than expected to be finalised. Secondly, the Guidelines underwent a number of national and international peer reviews. These additional tasks required an extension to the expected timeframe.

Extracted from the National Health and Medical Research Council’s 2009 ‘Australian Guidelines to Reduce Health Risks from Drinking Alcohol’.
4 MILLION AUSTRALIANS ADMIT TO DRINKING TO GET DRUNK

Over 4 million Australian adults admit to drinking to get drunk, with over 60 per cent of Gen Y drinkers engaging in such risky drinking behaviour, according to a report by the AER Foundation

The report entitled Annual Alcohol Poll: Community Attitudes and Behaviours,¹ commissioned by the Alcohol Education & Rehabilitation Foundation (AER Foundation), also found that over 5 million Australians have been affected by alcohol-related violence, including 2.6 million who have been direct victims of such violent incidences.

A majority of Australians (80%) believe we are a nation with a drinking problem, while 82% also feel more action is needed to fight the damage caused by alcohol misuse.

Significantly, the view that Australia has a problem with excess drinking is shared equally across all generational groups, from Gen Y, to Gen X and Baby Boomers (80% respectively). This is being echoed by an increasing number of regular drinkers (78%),² up from 59% in 2010.

In other key findings from the report, more than half the Australian population believe that governments (58%), pubs and clubs (68%), and alcohol companies (74%) are not doing enough to address alcohol-related harms.

AER Foundation Chief Executive Michael Thorn said:

“These findings paint a picture of an unhealthy drinking culture in Australia, where millions of people are misusing alcohol by drinking to get drunk.

“There is countless and unequivocal evidence of the link between high consumption levels and harm – the more people drink, the more likely they are to cause harm to themselves and to the people around them.

“Pointing the finger or stigmatising individuals after the harm has been caused isn’t proving effective. If we are serious about reducing the impact of alcohol misuse on our communities, we all need to accept responsibility for this issue. With 82% of Australians supportive of greater action to reduce alcohol-related harms, there is a mounting realisation that this is a national health issue that needs to be addressed.”

The report found that the majority of Australians were supportive of implementing policy measures to address alcohol-related harms including: banning alcohol advertising on television before 8:30pm (69%), banning alcohol industry donations to political parties (64%), introducing health warning labels (62%) and establishing an independent alcohol advertising regulatory body (58%).

Mr Thorn added: “Governments and policy makers need to change tack if we’re going to see a real difference in people’s drinking behaviours. It’s no longer acceptable to continue to ignore the evidence-based policies that have been recommended by countless government reviews. What we need is a grassroots-to-government approach that includes government policies that focus on the whole population, not individuals.

“The reality is, alcohol misuse comes at a $36 billion cost to Australians each year and at the worst end of the scale, a person dies each day as a result of someone else’s drinking.³ Among our most vulnerable groups, alcohol misuse is to blame in almost 20,000 cases of child abuse (2006/07), and in over 24,000 cases of domestic violence every year.

“Governments now need to harness the community’s support for action, and take advantage of current opportunities to implement measures such as the introduction of health warning labels on alcohol products. This is a simple and effective strategy that will increase awareness of the potential harms caused by alcohol misuse.

“In light of the Federal Government’s taxation forum in October this year, now is the time to be revisiting the recommendations made by the Henry Review, and seriously consider the implementation of a system whereby alcohol is taxed based on its alcohol content.

“We know with great certainty that this is a problem that affects not just the drinker, but families, friends and the wider community. This is a population-wide problem that must be met with population-wide solutions.

“We look forward to working with governments, including the newly established Australian National Preventive Health Agency to implement these measures,” Mr Thorn said.

OTHER KEY FINDINGS

Alcohol consumption:
➤ Alcohol is consumed by 84% of Australian adults
➤ While around half (52%) of all drinkers limit themselves to one to two standard drinks on a typical occasion, there are a large number of Australians who continue to drink alcohol at harmful levels
➤ There was a significant increase in the number of regular drinkers who think that Australians have a problem with alcohol, with 78% of regular drinkers reporting this, up from 59% in 2010.

Drinking to get drunk:
➤ The majority (61%) of Gen Y drinkers consume

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However, fewer Australians are aware of the link between alcohol misuse and stroke (44%), mouth and throat cancer (24%), and breast cancer (11%).

Alcohol-related violence:
- Over five million Australians (41%) have been affected by alcohol-related violence
- This includes 2.6 million who have been a victim of alcohol-related violence
- Of the 41% of people who have been affected by alcohol-related violence, 30% had a family member or friend affected and 19% have been directly affected
- Women and men are equally as likely to have reported being a victim of alcohol-related harm (19%) for each.

Awareness of health conditions associated with alcohol misuse:
- Most Australians associate illnesses such as cirrhosis of the liver (88%), liver cancer (69%) and heart disease (55%) with alcohol misuse
- However, fewer Australians are aware of the link between alcohol misuse and stroke (44%), mouth and throat cancer (24%), and breast cancer (11%).

Knowledge and awareness of the Australian Guidelines to Reduce Health Risks from Drinking Alcohol:
- Just over half of all Australian adults (54%) are aware of the NHMRC’s Guidelines to reduce health risks from drinking alcohol, but relatively few (12%) are familiar with the content
- 10% of all Australian adults are aware that the Guidelines had been updated in 2009.

Alcohol and drinking while pregnant:
- 80% of Australians believe consuming alcohol while pregnant can be harmful to the developing foetus and 72% believe drinking alcohol while breastfeeding is harmful to the baby
- Fewer than half of women who have been pregnant or breastfed recall having had a health specialist raise with them the harms associated with drinking alcohol (42%).

Perception of individual consumption:
- The majority of Australian drinkers (69%) are comfortable with how much alcohol they consume
- 23% of Australian drinkers sometimes feel they have too much to drink
- 7% of Australian drinkers admit to being uncomfortable.

Perceptions of alcohol availability at the local level:
- 48% of Australians feel that they do not have enough say in the number of licensed venues in their community, which is twice as many as those who feel they do have enough say (24%)
- 5% of people have made a complaint about a licensed venue in their local area
- People with children aged 13-17 years are twice as likely to have made a complaint about a licensed venue (9%).

REFERENCES
1. The AER Foundation-commissioned Galaxy study was conducted between 14th to 17th January 2011. It was national online survey (excluding NT) and was weighted by age, gender and location (based on ABS population estimates) to the national population. There were 1,009 respondents aged 18 years and above.
2. Regular drinkers are defined in the Galaxy study as people who consume 10 or more standard drinks per week.

The AER Foundation is an independent, charitable organisation working to prevent the harmful use of alcohol in Australia. Since 2001, the AER Foundation has invested over $115 million in research and community projects to minimise the impact of alcohol misuse on Australians. Through our national grants program and commissioned research, the AER Foundation has established itself as a leading voice on alcohol and other drugs issues. We work with community groups, all levels of government, police, emergency workers, research institutions and the private sector to address alcohol-related problems.
Drinking alcohol is the most common type of drug use in Australia. Alcohol is so widely used that many people don’t think of it as a drug, and may not realize that it can be very harmful. As a result, they may drink too heavily at times, or binge drink.

Binge drinking is commonly thought of as drinking heavily over a short period of time with the intention of becoming intoxicated, resulting in immediate and severe intoxication.

IS BINGE DRINKING HARMFUL?

Yes, binge drinking can be harmful in a number of ways:

- **Short-term harms** are those that are immediately harmful to your health. For example, hangovers, headaches, nausea, shakiness and possibly vomiting and memory loss
- Alcohol’s psychoactive effects can change the way you behave. This leads to increased risk of falls, assaults, car accidents, unplanned pregnancy, shame and embarrassment about your behaviour, loss of valuable items such as a damaged car or lost phone, and financial losses through reckless spending while intoxicated, or loss of income through time off work
- **Long-term harms** include becoming physically or psychologically dependent upon alcohol, additionally, long-term drinking is shown to increase the risk of cancer, brain, kidney and liver damage.

HOW BIG A PROBLEM IS IT REALLY?

Of Australia’s general population in 2007, almost 10 per cent of people over 14 drank at levels that increased their risk of alcohol-related harm in the long-term risk and 26.8 per cent drank at levels that increased their risk of alcohol-related harm in the short term at least monthly. These figures will likely increase as a result of the new Alcohol Guidelines issued by the National Health and Medical Research Council on 6 March 2009.

Research shows that although the number of 12 to 17 year olds who are drinking alcohol has remained fairly stable during the past decade, the number of those who are drinking at harmful levels has increased significantly during that time. Among 16-24 year olds, alcohol-related harm is one of the leading causes of disease and injury burden.

How can I avoid the risks of binge drinking?

The National Health and Medical Research Council (NHMRC) *Australian Alcohol Guidelines for Low-risk Drinking* recommend:

1. For low-risk from both immediate and long-term harm from drinking, men and women should drink two (2) standard drinks, or less, in any one day
2. To reduce the chance of alcohol-related injury, healthy men and women should not drink more than four (4) drinks in any one session
3. For children and young people under 18 years of age, parents and carers are advised that not drinking is the safest option for children and adolescents, and
4. For women who are pregnant, are planning a pregnancy, or are breastfeeding, not drinking is the safest option.

What is a standard drink?

A standard drink is defined as one that contains 10 grams of pure alcohol. Different types of alcoholic drinks contain different amounts of pure alcohol.

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Each of these drinks equals approximately one standard drink:
➤ A 285 ml pot/middy/handle of regular beer (4.8% alcohol)
➤ 2/3 of a 375 ml stubbie of regular beer (4.8% alcohol)
➤ A 375 ml can of mid-strength beer (3.5% alcohol)
➤ 1/4 of a 375 ml stubbie of light beer (2.7% alcohol)
➤ 100 ml of wine or sparkling wine (12.0% alcohol)
➤ A 30 ml ‘nip’ of spirits (40.0% alcohol)
➤ 2/3 of a 275 ml can of ready-to-drink spirits (7.0% alcohol); and
➤ 2/3 of a 375 ml bottle of alcoholic cider (5.5% alcohol).

Set limits for yourself, and stick to them. Don’t let other people pressure you into drinking more than you want.

Keep in mind that not all drinks contain the same concentration of alcohol, and that many venues fail to adhere to standard drink guidelines. Studies have shown that the average serve of wine in a restaurant is equal to approximately 1.8 standard drinks. Beware of bigger glasses, bottles or cans which hold more than one standard drink. If you are not sure, check for standard drinks information on the bottle’s label.

**SOME TIPS FOR CONTROLLING YOUR DRINKING**

Be aware of how alcohol affects you as an individual. If you know you will be drinking alcohol, make sure you plan ahead.

**STAYING SAFE**

➤ If you are partying with a group of friends, try to agree that one of the group will not drink, and will be responsible for driving, and looking out for the group generally. Of course each person is ultimately responsible for their own behaviour
➤ Make sure you can call a member of your family or a friend if you need help.

**REDUCING YOUR DRINKING**

➤ Set limits for yourself, and stick to them. Don’t let other people pressure you into drinking more than you want
➤ **Quench your thirst first.** Have a non-alcoholic drink first if you are thirsty
➤ **Drink slowly.** Take sips, not gulps
➤ **Drink from a small glass.** Some wine glasses can hold several standard drinks
➤ **Be aware of exactly what you are drinking.** Remember that ‘alcopops’ (sweet flavoured pre-mixed drinks) can be quite strong, even though they don’t taste like strong alcohol
➤ **Try a low alcohol/non-alcoholic alternative**
➤ **Eat before and while drinking,** but avoid salty snacks, which will make you thirsty
Alcohol is the most widely used recreational drug in Australia. We have a culture of socially accepting the drinking of alcohol, with many Australians drinking after work, at barbecues, on the weekend, and at sporting events – just to name a few. Facts by ReachOut.com

**WHAT IS BINGE DRINKING?**

Binge drinking is drinking heavily on a single occasion, or drinking continuously over a number of days or weeks. It is also commonly known as ‘getting smashed’, or ‘drinking to get drunk’.

A person who binge drinks may usually have restrained drinking habits, but may frequently overindulge to an extreme level. Alternatively, someone may not necessarily set out to drink a lot, but may be unsure of their limits, resulting in drinking too much over a short period of time.

You may also be more likely to binge drink if you are feeling peer pressure to do so. Or, you may be feeling anxious or socially awkward, for example at a party, and you may binge drink with the aim to reduce those feelings.

**IS BINGE DRINKING HARMFUL?**

Binge drinking can be immediately and directly harmful to your health. It can expose you to injury or to unnecessary risks to yourself and others.

As well as having adverse short-term effects, binge drinking can also cause long-term effects on your health and wellbeing.

**SHORT-TERM EFFECTS OF BINGE DRINKING**

If you drink to excess you’re likely to experience a number of physical effects, including:

- Hangovers
- Nausea
- Shakiness
- Vomiting and memory loss
- Injury to yourself
- Alcohol poisoning.

Alcohol is a major cause of injury and death among young people. When you’re drunk, you’re more likely to put yourself in risky situations, like getting into a car with someone who’s been drinking, or being the perpetrator or victim of violence.

**SOME FACTS ABOUT ALCOHOL**

- On average, one in four hospitalisations of 15-25 year olds happen because of alcohol.
- 70 Australians aged under 25 will be hospitalised due to alcohol-caused assault in an average week.
- Four Australians aged under 25 die due to alcohol-related injuries in an average week.

Four Australians aged under 25 die due to alcohol-related injuries in an average week.

**LONG-TERM EFFECTS OF BINGE DRINKING REGULARLY**

Continuous heavy drinking over a long period of time can lead to:

- Physical and psychological dependence on alcohol
- Significant damage to the brain and liver
- Risk of cancer of the mouth, throat or oesophagus
- Possible increased risk of neurological disorders, heart problems, and sexual problems (especially male impotency)
- Risk of emotional and mental health problems developing, such as depression and anxiety
- Problems at school, work and with relationships.

**OTHER POSSIBLE EFFECTS OF BINGE DRINKING**

In addition to the health risks, binge drinking may also impact your self esteem and social life, because you may find yourself doing things when you’re drunk that you wouldn’t normally do if you were sober. In fact, one in two Australians aged 15-17 who get drunk will do something they regret.

Being drunk affects your judgement and may lead to you:

- Having unprotected sex, or unwanted sex. This might lead to unwanted pregnancy, or STIs.
- Feeling bad about yourself and embarrassed by your actions.
- Losing friends or loved ones as a result of your behaviour.
- Losing money that you need for other things after reckless spending on alcohol.

**WHAT IS A STANDARD DRINK?**

The amount of alcohol you drink is often stated in terms of ‘standard drinks’. In Australia a standard drink is any drink that contains 10 grams of pure alcohol, but it is obviously difficult to know how much this is just by looking at a glass!

Knowing how many standard drinks you are having may help you in managing your alcohol use. Different types of alcoholic drinks contain different amounts of pure alcohol.

For a helpful guide that shows how many standard drinks are in a variety of common alcoholic beverages, visit the NHMRC website – [www.nhmrc.gov.au](http://www.nhmrc.gov.au).

It may be helpful to remember that alcohol is not always served as standard drinks. For more information about standard drinks check out the DrugInfo Clearinghouse (ADF) fact sheet on alcohol – [www.druginfo.adf.org.au](http://www.druginfo.adf.org.au).

**HOW MUCH CAN YOU DRINK?**

We all respond to alcohol differently, and it is important that you know your own limits, and understand how alcohol affects you as an individual.

How alcohol affects you may be influenced by a number of factors, such as:

- How much alcohol you drink
- How quickly you drink it
- Whether you consume the alcohol with other drugs
- Whether you’re male or female
- Your mood
- Your body type
- Whether or not you’ve eaten.

If you have not drunken alcohol before, it may be difficult for you to

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Alcohol and Binge Drinking

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know what your limits are. The first time you drink alcohol, it may be a good idea to try drinking in a safe area, where someone can help you if you drink too much. This might be at home, or at a friend’s place.

AUSTRALIAN GUIDELINES TO REDUCE HEALTH RISKS FROM DRINKING ALCOHOL

In 2009, the National Health and Medical Research Council (NHMRC) published the Australian Guidelines to Reduce Health Risks from Drinking Alcohol.

The Guidelines are based on extensive research and are set out below.

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 two 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.

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. 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.

The reason for this is that alcohol can affect brain development and lead to alcohol-related problems in later life.

Guideline 4 – If you’re pregnant or 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.

Check out the Australian Guidelines to Reduce Health Risks from Drinking Alcohol for more detailed info.

TIPS FOR CONTROLLING YOUR DRINKING

There are a number of things you can do to keep your drinking under control, including:

- Set limits for yourself and stick to them
- Start with a non-alcoholic drink
- Try having a ‘spacer’ – alternating non-alcoholic drinks with alcoholic drinks
- Drink slowly – take sips not gulps
- Try a low alcohol alternative to a pre-mixed drink
- Eat before or while you are drinking, avoid salty snacks, they make you thirsty
- Avoid rounds or ‘shouts’
- Have one drink at a time, so you can keep track
- Avoid sculling competitions, and drinking games
- Stay busy – don’t just sit and drink
- Be assertive – don’t be pressured into drinking more than you want or intend to.

MANAGING ALCOHOL INTAKE

Managing your alcohol use may be difficult. If you reduce your alcohol use you may still crave for it for some time afterwards. Try not to be too hard on yourself if you don’t reach your immediate goal.

Having to try several times may be part of reducing your use and it is important you keep trying. It may be helpful to have someone you can talk to. This may be a friend, a family member, doctor or a counsellor.

Check out the ‘Who can help you’ section at http://au.reachout.com to find more about help available for you.

REFERENCES

1. DrugInfo Clearinghouse, Binge Drinking Fact Sheet Number 1.10, revised June 2009.
Alcohol is the most widely used drug in Australia. Moderate drinking is usually accepted and sociable. For some people, drinking can get out of control and cause harm to themselves and others. A fact sheet from headspace

A.K.A: booze, grog, drink, tinnies, liquor

Alcohol slows down your coordination, judgement and response time. Alcohol will not necessarily make you feel depressed, but it can exaggerate the mood you were in before you started to drink. If you have a mental health issue like depression, alcohol can make these feelings stronger.

What’s a standard drink?

Many different alcoholic drinks are available. Some are ‘easier’ to drink than others – for example if they taste sweet – but remember they still contain alcohol.

We measure the amount of alcohol in ‘standard drinks’, with one standard drink containing 10 grams of pure alcohol.

What’s the limit?

Australian medical experts (National Health and Medical Research Centre Council) recommend the following:

➤➤ Both males and females over the age of 18 should not have more than two standard drinks a day in order to reduce the lifetime risk of harm from alcohol-related diseases or injury
➤➤ Both males and females over the age of 18 should not drink more than four standard drinks on a single occasion in order to reduce the risk of an immediate alcohol-related injury
➤➤ Those under 15 years are at greatest risk of harm from drinking
➤➤ 15-17 years should delay their first drink for as long as possible, but if they do drink to do so in a safe environment (e.g. supervised by adults).

Drinks should not be consumed quickly (no more than two drinks in the first hour for males, and no more than one drink an hour for females).

<table>
<thead>
<tr>
<th>TYPE</th>
<th>ONE STANDARD DRINK</th>
<th>HOW STRONG?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full strength beer</td>
<td>Three-quarters of a 375 ml stubbie, or one 285 ml pot/middy/schooner/handle</td>
<td>4.9% alcohol</td>
</tr>
<tr>
<td>Wine/champagne</td>
<td>100 ml – a small glass</td>
<td>12-14% alcohol</td>
</tr>
<tr>
<td>Alcoholic soda (e.g. ‘Breezers’)</td>
<td>Two-thirds of a 330 ml bottle</td>
<td>5.5% alcohol</td>
</tr>
<tr>
<td>Shots of spirit/liqueur</td>
<td>30 ml (a shot)</td>
<td>40% alcohol</td>
</tr>
</tbody>
</table>

Drinks served in bars can be bigger than a standard drink. For example, a large wine glass can hold two standard drinks or even more.

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Take special care if you are taking medication, are pregnant, or will be driving, operating machinery or doing something that is risky or needs concentration.

What are the immediate effects of alcohol?
The effects of alcohol depend on things like your age, sex and body weight; your general health; how regularly you drink; what you are drinking; how much you drink and how quickly; and whether you have eaten. The effects also depend on the mood you were in when you started drinking, and the circumstances at the time (for example, whether you are alone or with friends). Drinking while using other drugs can have unpredictable effects.

Drinking too much can cause lots of short-term problems, like headaches, feeling sick and vomiting, feeling dizzy, dehydration, passing out, and generally feeling ‘hung over’.

Too much alcohol can also lead to long-term health problems, ranging from brain damage to liver and heart damage, stomach ulcers and a higher cancer risk.

What are the risks?
Being drunk can lead to aggressiveness and getting into fights, having unsafe sex, and being vulnerable to assault and rape. There are also extreme risks associated with drink driving, including being killed or seriously injured – and killing or injuring someone else. It is also possible to overdose and die from alcohol poisoning.

How can alcohol affect my health
Too much alcohol can also lead to long-term health problems, ranging from brain damage to liver and heart damage, stomach ulcers and a higher cancer risk.

It can also lead to you being dependent on alcohol. Being able to ‘hold’ your drink might be a sign that you are developing a problem.

Is occasional binge drinking OK?
Some people think that because they don’t drink every day, there is no real problem with heavy drinking (binge drinking) maybe once a week. In fact, the short-term risks, including alcohol poisoning, are still worse than with moderate drinking.

How can I limit the amount I drink?
Sometimes it’s hard to say ‘no’ to alcohol, especially if everyone around you is drinking. Here are some hints to help you limit the amount you drink:
➤ Eat before drinking and while you are drinking
➤ Drink water in between alcoholic drinks
➤ Finish your drink before topping it up, so you can keep count
➤ Don’t drink by yourself
➤ Leave early if you think you are going to drink too much

➤ Take small sips, and drink slowly
➤ Know your limits
➤ Try having days and weekends without drinking
➤ Avoid drinking if you have school, uni or work the next day
➤ Drink low-alcohol drinks
➤ Avoid rounds (or shouts).

How do I know when alcohol is a problem?
Here are some signs that your drinking might be a problem:
➤ Not being able to concentrate and difficulties with study or work
➤ Often feeling hungover
➤ Thinking about drinking more often than not
➤ Feeling on edge
➤ Having to drink more to feel the effect of alcohol
➤ Not being able to stop when you want to.

If you, or your friends or family, think your drinking is a problem, then take it seriously and talk about it. It’s not always easy to change your drinking patterns, but other people can help. Try speaking with a trusted family member or friend. Otherwise doctors and counsellors can help as well. Check out the ‘Getting Help’ section of the headspace website to find services near you.

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Ads, not sport stars, to blame for binge drinking

Sport stars are not role models and their bad behaviour should not be blamed for teenage binge drinking, according to the authors of a new international study on alcohol and sport. An ABC News report from George Roberts

Researchers from three universities in the UK and Australia surveyed 1,000 university-aged people from New South Wales. The results, published in the Drug and Alcohol Review, show that the ‘loutish’ and ‘drunken’ behaviour of sport stars has little bearing on how much young people drink.

Dr Kerry O’Brien from the University of Manchester says advertising during sporting events has much more to do with youth binge drinking than the stars.

“We continue to criticise individual sports stars for their poor behaviour and particularly when it comes to drinking, however it doesn’t actually appear that the sport stars’ drinking patterns and what [we’re] perceiving them as is actually having an influence on young people,” he said.

Dr O’Brien says there is a consistent pattern with alcohol advertising through sporting events and alcohol consumption.

He says alcohol companies spend about 80 per cent of their advertising budget on sport.

“So they know that sport is a great avenue for marketing their products and it does influence young people,” he said.

He says sports administrators and alcohol companies are more to blame and should review the way they are promoting alcohol as healthy.

DRINKING CULTURE

Another researcher and the head of Biomedical and Health Science at the University of Western Sydney, Professor Greg Kolt, agrees.

“I think there very much is a culture of drinking that’s associated with sport,” he said.

“I think that a large part of that culture comes around because the alcohol industry does team up with sport in terms of their sponsorship, advertising and marketing.

“I think probably what it is time now for is for sporting organisations to have a look at their relationship with alcohol.”

Former professional US basketball player James Pitts now works for a rehabilitation centre in Sydney.

He has helped rugby league players with alcohol and other drug problems and he backs a review of sport sponsorship.

“I think certainly there needs to be some review ... of how and when alcohol advertising in sports takes place,” he said.

Pitts says the relationship between alcohol companies and sporting clubs creates a drinking culture which the players get caught up in too.

“In a lot of cases within sports and particularly rugby league clubs the expectation is that you’re able to drink and that not only are you able to drink in a lot of cases, the expectation is that you may be expected to drink to excess,” he said.

“These are young men. When you’re talking about 18, 19, 20 you know less than 25 years of age, and they continue to be in that group which is really at risk for the misuse of alcohol.”

Professor Kolt has drawn a comparison between alcohol advertising in sport and tobacco advertising, which is now banned.

“There’s always been a link made between alcohol and sport... the detrimental effects of that, in the same way as there was previously between cigarettes and sport,” Professor Kolt said.

“And obviously some quite significant changes have been made there but have not yet filtered down to the alcohol industry.”
Alcohol is widely used by young people. Around 90 per cent of Australian teenagers over the age of 14 years have tried alcohol at least once. ‘Binge drinking’, drink driving and unsafe sex can all result from the misuse of alcohol.

Alcohol is tolerated as a socially acceptable drug, yet it is responsible for most drug-related deaths in the teenage population. Alcohol is also associated with a variety of serious health risks. It’s difficult to prevent teenagers from experimenting with alcohol, but parents can encourage sensible drinking habits.

The safest level of drinking for teenagers is no drinking, especially for young people under 15 years of age. If older teenagers do drink, parents can minimise the risks by providing adult supervision and encouraging consumption within the adult guideline for low-risk drinking (two standard drinks in any one day).

Parents believe alcohol is less dangerous than other drugs

Adolescence is typically a time of experimentation. This reflects Australia’s tolerant approach to alcohol use. Alcohol is one of the most commonly used drugs in Australia. Estimates suggest that around half of the population over the age of 14 years drinks alcohol at least weekly.

There is some evidence to suggest parents are so alarmed at the thought of their children using ‘harder’ drugs that alcohol is considered a lesser and more acceptable ‘evil’. Both of these are more than those attributed to illicit drug use.

Alcohol – the risks

Irresponsible use of alcohol can lead to:

➤ ‘Binge drinking’ or drinking too much on a single occasion
➤ Drink driving
➤ Unsafe sex
➤ Impaired brain development
➤ Injury or death.

Binge or heavy drinking

‘Binge drinking’ is the term commonly used to describe drinking heavily over a short period of time with the intention of becoming intoxicated. This can be very harmful to a person’s health and wellbeing. As well as increasing the risk of health problems, this can lead young people to take risks and put themselves in dangerous situations.

Common effects of ‘binge’ episodes include:

➤ Hangovers
➤ Headaches
➤ Nausea and vomiting
➤ Shakiness.

‘Binge drinking’ means different things to different people. New Australian recommendations released in 2009 talk about drinking too much ‘on a single occasion of drinking’ rather than ‘binge drinking’, but the harm that can be done to the drinker and their community are essentially the same.

Drinking too much ‘on a single occasion of drinking’ means drinking significantly more than the recommended level of four standard drinks on any one occasion. Just over 10 per cent of Australian teenagers drink more than this every week.

‘Schoolies’ week

Finishing high school (‘schoolies week’) is often linked to episodes of very high levels of ‘single session’ drinking and/or deliberately drinking to intoxication. Over 70 per cent of male school leavers and 60 per cent of females report getting drunk on most or all days or nights of their ‘schoolies week’.

Drink driving

Car accidents are a leading cause of death for teenagers. In 2006-07, one out of four drivers or riders killed or injured in road accidents in Victoria were over the legal limit for blood alcohol concentration (BAC).

Alcohol and sex

Alcohol impairs judgement. Teenagers are more likely to engage in unsafe sexual practices when they have been drinking.
Other associated risks include:
- Date rape
- Sexual intercourse without a condom
- Exposure to sexually transmissible infections (STIs)
- Possible pregnancy.

**Impaired brain development**
Drinking alcohol can affect how the brain develops in young adults under the age of 25. Young people under 15 years of age are particularly at risk. Teenage brains are still developing and the areas of the brain that are undergoing the most dramatic changes during the teenage years are the frontal lobe and hippocampus. These areas are associated with motivation, impulse control and addiction.

Alcohol is a neurotoxin, which means it can poison the brain. One of the effects of excessive alcohol use is that it interferes with vitamin B absorption; this prevents the brain from working properly.

Long-term drinking above the recommended levels may lead to a range of disorders, collectively known as alcohol-related brain damage. Symptoms can include learning and memory problems and difficulties with balance.

**Serious injury or death**
Young people are more likely to take risks when drinking. Alcohol is a significant factor in a range of risky situations, including:
- Fighting or brawling
- Drowning
- Drug overdose
- Self-harm or suicide.

**Alcohol and other drugs**
Taking alcohol with other drugs that also reduce activity in the brain, such as heroin and benzodiazepines, can be particularly risky. Increased risky situations can result. The combination of alcohol and drugs (including cannabis) can lead to increased risk taking. It can also make it difficult to drive or carry out other activities, with the potential to harm others as well as the drinker. Misuse of alcohol is often accompanied by misuse of other drugs.

**Parental role modelling**
Studies have shown that the most influential role models for children are their parents. Children learn by imitation, so it is important that parents demonstrate sensible drinking behaviours.

Suggestions include:
- Drink moderately or not at all
- Don’t drink every time you socialise
- Never drink drive.

**Teaching responsible drinking**
Parents can’t prevent their teenagers from experimenting with alcohol, but they can encourage sensible drinking habits.

Suggestions include:
- Offer good role modelling
- Start teaching your child about alcohol from an early age
- Explain the downside of heavy drinking, such as vomiting, head spins, passing out and hangovers
- Educate your child on the links between drinking and dangerous behaviour, such as unsafe sex
- Teach your child sensible tactics such as standard drink recommendations, ‘pacing’ themselves, alternating alcohol drinks with non-alcoholic beverages and not drinking on an empty stomach
- Talk about the dangers of drink driving and plan alternatives together, such as public transport, designated drivers or calling home
- Encourage your child to talk about the dangers of alcohol with their friends, so they can come up with ways to look out for each other.

**Other factors that can prevent alcohol abuse**
According to Australian research, there are many important factors that help reduce the likelihood of a young person abusing alcohol.

As well as good parental role modelling, these factors include:
- A loving, supportive home life
- Educational programs in schools on the use and misuse of alcohol
- Development of personal, social, academic and employment skills
- A healthy lifestyle, such as regular exercise and a love of sports
- Restrictions on alcohol advertising
- Avoiding the use of scare tactics, which can backfire and increase alcohol use among teenagers.

**Things to remember**
- Around 90 per cent of Australian teenagers over the age of 14 years have tried alcohol at least once
- Alcohol is responsible for most drug-related deaths in the teenage population
- Parents can’t prevent their teenager from experimenting with alcohol, but they can encourage sensible drinking habits.

**WHERE TO GET HELP**
- Your doctor.
- DrugInfo Clearinghouse Tel. 1300 858 584 – for information.
- DirectLine Tel. 1800 888 236 – for 24-hour confidential drug and alcohol telephone counselling, information and referral.
- Counselling Online – for online counselling and referral.
- FamilyDrugHelp – for information and support for people concerned about a relative or friend using drugs Tel. 1300 660 068.
- YSASLine (Youth Substance Abuse Service) – for young people aged between 12 and 21 who are experiencing problems related to alcohol and other drugs Tel. 1800 014 446.

This page has been produced in consultation with, and approved by, the Australian Drug Foundation.

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Youth is often the stage of life when people begin to experiment with alcohol and other drugs. Although it is illegal to sell alcohol to people under 18 years of age, many young people have access to alcohol before they turn 18. In 2007, the average age at which young men aged 15-24 years said they first consumed alcohol was around 15 years. For young women, the average age for first use of alcohol was around 17 years.

In addition to its potential health consequences, risky/high-risk drinking can increase the likelihood of a person falling, or being involved in an accident or violence.

Short-term risky/high-risk drinking — often referred to as binge drinking — leads to immediate and severe intoxication. In addition to its potential health consequences, risky/high-risk drinking can increase the likelihood of a person falling, or being involved in an accident or violence.

In the 2007 National Drug Strategy Household Survey, 19% of young men aged 18-24 years reported that they had engaged in risky/high-risk drinking at least once a week during the last 12 months. This was double the comparable rate of regular risky/high-risk drinking among men aged 25 years and over (8%). Among young women, 16% reported risky/high-risk drinking on a regular basis, around three times as high as the proportion of women aged 25 years and over (5%).

Based on information from the National Hospital Morbidity Database, there were almost 3,000 hospital separations among young people aged 15-24 years due to acute intoxication with alcohol in 2005-06. For young men, the hospital separation rate for acute alcohol intoxication increased from 66 to 107 per 100,000 from 1998-99 to 2005-06. For young women, the rate doubled over this time from 46 to 99 separations per 100,000.

In 2005-06, male and female teenagers aged 15-19 years had the highest hospital separation rates for acute intoxication from alcohol among all age groups (124 and 126 per 100,000). Men and women aged 20-24 years had the next highest rates (89 and 74 per 100,000).

ENDNOTES


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WHAT ARE THE HARMS ASSOCIATED WITH DRINKING TO INTOXICATION?

Drinking to intoxication can put you into situations that might be dangerous, embarrassing, or which you may later regret. Every time you drink, you are at risk of causing harm to yourself or others.

Risky and/or high-risk drinking can result in both short- and long-term harms, including:

**Short-term harms**

The risks associated with short-term harm can include immediate health and social problems, such as:

➤ Injuries from violence (as a perpetrator, a victim, or a witness)
➤ Pedestrian and road accidents (death/severe injury)
➤ Drowning
➤ Trauma related admissions to hospital emergency departments
➤ Alcohol poisoning
➤ Social and personal consequences such as the impact on families and social embarrassment
➤ Loss of valuable items i.e. phone or wallet, and

**Fast Facts**

➤ Four Australians under 25 die due to alcohol-related injuries in an average week
➤ One in two Australians aged 15-17 who get drunk will do something they regret
➤ 70 Australians under 25 will be hospitalised due to alcohol-caused assault in an average week
➤ On average, 1 in 4 hospitalisations of people aged 15-24 happen because of alcohol.

➤ Having unprotected sex and placing yourself at greater risk of a sexually transmitted infection (STI) and/or an unwanted pregnancy.

**Long-term harms**

Risky and high-risk drinking during early adulthood may also have serious longer-term consequences, including:

➤ Social problems, such as spending more time drinking than pursuing other interests
➤ Brain damage, including the inability to learn and remember things
➤ Depression and suicidal thoughts
➤ The development of chronic disease, including some cancers and heart disease
➤ Cirrhosis of the liver, and
➤ Dependence on alcohol.

**Fast Facts**

➤ 70 Australians under 25 will be hospitalised due to alcohol-caused assault in an average week

**Levels of Risk**

The 2009 Australian Alcohol Guidelines (AAGs) provide a framework for categorising low-risk, risky and high-risk drinking for both short- and long-term harm.

The level of risk associated with drinking both in the short term and the long term depends on a variety of factors.

But generally:

➤ Low-risk levels define a level of drinking at which there is a minimal risk of harm
➤ Risky levels are those at which the risk of harm is significantly increased beyond any possible benefits
➤ High-risk drinking levels are those at which there is substantial risk of serious harm, and above which risk continues to increase rapidly.

**The Law**

It is illegal for someone under the age of 18 to drink or buy alcohol in most states.
Even getting someone who is 18 to buy or supply you alcohol in a licensed venue or public place is illegal in most states. You and the person supplying the alcohol could be fined.

Excessive drinking can lead to alcohol-related violence and assault, and could lead to a criminal record or fines for those persons found guilty of an offence. It is also illegal to drive while under the influence of alcohol. In some states if you are a learner or provisional driver, having any alcohol in your system is illegal. Drink driving puts the driver, passengers, pedestrians and other drivers at serious risk of injury or death. You may not realise it at the time, but alcohol seriously affects your general driving judgement and reaction times.

Losing your license from drink driving or having a criminal record from alcohol-related assault or violence will impact your life more than you think. It can limit job opportunities and hanging out with friends.

Saying no and standing up for what you believe will often seem hard at first but feels good once you do it.

COPING WITH PEER PRESSURE

It’s not always easy being a teenager. You can find yourself in situations where it can be difficult to say no because your friends are doing whatever it is they want you to do. You can always say no to alcohol. Here are some tips for what to do when you feel under pressure to drink.

What should I say?

➤ ‘No thanks’
➤ ‘I don’t feel like it’
➤ ‘I’ll just have a soft drink thanks’
➤ ‘Not for me’
➤ ‘I’ll pass this time thanks’.

What should I do?

➤ Being assertive and saying how you feel can earn you respect among your friends. Make it clear to your friends that you expect them to be supportive and not pressure you into something you don’t want to do
➤ Hang out with friends that make you feel good about yourself and who don’t pressure you into drinking. Being part of the ‘cool’ crowd isn’t always as fun as it may look
➤ In a difficult situation, you can always put a drink down and walk away from it
➤ Suggest activities that you and your friends can do that don’t involve alcohol, such as a games night, movie night or dinner where everyone brings a specially cooked dish
➤ Stand up for others facing peer pressure. If you feel comfortable in a particular environment take a stand against those who pressure others into drinking.

Remember, making decisions that are best for you is all part of being an individual. Taking ownership of your actions can feel empowering. Being an individual can still mean you that are accepted and valued as a group member.

NEED HELP?

If you or a friend is experiencing problems with alcohol or other related issues there are help and support services available for young people. Visit the ‘Need help?’ page at www.drinkingnightmare.gov.au for further information.

For more information, see Why it’s dumb to drink when you’re a teenager.

ENDNOTES

2. Reach Out! Drink Driving
3. Australian Drug Foundation, Why it’s dumb to drink when you’re a teenager, Fact Sheet Number 3.11, February 2005.


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As we gear up for end-of-year parties, formals and schoolies week, the issue of managing teen alcohol consumption looms large for many parents.

Campaigns have urged families to delay their kids’ first drinks, so as to protect developing brains. But how seriously should parents take this message?

Drinking at home is common, even for younger teenagers. A recent survey showed 37 per cent of Victorian parents of 14- to 16-year-olds said they’d given their children “more than a sip” during the previous three months. The proportion of parents supplying alcohol was similar across socio-demographic groups.

And a national survey of 12 to 17-year-olds found parents were the most common source of alcohol for those who drank in the previous week. Many parents feel it’s preferable for their teenagers to be doing their drinking at home. Since it’s inevitable that kids will drink – the thinking goes – it’s better if you know where they are, who they’re with, and how much they’re having.

**It was previously thought the brain was mature at age 12. Now it’s known the teenage brain undergoes massive remodelling. This means it is extra-sensitive to alcohol.**

How late should you wait?

Public health researchers acknowledge that Australian culture is permissive towards underage drinking.

“This is the most liberal society that adolescents have ever grown up in,” says John Toumbourou, Professor of Health Psychology at Deakin University.

But Toumbourou doesn’t think that’s a good thing. He says the evidence supports a harder line on kids and drinking.

The National Health and Medical Research Council guidelines say:

- Abstinence is the safest option for all under-18s, but especially for under-15s
- For 15 to 17-year-olds, it’s best to delay the first drink for as long as possible, and make sure any drinking is at low-risk levels in a safe, supervised environment.

This is a ‘compromise’ position, says Toumbourou. He believes stricter guidelines are scientifically justified, but are felt to be “too difficult to achieve in relation to where Australia is at the moment”.

**Brain damage risk**

Advice to delay the first drink is partly based on brain research showing the brain is developing right through to our mid-20s. It was previously thought the brain was mature at age 12. Now it’s known the teenage brain undergoes massive remodelling. This means it is extra-sensitive to alcohol.

This risk of brain damage may get parents – and kids – to sit up and take notice. But the research behind this is still in its early days. It can’t yet predict how much alcohol, at what age, will produce particular long-lasting effects. And the full details of exactly how the damage could occur are unclear.

**Teenage trainer wheels**

The other evidence against teenage drinking is behavioural. Studies following teenagers into adulthood have shown those who have their first drink at a younger age – even if that first drink is seemingly innocent – tend to progress to more frequent drinking, and are more likely to develop alcohol problems in adulthood.

“If you drink when you’re under 15, you double the likelihood of eventually becoming alcohol dependent as an adult at some point,” says Toumbourou.
He does not believe that drinking moderately as a teenager helps kids learn to drink moderately as adults.

“Trainer wheels are not protective,” he says, pointing to the results of the Victorian Adolescent Health Cohort Study. It found the clearest predictor of alcohol dependence in young adults was regular recreational use of alcohol as a teenager.

But how strict parents need to be about drinking at home might depend partly on the social context.

In Mediterranean countries, for instance, young people may be offered a diluted glass of wine at the family dinner table.

But Associate Professor Kypros Kypri, from the School of Medicine and Public Health at the University of Newcastle, points out that drinking patterns among Mediterranean adults are quite different to those in Australia, with less of a focus on drinking to get drunk.

### Rules and rebellion

Toumbourou encourages parents to set clear restrictions on drinking, and talk to their children about what will happen if the rules are broken – which they are bound to be.

“Every child will rebel”, he says. “A child’s job description is to disobey their parents at some point.”

“If young people are drinking less than weekly by the last year of secondary school, they vastly reduce their chances of having trouble later on.”

“Prepare yourself, don’t overreact when the rules are broken, and put the agreed consequences – they shouldn’t be too harsh – in place.”

Allowing moderate alcohol use can get tricky, he advises.

“You’re then in the position of having to set limits on ‘how drunk’ your kids are allowed to get,” he points out.

“It’s difficult to negotiate with a kid that’s vomiting at the door.”

### Not just parents

So does all this mean you’re a bad parent if you let your 16- or 17-year-old have a light beer, or a small glass of wine at a dinner party? Associate Professor Kypros Kypri thinks not – especially if drinking is ‘not the main focus’ of the social occasion. Parents should show that it’s possible to have fun without alcohol, says Kypri, but shouldn’t accept all the responsibility for their children’s intake.

In fact, decades of international research have shown the most effective ways to reduce alcohol consumption and related harms are to make alcohol less available and less affordable.

Increasing the legal age for buying alcohol, for example, makes alcohol less available. After the age was lowered (from 20 to 18) in New Zealand in 1999, Kypri led a study that found a significant increase in the number of traffic crash injuries involving alcohol among 15- to 19-year-olds.

Taxes that make alcohol more expensive are particularly effective in lowering consumption in young people because young people generally have lower incomes. But price increases also work in heavy drinkers, who spend a bigger share of their incomes on alcohol, he adds.

In short the best thing parents can ultimately do is “demand better policy from government”, Kypri says. But he believes delaying and supervising teenagers’ drinking is still “sensible”.

As John Toumbourou points out, even if your kids don’t make it to 18 alcohol-free, they’ll benefit from starting later, drinking less, and importantly, drinking less frequently.

“If young people are drinking less than weekly by the last year of secondary school, they vastly reduce their chances of having trouble later on.”
WHAT ARE THE HARMs ASSOCIATED WITH DRINKING TO INTOXICATION?

Drinking to intoxication puts people at risk of serious short- and long-term harms, including:

**Short-term harms**

The risks associated with short-term harm can include immediate health and social problems, such as:

- Injuries from violence (as a perpetrator, a victim, or a witness)
- Pedestrian and road accidents (death/severe injury)
- Drowning
- Trauma-related admissions to hospital emergency departments
- Alcohol poisoning
- Social and personal consequences such as the impact on families and social embarrassment
- Loss of valuable items i.e. phone or wallet; and
- Having unprotected sex and placing yourself at greater risk of a sexually transmitted infection (STI) and/or an unwanted pregnancy.

**Long-term harms**

Risky and high-risk drinking particularly during early adulthood may also have serious longer-term consequences, including:

- Social problems, such as spending more time drinking than pursuing other interests
- Brain damage, including the inability to learn and remember things
- Depression and suicidal thoughts
- The development of chronic disease, including some cancers and heart disease
- Cirrhosis of the liver, and
- Dependence on alcohol.

What influence do I have on my teenager?

Parents and carers play an important role in educating teenage children about the use of alcohol, setting standards and limits for their children, and in modelling attitudes and alcohol consumption behaviour.

Research has suggested that teenagers look to their parents to provide guidance and boundaries of acceptable behaviour with respect to drinking alcohol. This of course, is not to suggest that teenagers will never overstep these boundaries, but rather an indication that teenagers are looking to their parents to set and communicate these standards, against which they can assess their own behaviour.

**How can I talk with my teenager about drinking and alcohol?**

Talking to your children about alcohol use and the consequences and risks associated with drinking to intoxication can play an important role in influencing your teenager’s drinking habits. By modelling responsible attitudes and behaviour with respect to your own drinking and avoiding drinking to intoxication, you have a much greater chance of positively influencing your teenager’s attitudes to drinking.

**Alcohol and young people: A guide for parents** has been established to provide parents with information and advice about how to approach the topic of drinking to intoxication with their children and how parents can influence their teenagers’ drinking.

**Alcohol and young people: A guide for parents** is available for download from www.drinkingnightmare.gov.au

**USEFUL TIPS 5,6**

**Get informed**

- Ensure that you are well informed about alcohol and the risks and harms associated with drinking alcohol. Our ‘Links’ page provides a number of other resources available to assist your teenage children in avoiding alcohol-related harm and drinking to intoxication
- If you are unsure of a question asked by your teenager, make the effort to find the answer together.

**Set a good example**

- Model responsible behaviour and attitudes towards drinking and alcohol that are consistent with the expectations you have set for your kids
- Drink sensibly and keep a track of how much you are drinking
- Show your teenager how to refuse a drink that is offered by a friend
- Educate your teenager about the size of a standard drink. Standard drink sizes can often be deceptive to both adults and teenagers
- Be aware of your attitudes and reactions towards alcohol. For example saying “It’s been a hard week, I need a drink!” clearly identifies your attitude towards alcohol
- Don’t drink and drive.

**Encourage open lines of communication from an early age**

- Aim to eat dinner as a family unit to allow teenagers to talk about their day and any other issues they might want to discuss.
- Set aside family time and allow opportunities to discuss issues such as drinking and alcohol.
- Don’t make these issues the focus of every outing or discussion, as teenagers will tend to avoid time spent together.
- Get to know your teenager’s friends so that you know where they are going and who they are going with.
➤ Build support networks with friends’ parents to assist with difficult situations and keeping a track of them to ensure you know where they are.
➤ Assure them that if they do get into trouble you are there to help them out.

What to talk about
➤ Discuss the risks and harms associated with drinking to intoxication, including the impact on health (i.e. brain damage, memory loss) and social wellbeing (i.e. doing something that is embarrassing or that they may regret)
➤ Set clear boundaries and expectations with regards to what is and isn’t acceptable behaviour with regards to drinking alcohol
➤ Aim to discourage your kids from drinking alcohol for as long as possible. Once teenagers have started to drink, it is often difficult to reverse
➤ Discuss what to do if a friend is intoxicated
➤ Stress the importance of never getting into a car with a driver who has been drinking. Agree on a plan if this situation ever arises, which may include paying for a taxi when they get home, picking them up, or allowing them to stay overnight at a friend’s place
➤ Teach your children how to cope with situations they may be faced with if they do decide to drink alcohol. Ensure your position on the matter is clear, however, educate them on how to be safe and how they can reduce the risks and harms associated with drinking to intoxication.

For more information, see ‘Teenagers and alcohol: A quick guide for parents’ and ‘Talking with your teenager about alcohol’.

PEER GROUP PRESSURE
Teenagers can find themselves in situations where it can be difficult to say no because their friends are doing it and they fear social isolation. Here are some suggestions for what your teenager can say if they feel under pressure to drink:

What should they say?
➤ ‘No thanks’
➤ ‘I don’t feel like it’
➤ ‘I’ll just have a soft drink thanks’
➤ ‘Not for me’
➤ ‘I’ll pass this time thanks’.

Assure them that saying no and standing up for what they believe will often seem hard at first but feels good once they do it.

What should they do?
➤ Encourage your teenager to be assertive. Saying how they feel can earn them respect among their friends. Suggest that they let their friends know that they expect them to be supportive and to not pressure anyone into something they don’t want to do
➤ Encourage your teenager to hang out with friends that they feel comfortable around and who don’t pressure them into drinking. Remind them that being part of the ‘cool’ crowd isn’t always as fun as it may look
➤ In a difficult situation, teenagers can always put a drink down and walk away from it later
➤ Suggest activities that your teenager and friends can do that don’t involve alcohol, such as a games night, movie night or dinner where everyone brings a specially cooked dish
➤ Educate your teenager about standing up for others facing peer pressure. In situations where an individual feels comfortable in their environment, a teenager can help reduce peer pressure by standing up to anyone pressuring others to drink.

For more information, see ‘Why it’s dumb to drink when you’re a teenager’.

FURTHER INFORMATION?
There are help and support services available for young people and their parents about problems with alcohol and other related issues. Visit our ‘Need help’ page for further information.

Our ‘Links’ page also provides a number of other resources available to assist you in educating your teenage children about alcohol-related harm and drinking to intoxication.

3. Australian Drug Foundation, Why it’s dumb to drink when you’re a teenager, Fact Sheet Number 3.11, February 2005.

PARTYING SAFELY – TIPS FOR TEENAGERS

If you are informed about safe partying, you are more likely to protect yourself and your friends, according to this advice from the Better Health Channel.

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.

Australian statistics show that if you are informed about safe partying, you are more likely to protect yourself and your friends.

A range of hazards

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
➤ Gatecrashing
➤ Fighting
➤ Injury
➤ Getting arrested.

General suggestions

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
➤ Trust your own judgement. Don’t let peer pressure sway you into doing anything you don’t want to do
➤ 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. 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. 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:

➤ Don’t lose control as a result of using drugs or alcohol. Pace yourself
➤ 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 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. There are easy-to-read fact sheets on the Better Health Channel
➤ 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.
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 gatecrashers. 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
➤ Ask 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
➤ Ask gatecrashers 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.

Safe partying for guests at a home party

If you’ve been invited to a party at someone’s home, safety suggestions include:
➤ Don’t advertise the party via SMS or the Internet. You risk gatecrashers and violent situations
➤ Arrange for your parents to drive you to the party and pick you up at a designated time
➤ Give your parent’s host’s phone numbers
➤ Take soft drink, not alcohol
➤ 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 assistance, 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.

Things to remember

➤ 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.

WHERE TO GET HELP

➤ Your doctor.
➤ Police, call triple zero (000) or 112 (if your mobile is out of phone range or credit).
➤ Ambulance, call triple zero (000) or 112 (if your mobile is out of phone range or credit).
➤ 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.
➤ YSAS Line Tel.1800 014 446 – for young people, 24-hour confidential drug and alcohol telephone counselling, information and referral.
➤ DrugInfo Clearinghouse Tel. 1300 858 584 – 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) 9654 4766
➤ DirectLine Tel. 1800 888 236 – for 24-hour confidential drug and alcohol telephone counselling, information and referral.
➤ YSAS Line Tel.1800 014 446 – for young people, 24-hour confidential drug and alcohol telephone counselling, information and referral.
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EXPLORING
ISSUES

ABOUT THIS SECTION

‘Exploring issues’ 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.

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

Does the source have a particular bias or agenda? Are you being presented with facts or opinions? Do you agree with the writer?

The types of ‘Exploring issues’ questions posed in each Issues in Society title differ according to their relevance to the topic at hand.

‘Exploring issues’ sections in each Issues in Society title may include any combination of the following worksheets: Brainstorm, Research activities, Written activities, Discussion activities, Quotes of note, Ethical dilemmas, Cartoon comments, Pros and cons, Case studies, Design activities, Statistics and spin, and Multiple choice.

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WORKSHEETS AND ACTIVITIES

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

1. What is alcohol, and what forms is it consumed in?

2. Why do people drink alcohol?

3. What is binge drinking?

4. Why do young people get involved in binge drinking?
5. Apart from the health risks, what other risks and dangers are associated with binge drinking?

6. What is peer pressure, and how might it relate to binge drinking?

7. The effects of alcohol consumption go beyond diseases, accidents and injuries to a range of adverse social consequences, for both the drinker and others in the community. What are the social impacts of alcohol-related harm?
Complete the following activities on a separate sheet of paper if more space is required.

1. What would you describe as a safe and reasonable amount for an adult male to drink at one time, and explain why.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Imagine that you work for an advertising company and have been commissioned to produce a range of advertisements (poster, print, television and online ads) that highlight the risks associated with binge drinking. Compile a list of slogans and suggest suitable images, aimed at convincing young people that binge drinking is not a safe way to have fun.

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1. In a group, explore some of the harmful pressure and effects of excessive drinking at parties by young people. Issues discussed may include: how much alcohol is being consumed, the use of alcohol as a ‘social lubricant’, drinking games, alcohol and injury, lack of inhibitions, the link between sexual activity and alcohol, vomiting and passing out, the morning after – regrets and hangovers. Students should provide scenarios and generalised examples of these situations and consider ways in which young people could avoid or negotiate their way through parties where binge drinking occurs.

2. Compare the benefits versus the risks of alcohol consumption and discuss your conclusions.
3. If alcohol were invented today, would it be made legally available? Consider this scenario in relation to the health, social and economic impacts of alcohol use in Australia.

___________________________________________________________________________
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___________________________________________________________________________
___________________________________________________________________________

4. Have a class debate about whether or not the legal age for drinking in Australia should be raised to 21.
EXPLORING ISSUES worksheets and activities

CARTOON COMMENTS

Examine the diagram, choose a minimum of 8 body parts, and explain the corresponding health impacts of alcohol use on these parts of the human body.

1. 

2. 

3. 

4. 

5. 

6. 

7. 

8. 

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Complete the following multiple choice questionnaire by circling or matching your preferred responses. The answers are at the end of the next page.

1. Alcohol is a:
   a. Stimulant drug
   b. Depressant drug
   c. Hallucinogenic drug
   d. Opioid drug

2. Which groups of people are more vulnerable to the effect of alcohol:
   a. Women
   b. Unborn children
   c. Older people
   d. Children and adolescents
   e. Professional athletes
   f. People on medication or drugs

3. According to the revised *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* (2009), which of the following are not safe levels of drinking:
   a. Men can drink 4 standard drinks per day
   b. Women can drink 4 standard drinks per day
   c. Men and women should drink no more than 2 standard drinks per day
   d. Young people (up to 18 years of age) should not drink at all
   e. Young people (up to 18 years of age) can drink 1 standard drink per day
   f. Pregnant or breastfeeding women should only have 1 standard drink per day
   g. There is no guaranteed ‘safe’ level of drinking alcohol

4. Different drinks contain different amounts of alcohol. A standard drink contains how much pure alcohol?
   a. 5 grams
   b. 10 grams
   c. 15 grams
   d. 20 grams

5. Which of the following equals approximately one standard drink?
   a. A 285 ml pot/middy/handle of regular beer (4.8% alcohol)
   b. A 425 ml schooner of regular beer (4.8% alcohol)
   c. 2/3 of a 375 ml can/stubbie of regular beer (4.8% alcohol)
   d. A 375 ml can/stubbie of regular beer (4.8% alcohol)
   e. A 375 ml can/stubbie of mid-strength beer (3.5% alcohol)
   f. 1/4 of a 375 ml can/stubbie of mid-strength beer (3.5% alcohol)
   g. 1/4 of a 375 ml can/stubbie of light beer (2.7% alcohol)
   h. 2 x 375 ml cans/stubbies of light beer (2.7% alcohol)
   i. 100 ml of wine or sparkling wine (12.0% alcohol)
   j. 200 ml of wine or sparkling wine (12.0% alcohol)
   k. 50 ml ‘nip’ of spirits (40.0% alcohol)
   l. 30 ml ‘nip’ of spirits (40.0% alcohol)
   m. 2/3 of a 275 ml can of ready-to-drink spirits (7.0% alcohol)
   n. A 275 ml can of ready-to-drink spirits (7.0% alcohol)
   o. 2/3 of a 375 ml bottle of alcoholic cider (5.5% alcohol)
   p. A 375 ml bottle of alcoholic cider (5.5% alcohol)
MULTIPLE CHOICE

6. Respond to the following statements by circling either ‘true’ or ‘false’:
   
a. Alcohol is the most widely used drug in Australia. true / false

b. Alcohol does not lead to poorer mental health outcomes. true / false

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

d. The only group for whom alcohol benefits outweighs the harmful effects is females over the age of 65 years. true / false

e. Cold showers, exercise, black coffee, mints, fresh air or vomiting can all speed up the process of sobering up. true / false

f. People with a family history of alcohol-related problems are more at risk than the general population of being unable to control their level of drinking. true / false

g. 4 Australians under 25 die due to alcohol-related injuries in an average week. true / false

h. On average, 1 in 4 hospitalisations of people aged 15-24 happen because of alcohol. true / false

MULTIPLE CHOICE ANSWERS

1 = a ; 2 = d ; 3 = a, b, e, f ; 4 = b ; 5 = a, c, e, g, i, l, m, o ; 6 – a = T, b = F , c = T, d = T, e = F , f = T, g = T, h = T.
Most Australians drink alcohol (82.9% of those aged 14 years and older in 2007) and about 8.1% drink daily. (p.1)

Greater proportions of young females drink at risky or high-risk levels compared with young males. (p.3)

Measured in terms of per person consumption of pure alcohol, Australia ranks in the middle of all OECD countries and of key comparison countries, at around 10 litres of alcohol per person per year. (p.3)

It has been estimated that 31% of parents involved in substantiated cases of child abuse or neglect experience significant problems with alcohol use. (p.4)

In Australia, it is estimated that 47% of all perpetrators of assault and 43% of all victims of assault were intoxicated prior to the event. (p.4)

One study reported that alcohol is involved in 62% of all police attendances, 73% of assaults, 77% of street offences, 40% of domestic violence incidents and 90% of late-night calls, from 10 pm to 2 am. (p.4)

Almost 70,000 Australians are reported victims of alcohol-related assaults every year, including 24,000 victims of domestic violence. (p.5)

Almost 20,000 children across Australia are victims of substantiated alcohol-related child abuse. (p.5)

The tangible and intangible costs caused by someone else’s drinking totals more than $20 billion. (p.5)

More than 10 million Australians experienced some negative effect of a stranger’s drinking in one year. (p.5)

22 per cent of Australians will have an alcohol use disorder, either alcohol abuse (18%) or dependence (4%), over their lifetime. (p.7)

Young men were two and a half times as likely to have current alcohol use problems as the rest of the population. (p.7)

42% of Australians with alcohol problems have at least one co-existing mental illness, such as depression or an anxiety disorder. (p.7)

Men born between 1978 and 1987 are 1.7 times more likely to drink at risky levels than those born ten years earlier. (p.7)

The liver gets rid of about one standard drink an hour. Cold showers, exercise, black coffee, mints, fresh air or vomiting will not speed up the process. (p.9)

Women are at a greater risk of developing an alcohol-related disease such as cancers, diabetes and obesity. (p.9)

Men are at a greater risk of an alcohol-related injury such as a car accident, assault and violence. (p.9)

The effects of alcohol on the brain are felt within about 5 minutes of alcohol being swallowed. (p.11)

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. (pp.12,14,23,24,33,34)

People who are depressed and sometimes drink excessively are at much greater risk of self-harm and suicide. (p.13,22)

The rates of physical and verbal abuse by a person affected by alcohol were more than twice that for other drug types. (p.15)

Approximately one-third (30%) of assault charges are likely to be attributable to alcohol. (p.15)

A significant proportion of perpetrators of alcohol-related social disorders are also victims. (p.16)

Around half (47%) of all homicides in Australia between 2000 and 2006 were alcohol-related. (p.16)

The total cost to policing across Australia from crime attributable to alcohol is around $7.47 billion annually. (p.17)

While the proportion of indigenous people who consume alcohol is lower than the rest of the population, those who do consume alcohol do so at far more harmful levels. (p.17)

Over 40% of all assaults occur in or around licensed premises. (p.19)

54% of all alcohol-related homicides take place in someone’s home. (p.20)

Young people who drink are more prone to risky and antisocial behaviour than older drinkers. (p.25)

Alcohol misuse comes at a $36 billion cost to Australians each year. (p.28)

Alcohol is consumed by 84% of Australian adults. (p.28)

17% of drinkers admit to drinking to get drunk at least once a month, with 10% drinking to get drunk at least once a week. (p.29)

37% of Australians perceive alcohol to be the most harmful drug compared to tobacco and illicit substances, up from 31% in 2010. (p.29)

Over 5 million Australians (47%) have been affected by alcohol-related violence. (p.29)

The majority of Australian drinkers (69%) are comfortable with how much alcohol they consume. (p.29)

Drinking alcohol is the most common type of drug use in Australia. (p.30,37)

On average, 1 in 4 hospitalisations of 15-25 year olds happen because of alcohol. (p.32,40)

1 in 2 Australians aged 15-17 who get drunk will do something they regret. (p.32,40)

Around 90% of Australian teenagers over the age of 14 years have tried alcohol at least once. (p.37)

Over 70% of male school leavers and 60% of females report getting drunk on most or all days or nights of their ‘schoolies week’. (p.37)

Drinking alcohol can affect how the brain develops in young adults under the age of 25. (p.38)

Alcohol is responsible for most drug-related deaths in the teenage population. (p.38)

The average age young men aged 15-24 years said they first consumed alcohol was around 15 years and for young women, the average age was around 17 years. (p.39)

4 Australians under 25 die due to alcohol-related injuries in an average year. (p.40)

70 Australians under 25 will be hospitalised due to alcohol-caused assault in an average week. (p.40)

A national survey of 12- to 17-year-olds found parents were the most common source of alcohol for those who drank in the previous week. (p.42)
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
The term ‘alcoholic’ is rarely used these days, with preference for the terms ‘alcohol dependence’ and ‘alcohol abuse’. 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. Key features of alcohol dependence include: a loss of control over drinking behaviour; alcohol becomes more important than other issues and activities; a tolerance or narrowing of types of drinks consumed; withdrawal (psychological and physical); experiencing relief or avoidance from withdrawal symptoms by resuming drinking; and a rapid resumption of previous high-risk drinking patterns after a period of abstinence.

Binge drinking
Binge drinking is 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 0.05 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. It is advisable to avoid drinking if you need to drive.

If you do drink, you should follow these guidelines to stay within the 0.05 limit: Men – no more than two standard drinks in the first hour. After that, one standard drink per hour for a maximum of three hours; Women – no more than one standard drink in the first hour. After that, one standard drink per hour for a maximum of three hours.

Drink spiking
When drugs or alcohol are added to a drink by a third party without the drinker’s knowledge.

Intoxication
There is no consistent or formally agreed 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.

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.

Standard drinks
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. The Australian standard drink contains 10 grams of pure alcohol (equivalent to 12.5 ml of pure 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.
Websites with further information on the topic

Alcohol and other Drugs Council of Australia  www.adca.org.au
Alcohol Education and Rehabilitation Foundation  http://aerf.com.au
Alcohol think again  www.alcoholthinkagain.com.au
Alcoholics Anonymous Australia  www.aa.org.au
Australian Institute of Criminology  www.aic.gov.au
Better Health Channel  www.betterhealth.vic.gov.au
Department of Health and Ageing  www.alcohol.gov.au
Department of Veterans’ Affairs  www.therightmix.gov.au
DrinkWise Australia  www.drinkwise.org.au
DrugInfo  www.druginfo.adf.org.au
National Health and Medical Research Council  www.nhmrc.gov.au

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