

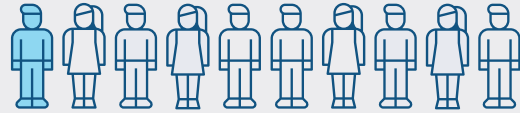


Alcohol

Quick facts



More Australians are giving up alcohol; between 2016 and 2019, the proportion of people who were ex-drinkers increased from 7.6% to 8.9%.



1 in 10 recent drinkers (9.9%) are likely to meet the criteria for alcohol dependence.



The proportion of people drinking at risky levels on a single occasion (25%) and exceeding the lifetime risk guidelines (16.8%) remained stable since 2016, although both have seen reductions since the National Health and Medical Research Council (NHMRC) guidelines were introduced in 2009.



In comparison to 2016 and earlier years, more Australians are taking action to reduce their drinking—52% undertook an action in 2019, up from 48%.



Reductions in risky drinking have been driven by younger age groups, with levels remaining stable or increasing among older Australians since 2001.

Support for almost all policies aimed at reducing the problems associated with excessive alcohol use declined since 2016, and opposition increased.



The proportion of adults aged 18 and over consuming 11 or more standard drinks on a single occasion at least once a month declined between 2016 and 2019 (from 7.4% to 6.7%).



Alcohol is the most used drug in Australia and, although many people drink responsibly, it is a significant source of harm to the Australian community. Alcohol has consistently remained the most common drug of concern among people who have accessed specialist treatment services (AIHW 2019a), and many people continue to drink at levels that are hazardous to their health. It also contributes to other sources of harm, including road deaths and injuries, family and domestic violence and Fetal Alcohol Spectrum Disorder (DoH 2019). This chapter provides information on alcohol consumption patterns in Australia, and how many people might have experienced harms due to their own or other people's use of alcohol.

Unless otherwise specified, the results in this report relate to people aged 14 and over and all increases or decreases in estimates over time are statistically significant. All data presented in this chapter are available through the online alcohol tables <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/data>.

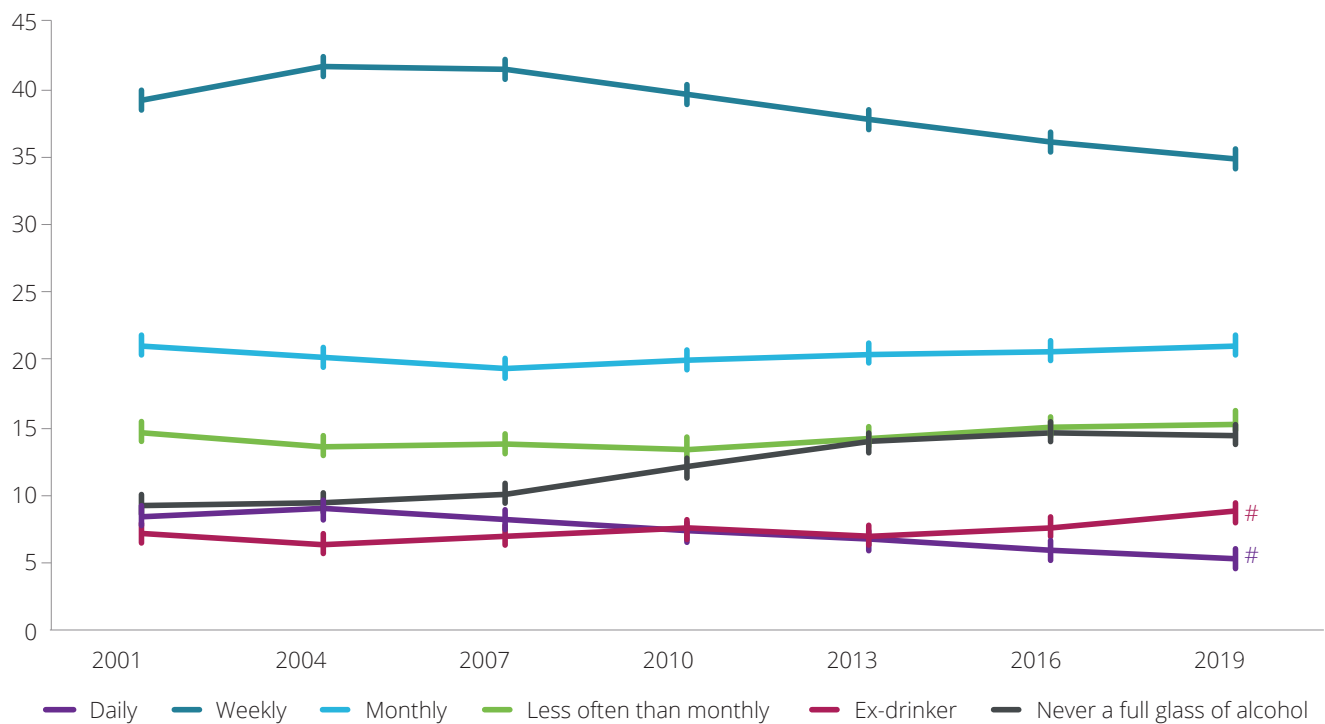
How often do Australians drink?

More people are giving up drinking

The proportion of ex-drinkers increased between 2016 and 2019, from 7.6% to 8.9% (Table 3.2), or approximately 1.5 million to 1.9 million Australians (Table 3.3). The proportion of ex-drinkers has fluctuated since 2001 but 2019 recorded the highest proportion of ex-drinkers over this period (Figure 3.1).

Among males, this corresponded with a significant drop in daily drinkers, declining from 7.7% in 2016 to 6.9% in 2019. Females were significantly less likely to drink weekly than in 2016, down from 31% to 29% in 2019. The proportions of people drinking daily and weekly have been falling since 2004, and are now at the lowest point since 2001 (Table 3.2).

Figure 3.1: Drinking frequency among people aged 14 and older, 2001–2019 (per cent)



Statistically significant change between 2016 and 2019.

Source: Table 3.2.



Older people more likely to drink daily

Consistent with previous survey waves, the proportion of adults drinking daily increased with age. People aged 70 and over were the most likely to drink daily at 12.6%, while only 1.2% of people aged 20–29 did so (Table 3.4). This trend was the same for both males and females, although males were much more likely to drink every day (6.9%) than females (3.9%).

More young adults abstaining from alcohol

In 2019, the proportion of people aged 18 and over abstaining from alcohol increased, from 19.5% to 21% (Table 3.16). Younger age groups drove this increase, in particular those aged 25–29 (from 19.0% in 2016 to 24% in 2019) and 30–39 (16.6% to 22%).

Over the longer term, the proportion of young adults (aged 18–29) who abstained from alcohol has more than doubled. Between 2001 and 2019, the proportion abstaining rose from 9.7% to 21% for 18–24 year olds and from 8.8% to 24% for 25–29 year olds. However, for people aged 70 and over, the proportion abstaining declined (from 32% in 2001 to 28% in 2019).

What do typical drinking occasions look like?

Drinking frequency offers insights into how often people consume alcohol, but the impact that the alcohol consumption may have on a person's health also depends on the amount that they drink. For the first time, the 2019 survey asked people who had consumed alcohol in the previous week to describe their latest drinking occasion in more detail, including when it occurred, how much they had to drink and the types of drinks they had.

Among people who had consumed alcohol in the previous week, the last drinking occasion was most likely to have occurred on a Friday (20%) or Saturday (23%), with only between 9.1% and 12.0% of people having last consumed alcohol between Monday and Thursday (Table 3.9). The day the survey was completed is unlikely to be responsible for these differences as survey completion was fairly evenly distributed across the days of the week, ranging from 12.9% on a Friday to 15.3% on a Monday (Table 3.9a).

The average (mean) number of standard drinks consumed was also higher on Friday and Saturday, with drinkers reporting 3.8 standard drinks on Fridays and 4.0 on Saturdays (Table 3.10) compared with 2.8 standard drinks on Mondays, Tuesdays and Wednesdays.

Regardless of the day that the drinking occurred, males consumed more alcohol on average than females (4.0 standard drinks compared with 2.7). The amount consumed also decreased with age, from an average of 4.5 standard drinks among people aged 14–29 to 2.8 among people aged 50 and over (Table 3.10).

These effects of age, gender and day of the week combine to give particularly notable results among some groups of people. For example, males aged 14–29 drinking on a Friday night consumed an average (mean) of 5.8 standard drinks; this was 2 standard drinks higher than the average for all drinkers (aged 14 and over) on a Friday night (3.8 standard drinks).



Males

Females

Age: 14-29

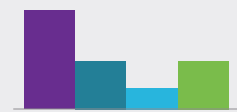
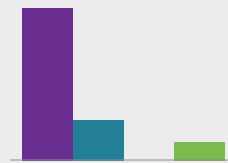
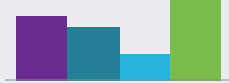
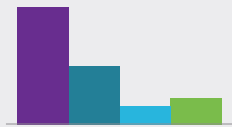
Age: 14-29

Wednesday
9.5% last drank on a Wednesday, and they consumed 3.5 standard drinks on average

Saturday
21% last drank on a Saturday, and they consumed 6.7 standard drinks on average

Wednesday
8.4% last drank on a Wednesday, and they consumed 2.5 standard drinks on average

Saturday
28% last drank on a Saturday, and they consumed 4.3 standard drinks on average



Age: 30-49

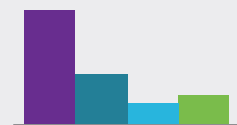
Age: 30-49

Wednesday
8.4% last drank on a Wednesday, and they consumed 3.7 standard drinks on average

Saturday
27% last drank on a Saturday, and they consumed 4.8 standard drinks on average

Wednesday
8.8% last drank on a Wednesday, and they consumed 2.4 standard drinks on average

Saturday
26% last drank on a Saturday, and they consumed 3.4 standard drinks on average



Age: 50+

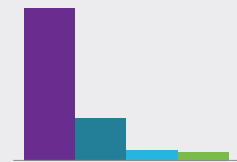
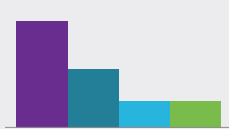
Age: 50+

Wednesday
12.3% last drank on a Wednesday, and they consumed 3.2 standard drinks on average

Saturday
21% last drank on a Saturday, and they consumed 3.7 standard drinks on average

Wednesday
12.6% last drank on a Wednesday, and they consumed 1.9 standard drinks on average

Saturday
21% last drank on a Saturday, and they consumed 2.2 standard drinks on average



Standard drinks





The amount some people drink puts their health at risk

Box 3.1 How is risky drinking defined?

The [NHMRC](#) publishes the Australian Guidelines to Reduce Health Risks from Drinking Alcohol (NHMRC 2009). The data for alcohol risks in this report are measured against the following guidelines:

- Guideline 1 (lifetime risk): For healthy men and women, drinking no more than 2 standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.
- Guideline 2 (single occasion risk): For healthy men and women, drinking no more than 4 standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.
- Guideline 3 (children and young people): For children and young people under 18 years of age, not drinking alcohol is the safest option.

Guideline 2 references drinking on only a single occasion, so people can exceed the recommended amount of alcohol multiple times on different occasions. The supplementary alcohol tables include results for a variety of frequencies (for example, the proportion that drank more than the recommended amount at least once in a year, or the proportion that did so at least once a week). The NDSHS report focuses on the proportion of people who drank more than the single occasion guideline at least once a month on average.

The NHMRC released revised draft guidelines in December 2019 which are expected to be finalised in the fourth quarter of 2020. The 2009 alcohol guidelines were the current advice at the time of data collection in 2019, and remain NHMRC's current advice until the review of the guidelines is finalised.

As this is the last survey under the 2009 alcohol guidelines, the results from 2010 to 2019 show how drinking behaviours have changed over the life of the guidelines.

How many people are drinking at levels that may be dangerous to their health?

The number of people drinking at levels that put their health at risk has remained stable since 2016. In the case of lifetime risk, 17.2% of people in 2016, and 16.8% of people in 2019 drank more than 2 drinks per day on average (Table 3.13), corresponding to 3.4 million people in 2016 and 3.5 million in 2019 (Table 3.14).

The trend for single occasion risk was similar. The proportion of people drinking more than 4 drinks in 1 sitting at least monthly was about 1 in 4 in 2016 and 2019 (Table 3.13), representing around 5.1 million people in 2016 and 5.2 million in 2019 (Table 3.14).

However, the results in 2019 continue a trend of declining risky drinking since the alcohol guidelines were introduced in 2009 (Figure 3.2). From 2001 to 2010, people drinking at levels that exceeded the lifetime risk guidelines did not change substantially (21% both years). Since 2010, the proportion has declined to 16.8%.

Single occasion risk (at least monthly) follows a similar trend, dropping by only 1 percentage point between 2001 and 2010 (30–29%), but declining to 25% by 2019.



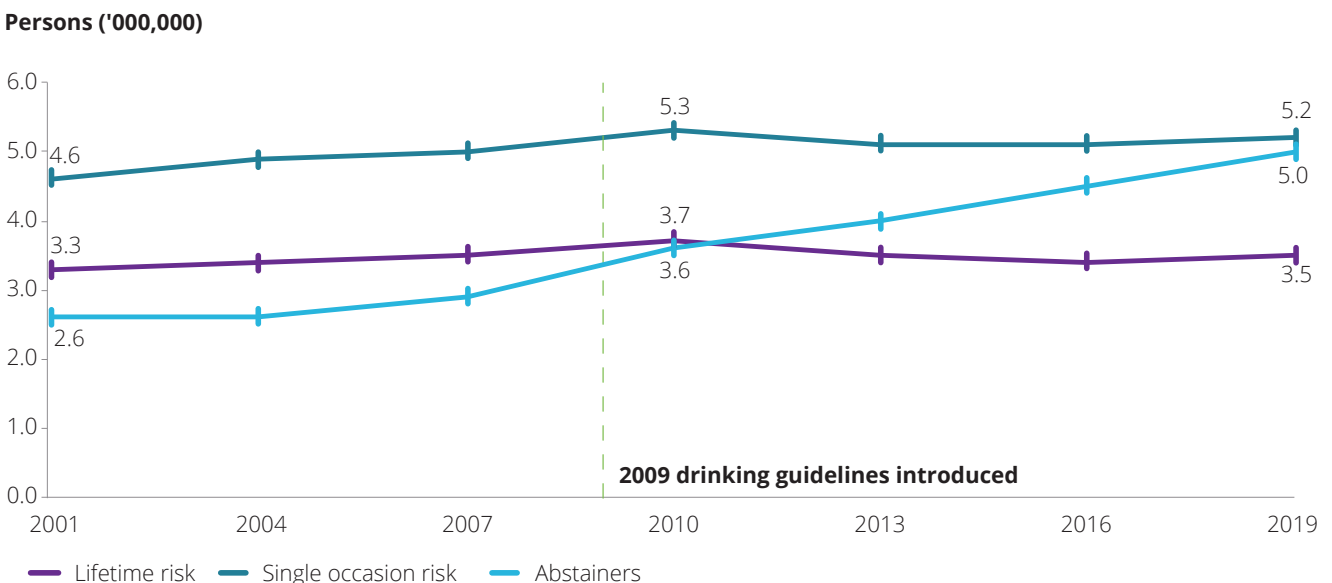
Figure 3.2: Proportion of abstainers and people exceeding the 2009 NHMRC alcohol guidelines, people aged 14 and over, 2001–2019 (per cent)



Source: Table 3.13.

However, these declines do not mean that fewer people are at risk of injury or illness, due to the population increasing over the same time frame. In 2001, approximately 3.3 million Australians had consumed alcohol at levels that exceeded the lifetime risk guideline, while in 2019, 3.5 million people had done so. The number of people exceeding the single occasion risk at least once a month has increased substantially since 2001, from 4.6 million to 5.2 million. In the same period, the number of people abstaining from alcohol has almost doubled, from 2.6 million to 5.0 million (Figure 3.3).

Figure 3.3: Number of abstainers and people exceeding the 2009 NHMRC alcohol guidelines, people aged 14 and over, 2001–2019



Source: Table 3.14.



Are people aware of the amount of alcohol that can cause harm?

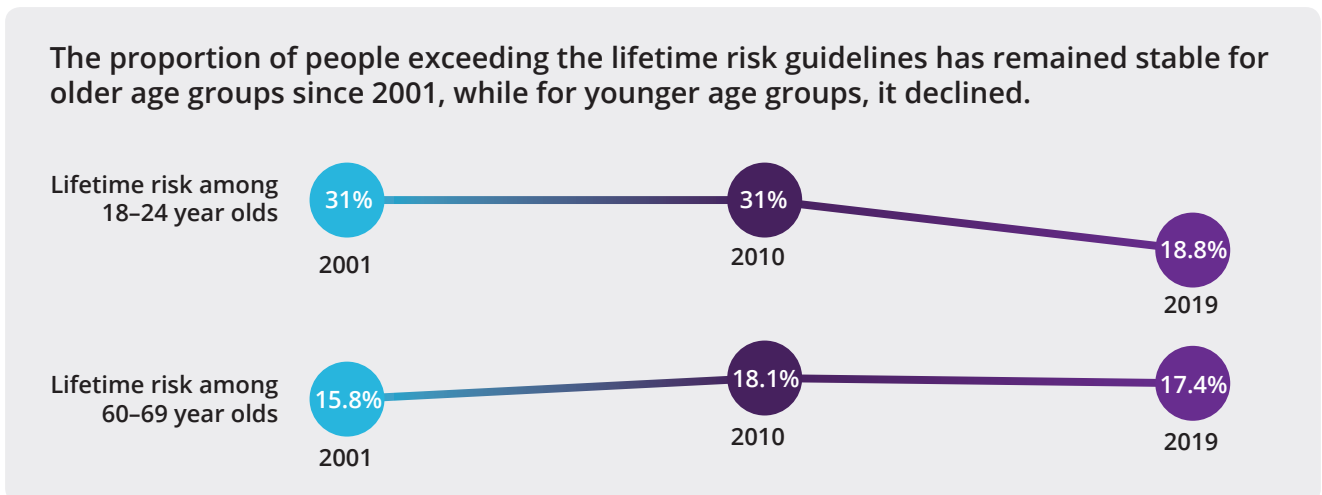
People were asked how many drinks they believed a person could consume on a single occasion and every day for many years, without putting their health at risk. Since the guidelines were introduced in 2009, people have become less likely to indicate amounts greater than the guideline recommendations. Despite these declines, a substantial number of people still report 'safe amounts' of alcohol that would put their health at risk, with males more likely to do so than females.



Who is more likely to drink at harmful levels?

Lifetime risky drinking remains common among older Australians

Despite people aged 70 and over being the most likely to drink alcohol daily, people in their 40s and 50s were the most likely to exceed the lifetime risk, both at 21% (Table 3.15). The only statistically significant change since 2016 was an increase among females aged 70 and over, although this remained the adult age group least likely to exceed the lifetime risky drinking guideline (4.0% in 2016, increasing to 5.9% in 2019).



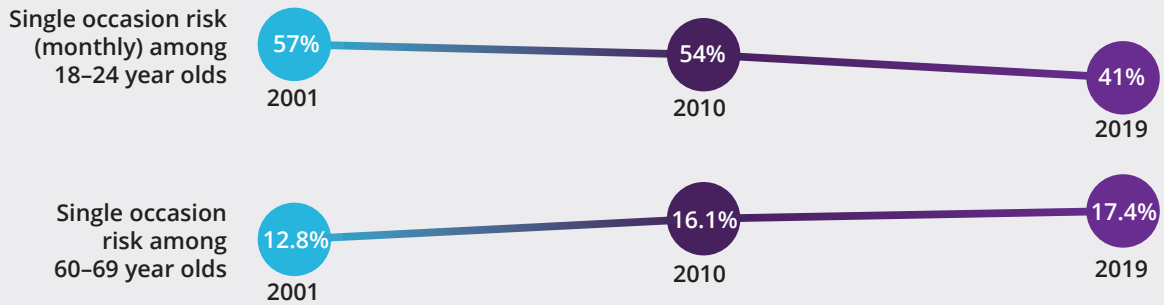
Single occasion risky drinking becoming more common among older people

Consistent with 2016, single occasion risk was most likely to be exceeded at least monthly by people aged 18-24 (41%, compared with 42% in 2016) and 25-29 (36%, the same as 2016) (Table 3.15). People in their 30s were less likely to have done so in 2019 (28%) than in 2016 (31%).

However, 27% of people in their 50s exceeded the single occasion guideline at least monthly, an increase from 25% in 2016. The proportion of people aged 70 and over drinking this amount also increased, from 7.2% to 8.8% (Table 3.15).



Trends in single occasion risky drinking since 2001 have followed a similar pattern to lifetime risk, with risky drinking declining among younger age groups but increasing among older age groups.



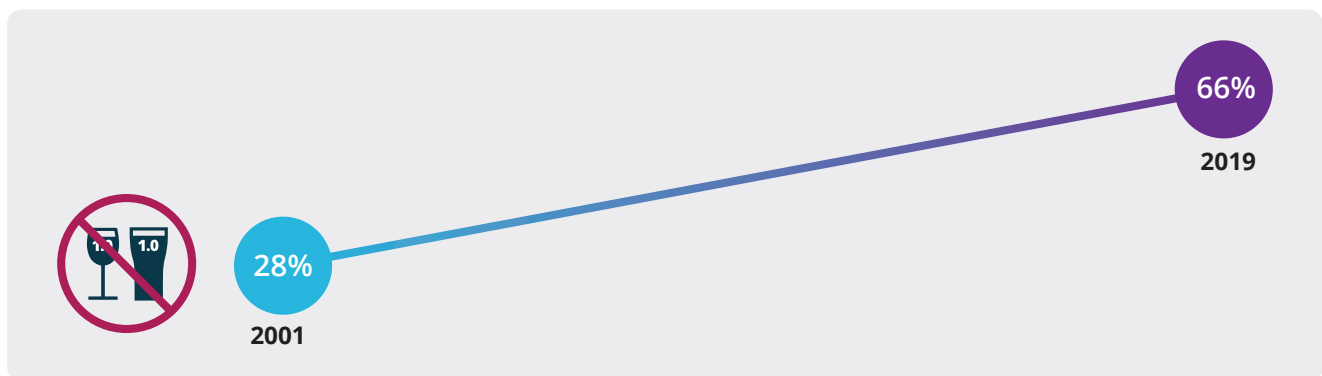
Risky drinking also changes depending on where people live

People living in *Remote and Very remote* areas were more likely to be risky drinkers than those living in *Major cities*. Further information about regional differences in risky drinking can be found in the geography chapter (see 'Chapter 7 Drug use by geographic areas').

People who were employed were more likely to be risky drinkers (both single occasion and lifetime risk) than people who were unemployed. Further information on employment status, and other personal factors, can be found in the population groups chapter (see 'Chapter 8 Priority population groups').

At what age do people start drinking?

The NHMRC guidelines recommend that people under 18 do not drink alcohol, and should delay their initiation as long as possible. In 2019, 2 in 3 (66%) 14-17 year olds had never consumed a full standard drink (Table 3.30).



The average (mean) age that 14-24 year olds first consumed their full serve of alcohol in 2019 was 16.2 years. While this was not a significant change since 2016, it does continue an increasing trend seen since 2001, when the mean age of initiation was 14.7 (Table 3.31). Among females aged 14-24, the mean age at which they consumed their first drink increased since 2016, from 16.0 to 16.3.



What proportion of people have consumed 11 or more drinks on a single occasion?

In addition to reporting against the NHMRC guidelines, it is important to examine other drinking patterns among people who exceed the guidelines, including those people who drink well in excess of the guidelines—those consuming 11 or more drinks on a single occasion.

In 2019, there was a decline among the adult population drinking 11 or more drinks in a single session at least once a month, from 7.4% in 2016 to 6.7% in 2019. There was also a slight but non-significant decline among people aged 14 and over (from 7.1% in 2016 to 6.5% in 2019) (Table 3.19).

People drinking at these levels at least yearly did not change over the latest 3-year period, but has declined since 2010 from 17.4% to 15.1% in 2019.

As with single occasion risk, young adults (aged 18–24) continued to be the most likely age group to drink 11 or more drinks on a single occasion in 2019, with 30% having done so in the past year, and 14.6% doing so at least monthly (Table 3.19).

1 in 10 people who drink may be experiencing alcohol dependence

The NHMRC alcohol guidelines were developed to provide an indication of how people's alcohol consumption may have an impact on their health, either through chronic health conditions or by increasing their risk of injury while affected by alcohol. However, it is also important to consider how many people may be dependent on alcohol (Box 3.2). Alcohol dependence is a different form of harm that is likely to require specialised alcohol treatment services, rather than presentation to a doctor or an emergency room to treat alcohol-related health issues.

Box 3.2: The ASSIST: a measure of harmful use

The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) was developed by the World Health Organization to identify people whose substance use may be causing them harm. The ASSIST screens for harmful use of alcohol and tobacco, as well as illicit drugs and pharmaceuticals.

ASSIST scores are categorised as 'low risk', 'moderate risk' or 'high risk'. High risk scores are likely to indicate a substance dependence issue, while moderate risk scores indicate substance use that may be hazardous or harmful to the person's health.

The ASSIST-Lite is an abridged version of the ASSIST, consisting of 3 to 4 questions for each substance (Ali et al. 2013). It was incorporated into the NDSHS in 2019 to estimate how many people who use substances show signs of substance dependence, or a pattern of use that may be hazardous to their health. Results also have implications for alcohol and other drug treatment services in Australia: people who receive a high risk score are likely to require specialist assessment and treatment for their substance use, while people who receive a moderate risk score are likely to benefit from a brief intervention or education of some kind.

Of everyone who had an alcoholic drink in the previous 12 months, 9.9% were likely to meet the criteria for alcohol dependence (Table 3.26). Males (13.5%) were more likely than females (6.3%) to receive this score. The ASSIST-Lite scores indicated that a further 29% of this population were using alcohol to a hazardous or harmful extent, and again males (36%) were much more likely to meet this threshold than females (22%).

Among the total Australian population aged 14 and over, this equates to 7.5% who may be experiencing some form of alcohol dependence and would benefit from specialist treatment, and a further 22% who are likely to be using alcohol in a harmful way (Table 3.26).



Of the people identified as being at high risk (likely to have some extent of alcohol dependence):

- 74% had never participated in any form of tobacco, alcohol or other drug treatment program (such as a telephone helpline, counselling, or medications to help with their drinking), and only 12.5% had done so in the previous 12 months
- 27% had been diagnosed or treated for a mental illness in the previous 12 months, much higher than the 16.7% proportion of the general population (Table 3.29).

Of the people identified as being at moderate risk (likely to be negatively affected by their alcohol use):

- 89% had never participated in any form of tobacco, alcohol or other drug treatment program, and only 3.9% had done so in the previous 12 months
- 17.8% had been diagnosed or treated for a mental illness in the previous 12 months (Table 3.29).

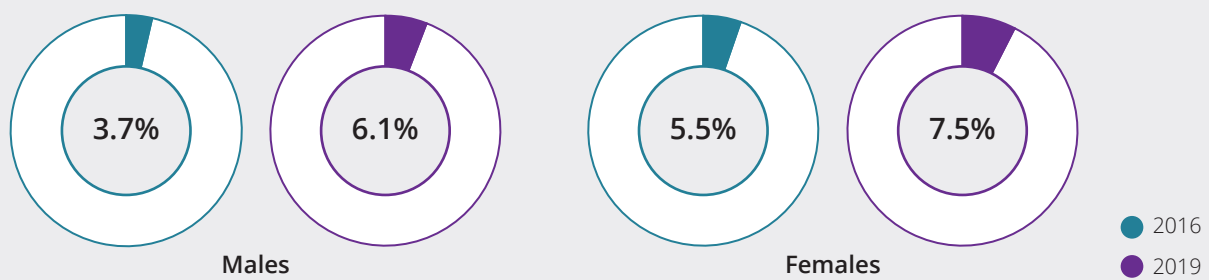
People are modifying their drinking to protect their health

The proportion of drinkers taking action to reduce their alcohol consumption was highest in 2019 (Table 3.38). While the number of people drinking at risky levels did not substantially change between 2016 and 2019, more people reduced their alcohol intake by:

- reducing the amount of alcohol consumed at any 1 time (up from 28% to 31%)
- reducing the number of drinking occasions (from 29% to 31%)
- switching to drinking more low-alcohol drinks (from 5.2% to 6.1%)
- stopping drinking alcohol (6.6% to 7.8%).

When asked why they had done so, most people said that it was for health reasons. This was the most common reason selected in 2016 and 2019 but it increased from 50% to 54% (Table 3.39). These changes may be because people were more aware that alcohol causes health risks.

Proportion of people who said drinking any amount of alcohol can put an adult's health at risk



More people were motivated to change their drinking habits due to drink-driving regulations, increasing from 11.4% in 2016 to 12.9% in 2019 (Table 3.39). This was primarily due to an increase among people aged 60–69 (from 16.3% to 21%), and those aged 70 and over (increasing from 21% to 26%).



How many people were harmed by other people's alcohol use?

A person's alcohol consumption can harm others, not just themselves. The NDSHS contains several questions about whether the respondent has experienced harm from another person who was under the influence of alcohol. Specifically, people were asked whether they were verbally or physically abused, or put in fear by another person who was under the influence of alcohol.

More than 1 in 5 people (21%) had been verbally or physically abused, or put in fear by someone under the influence of alcohol in the previous 12 months (Table 3.46), corresponding to 4.5 million Australians—little change from 2016 (Table 3.47).

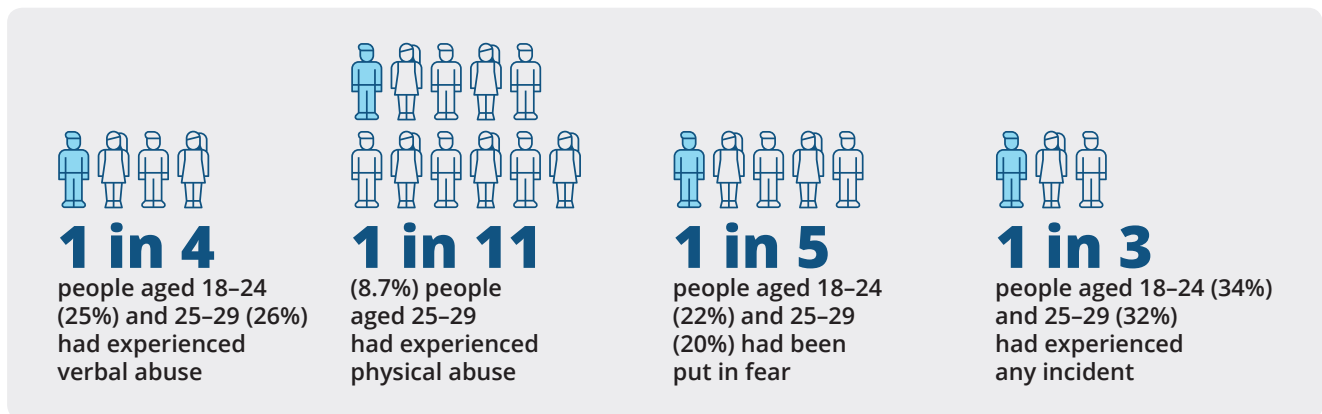
The proportion of males who had experienced physical abuse from someone under the influence of alcohol in the previous 12 months decreased since 2016, from 6.8% to 5.6% in 2019, representing a decline from 700,000 to 600,000 males (tables 3.46 and 3.47).

The proportion of females who experienced physical abuse also decreased from 5.0% to 4.0% (or 500,000 to 400,000). In the same time frame, verbal abuse decreased, from 17.2% to 15.9%, but the number remained unchanged at 1.7 million.

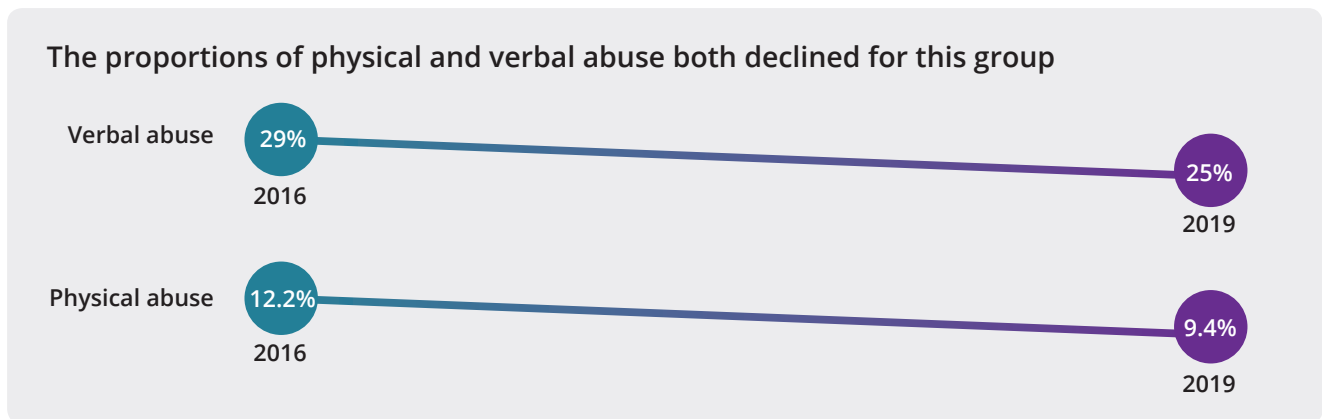
Of all incidents of physical abuse, 10.6% were serious enough to require admission to hospital (Table 3.51).

Some people are more likely to experience harms than others

Younger adults were disproportionately abused and put in fear by people under the influence of alcohol:



The proportion of incidents is also much higher among people who exceed the single occasion drinking guideline.





Who are the perpetrators of alcohol-related harms?

Despite similar proportions of males and females having experienced harms in the previous 12 months, the people responsible for those harms are different. Females were more likely than males to report their abuser being their current or former spouse or partner, while males were more likely to report their abuser being a stranger. (Table Alcohol1).

Table Alcohol1: Relationship of perpetrators to victims of alcohol-related incidents, victims aged 14 and over, by sex, 2019 (per cent)

	Verbal abuse		Physical abuse		Put in fear	
	Males	Females	Males	Females	Males	Females
Current or ex-spouse or partner	9.3	27	9.5	32	4.4	18.1
Other relative	9.4	16.8	9.5	14.5	8.2	13.5
Friend	9.2	7.9	*5.9	6.2	6.5	6.9
Other person known to me	20	16.3	21	16.0	15.4	18.5
Someone not known to me	72	49.1	65	41	78	61

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

This indicates that the types of abuse being experienced by females and males are likely to take different forms and may occur in different places, so different strategies are required to reduce the number of people experiencing abuse or fear from people who are under the influence of alcohol.

How do people feel about policies aimed at reducing excessive alcohol use?

The survey asks respondents to give their level of support for various policies intended to reduce problems associated with excessive alcohol use. People could support, oppose or neither support nor oppose any given policy measure. They could also abstain from answering if they did not know enough about the policy to make a decision.

New policy questions

Two new policy suggestions questions were added to the survey in 2019. The first asked people whether they would support displaying health warnings on all alcohol containers. Responses were positive, with 65% of people supporting and only 9.3% opposing the idea (Table 3.54).

The second new policy measure asked about was the introduction of minimum unit pricing (or minimum floor pricing) for alcoholic drinks, which proposes a minimum price for drinks based on how much alcohol they contain. Opinions on this measure were varied. More people supported it (39%) than opposed it (27%), but it had one of the highest proportions of people saying they neither supported nor opposed it at 33% (Table 3.54).



Support down across most alcohol policies

Public support declined for more than two-thirds of policies asked about in the survey, and opposition increased (Table 3.54). This continues a trend seen since 2013 of declining support across a majority of measures to reduce the harms from alcohol.

Three measures saw drops in support larger than 5 percentage points, all relating to late night alcohol activity. For example, support for the strict monitoring of late night premises dropped from 73% to 67%, and support for restricting late night trading of alcohol declined from 57% to 49%.

The largest reduction in support was seen for reducing the trading hours for pubs and clubs, declining from 39% in 2016 to 31% in 2019 (Table 3.54). It also saw the largest increase in opposition, from 34% to 40%, making this the first time more people have opposed the policy measure than supported it since 2004 (when 32% supported and 40% opposed).

Despite the declines seen in policy support, two-thirds of the policies were supported by a majority of Australians. Measures that received the highest support involved enforcement of existing alcohol-related laws:



84%

More severe legal penalties for drink-driving



79%

Stricter enforcement of the law against supplying minors



78%

Stricter enforcement of the law against supplying customers who are drunk

Measures that received the strongest opposition involved making it harder or more costly for everyone to obtain alcohol:



47%

Increasing the price of alcohol



40%

Reducing trading hours for pubs and clubs



36%

Reducing the number of outlets that sell alcohol

Where can I get more information?

To explore the data and view additional analyses, see the supplementary alcohol data tables. These include data on:

- where people usually obtain their alcohol
- actions taken to reduce harm while drinking
- days of work or school missed due to illness, injury or alcohol use.

For references and terminology used in this chapter please see the [main report](#) or refer to the [technical information](#) for more information on the sample, the methodology, response rate and limitations of the survey results.