

National Healthcare Agreement: PI 05—Levels of risky alcohol consumption, 2022

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National Healthcare Agreement: PI 05—Levels of risky alcohol consumption, 2022

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Progress measure
Short name:	PI 05—Levels of risky alcohol consumption, 2022
METEOR identifier:	740886
Registration status:	Health! , Standard 24/09/2021
Description:	Proportion of adults at risk of long-term harm from alcohol.
Indicator set:	National Healthcare Agreement (2022) Health! , Standard 24/09/2021
Outcome area:	Prevention Health! , Standard 07/07/2010

Collection and usage attributes

Population group age from: 18 years

Computation description: Data on persons 'at risk of long-term alcohol-related harm' is based on the 2009 National Health and Medical Research Council (NHMRC) guideline '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' and has been operationalised as: for both males and females, an average of more than 2 standard drinks per day in the last week.

From the 2020–21 National Health Survey (NHS) onwards, alcohol consumption will be reported against the [2020 NHMRC guidelines](#) that healthy men and women should drink no more than 10 standard drinks a week and no more than 4 standard drinks on any one day.

Rates are directly age-standardised to the 2001 Australian population.

Analysis by remoteness and Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-Economic Disadvantage (IRSD) is based on usual residence of person.

Presented as a percentage.

95% confidence intervals and relative standard errors are calculated for rates. Rate ratios are derived by dividing the age standardised rate for Aboriginal and Torres Strait Islander people by the age standardised rate for non-Indigenous people.

Computation: Crude rate: $100 \times (\text{Numerator} \div \text{Denominator})$

Numerator: Number of persons aged 18 and over assessed as having an alcohol consumption pattern that puts them at risk of long-term alcohol-related harm.

Numerator data elements: **Data Element / Data Set**

Person—age

Data Source

[ABS 2017–18 National Health Survey \(NHS\)](#)

Guide for use

Data source type: Survey

Data Element / Data Set

Person—alcohol consumption amount

Data Source

[ABS 2017–18 National Health Survey \(NHS\)](#)

Guide for use

Data source type: Survey

Data Element / Data Set

Person—alcohol consumption frequency

Data Source

[ABS 2017–18 National Health Survey \(NHS\)](#)

Guide for use

Data source type: Survey

Data Element / Data Set

Person—age

Data Source

[ABS 2018-19 National Aboriginal and Torres Strait Islander Health Survey \(NATSIHS\)](#)

Guide for use

Data source type: Survey

Data Element / Data Set

Person—alcohol consumption amount

Data Source

[ABS 2018-19 National Aboriginal and Torres Strait Islander Health Survey \(NATSIHS\)](#)

Guide for use

Data source type: Survey

Data Element / Data Set

Person—alcohol consumption frequency

Data Source

[ABS 2018-19 National Aboriginal and Torres Strait Islander Health Survey](#)

Denominator:

[\(NATSIHS\)](#)
Guide for use
Data source type: Survey
Population aged 18 and over.

Denominator data elements:

Data Element / Data Set
Person—age
Data Source
[ABS 2017–18 National Health Survey \(NHS\)](#)
Guide for use
Data source type: Survey

Disaggregation:

Data Element / Data Set
Person—age
Data Source
[ABS 2018-19 National Aboriginal and Torres Strait Islander Health Survey \(NATSIHS\)](#)
Guide for use
Data source type: Survey

State and territory, by:

- sex by age (not reported)
- Indigenous status
- remoteness (Australian Statistical Geography Standard (ASGS) 2016 Remoteness Structure)
- 2016 SEIFA IRSD quintiles (not reported)
- disability status (not reported)

Nationally, by (all not reported):

- sex by remoteness (ASGS 2016 Remoteness Structure)
- 2016 SEIFA IRSD deciles
- remoteness (ASGS 2016 Remoteness Structure) by 2016 SEIFA IRSD deciles.

Some disaggregation may result in numbers too small for publication.

Disaggregation data elements:

Data Element / Data Set
Person—sex
Data Source
[ABS 2017–18 National Health Survey \(NHS\)](#)
Guide for use
Data source type: Survey

Data Element / Data Set
Person—age

Data Source

[ABS 2017–18 National Health Survey \(NHS\)](#)

Guide for use

Data source type: Survey

Data Element / Data Set

Person—area of usual residence

Data Source

[ABS 2017–18 National Health Survey \(NHS\)](#)

Guide for use

Data source type: Survey

Used for disaggregation by state/territory, remoteness and SEIFA IRSD

Data Element / Data Set

Person—disability status

Data Source

[ABS 2017–18 National Health Survey \(NHS\)](#)

Guide for use

Data source type: Survey

Data Element / Data Set

Person—Indigenous status

Data Source

[ABS 2017–18 National Health Survey \(NHS\)](#)

Guide for use

Data source type: Survey

Data Element / Data Set

Person—sex

Data Source

[ABS 2018-19 National Aboriginal and Torres Strait Islander Health Survey \(NATSIHS\)](#)

Guide for use

Data source type: Survey

Data Element / Data Set

Person—age

Data Source

[ABS 2018-19 National Aboriginal and Torres Strait Islander Health Survey \(NATSIHS\)](#)

Guide for use

Data source type: Survey

Data Element / Data Set

Person—area of usual residence

Data Source

[ABS 2018-19 National Aboriginal and Torres Strait Islander Health Survey \(NATSIHS\)](#)

Guide for use

Data source type: Survey

Used for disaggregation by state/territory

Comments:

Most recent data available for 2022 National Healthcare Agreement performance reporting: 2017–18 (total population, non-Indigenous: NHS); 2018–19 (Indigenous only: NATSIHS).

NO NEW DATA FOR 2022 REPORTING.

National Aboriginal and Torres Strait Islander Social Survey (NATSISS) or National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) data may be used for analysis, dependent upon which survey is most recent and whether the data are comparable with NHS data.

Data on persons 'at risk of long-term alcohol-related harm' had previously been defined according to the 2001 NHMRC guidelines: for males, an average of more than 4 standard drinks per day in the last week, and for females, an average of more than 2 standard drinks per day in the last week.

Data for the non-Indigenous population in the Northern Territory should be interpreted with caution as the NHS excludes Very Remote areas and discrete Aboriginal and Torres Strait Islander communities. These exclusions are unlikely to affect national estimates, and will only have a minor effect on aggregate estimates produced for individual states and territories, excepting the Northern Territory where around 20% of the population lived in Very Remote areas in the 2017–18 reporting period.

For the 2017–18 NHS and the 2018–19 NATSIHS, age standardised 95% confidence intervals and RSEs are not available. Please refer to associated crude 95 per cent confidence intervals and RSEs.

Further details on alcohol consumption among Indigenous Australians are available from the Aboriginal and Torres Strait Islander Health Performance Framework ([measure 2.16: Risky alcohol consumption](#)).

Representational attributes

Representation class: Percentage

Data type: Real

Unit of measure: Person

Format: N[NN].N

Indicator conceptual framework

Framework and dimensions: [Health behaviours](#)

Data source attributes

Data sources:

Data Source

[ABS 2017–18 National Health Survey \(NHS\)](#)

Frequency

Every 3 years

Data custodian

Australian Bureau of Statistics

Data Source

[ABS 2018-19 National Aboriginal and Torres Strait Islander Health Survey \(NATSIHS\)](#)

Data custodian

Australian Bureau of Statistics

Accountability attributes

Reporting requirements: National Healthcare Agreement

Organisation responsible for providing data: Australian Bureau of Statistics

Further data development / collection required: Specification: Final, the measure meets the intention of the indicator.

Source and reference attributes

Reference documents: Australian Institute of Health and Welfare 2020. *Aboriginal and Torres Strait Islander Health Performance Framework*. Canberra: AIHW. Viewed 19 February 2021, <https://indigenoushpf.gov.au/>

National Health and Medical Research Council (NHMRC) 2001. *Australian Alcohol Guidelines: Health Risks and Benefits (2001)*. Canberra: NHMRC

NHMRC 2009. *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*. Canberra: NHMRC. Viewed 26 September 2019, <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-reduce-health-risks-drinking-alcohol>

NHMRC 2020. *Australian guidelines to reduce health risks from drinking alcohol*. Canberra: NHMRC. Viewed 29 March 2021, <https://www.nhmrc.gov.au/health-advice/alcohol>

Relational attributes

Related metadata references:

Supersedes [National Healthcare Agreement: PI 05–Levels of risky alcohol consumption, 2021](#)

[Health!](#), Standard 03/07/2020

See also [Australian Health Performance Framework: PI 1.2.1–Rates of current daily smokers, 2020](#)

[Health!](#), Standard 13/10/2021

See also [Australian Health Performance Framework: PI 1.2.3–Levels of risky alcohol consumption, 2020](#)

[Health!](#), Standard 13/10/2021

See also [Australian Health Performance Framework: PI 1.3.1–Prevalence of overweight and obesity, 2020](#)

[Health!](#), Standard 13/10/2021

See also [Australian Health Performance Framework: PI 2.1.6–Potentially avoidable deaths, 2020](#)

[Health!](#), Standard 01/12/2020

See also [National Healthcare Agreement: PI 03–Prevalence of overweight and obesity, 2022](#)

[Health!](#), Standard 24/09/2021

See also [National Healthcare Agreement: PI 04–Rates of current daily smokers, 2022](#)

[Health!](#), Standard 24/09/2021

See also [National Healthcare Agreement: PI 16–Potentially avoidable deaths, 2022](#)

[Health!](#), Standard 24/09/2021

See also [National Indigenous Reform Agreement: PI 04–Levels of risky alcohol consumption, 2020](#)

[Indigenous](#), Standard 23/08/2019