Person—alcohol consumption frequency (selfreported), code NN

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY4.0 (CC BY4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at https://creativecommons.org/licenses/by/4.0/.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

Person—alcohol consumption frequency (selfreported), code NN

Identifying and definitional attributes

| Metadata item type: | Data Element |
|-----------------------|--|
| Short name: | Alcohol consumption frequency (self reported) |
| METEOR identifier: | 270247 |
| Registration status: | Health, Standard 01/03/2005 |
| Definition: | A person's self-reported frequency of alcohol consumption, as represented by a code. |
| Data Element Concept: | Person—alcohol consumption frequency |
| Value Domain: | Alcohol consumption frequency code NN |

Value domain attributes

Representational attributes

| Representation class: | Code | |
|---------------------------|--------|---|
| Data type: | String | |
| Format: | NN | |
| Maximum character length: | 2 | |
| | Value | Meaning |
| Permissible values: | 01 | Every day/7 days per week |
| | 02 | 5 to 6 days per week |
| | 03 | 3 to 4 days per week |
| | 04 | 1 to 2 days per week |
| | 05 | 2 to 3 days per month |
| | 06 | Once per month |
| | 07 | 7 to 11 days in the past year |
| | 08 | 4 to 6 days in the past year |
| | 09 | 2 to 3 days in the past year |
| | 10 | Once in the past year |
| | 11 | Never drank any alcoholic beverage in the past year |
| | 12 | Never in my life |
| Supplementary values: | 99 | Not reported |

Data element attributes

Collection and usage attributes

Collection methods:

The World Health Organisation, in its 2000 International Guide for Monitoring Alcohol Consumption and Related Harm document, suggests that in assessing alcohol consumption patterns a 'Graduated Quantity Frequency' method is preferred. This method requires that questions about the quantity and frequency of alcohol consumption should be asked to help determine short-term and long-term health consequences. This information can be collected (but not confined to) the following ways:

- in a clinical setting with questions asked by a primary healthcare professional
- as a self-completed questionnaire in a clinical setting
- as part of a health survey
- as part of a computer aided telephone interview.

It should be noted that, particularly in telephone interviews, the question(s) asked may not be a direct repetition of the Value domain; yet they may still yield a response that could be coded to the full Value domain or a collapsed version of the Value domain.

Source and reference attributes

| Submitting organisation: | Cardiovascular Data Working Group |
|--------------------------|--|
| Origin: | Australian Alcohol Guidelines: Health Risks and Benefits, National Health & Medical Research Council, October 2001 |

Relational attributes

| Related metadata references: | Is re-engineered from Alcohol consumption frequency- self report, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (24.3 KB) No registration status |
|---|---|
| | See also <u>Person—alcohol consumption amount, total standard drinks NN</u> <u>Health</u> , Superseded 29/05/2024 |
| Implementation in Data Set Specifications: | Cardiovascular disease (clinical) DSS Health, Superseded 15/02/2006 DSS specific information: |
| | These data can be used to help determine the overall health profile of an individual or of a population. Certain patterns of alcohol consumption can be associated with a range of social and health problems. These problems include: |
| | social problems such as domestic violence, unsafe sex, financial and relationship problems, physical conditions such as high blood pressure, gastrointestinal problems, pancreatitis, an increased risk of physical injury. |
| | Alcohol can also be a contributor to acute health problems. |
| | Evidence from prospective studies indicates that heavy alcohol consumption is associated with increased mortality and morbidity from coronary heart disease and stroke (Hanna et al 1992). However, there is some evidence to suggest that alcohol appears to provide some protection against heart disease (both illness and death) for both men and women from middle age onwards. Most, if not all, of this benefit is achieved with 1-2 standard drinks per day for men and less than 1 standard drink for women (the National Health and Medical Research Council's Australian Alcohol Guidelines, October 2001). |
| | Where this information is collected by survey and the sample permits, population estimates should be presented by sex and 5-year age groups. Summary statistics may need to be adjusted for age and other relevant variables. It is recommended that, in surveys of alcohol consumption, data on age, sex, and other socio- demographic variables also be collected where it is possible and desirable to do so. It is also recommended that, when alcohol consumption is investigated in relation to health, data on other risk factors including overweight and obesity, smoking, high blood pressure and physical inactivity should be collected. The Australian Alcohol Guidelines: Health Risk and Benefits endorsed by the National Health and Medical Research Council in October 2001 have defined risk of harm in |

the short term and long term based on patterns of drinking.

The table below outlines those patterns.

Alcohol consumption shown in the tables is not recommended for people who: - have a condition made worse by drinking,

- are on medication,
- are under 18 years of age,
- are pregnant,
- are about to engage in activities involving risk or a degree of skill (e.g. driving, flying, water sports, skiing, operating machinery).

| Risk of harm in the short-term | | | |
|---|----------------------|----------------------|----------------------|
| | Low risk | Risky | High risk |
| | (standard drinks) | (standard drinks) | (standard drinks) |
| Males (on a single occasion) | Up to 6 | 7 to 10 | 11 or more |
| Females (on a single occasion) | Up to 4 | 5 to 6 | 7 or more |

| Source: NH&MRC Australian Alcohol Guidelines: Health Risk and Benefits |
|--|
| 2001. |

| Risk of harm in the long-term | | | |
|-----------------------------------|-------------------------------------|-------------------------------|--------------------------------------|
| | Low risk (standard drinks) | Risky (standard drinks) | High risk (standard drinks) |
| Males (on an average day) | Up to 4 | 5 to 6 | 7 or more |
| Overall weekly level | Up to 28 Per week | 29 to 42 Per week | 43 or more Per week |
| Females (on an average day) | Up to 2 | 3 to 4 | 5 or more |
| Overall weekly level | Up to 14 Per week | 15 to 28 Per week | 29 or more Per week |

Source: NH&MRC Australian Alcohol Guidelines: Health Risk and Benefits 2001.

Cardiovascular disease (clinical) DSS Health, Superseded 04/07/2007 DSS specific information: These data can be used to help determine the overall health profile of an individual or of a population. Certain patterns of alcohol consumption can be associated with a range of social and health problems. These problems include:

- social problems such as domestic violence, unsafe sex,
- financial and relationship problems,
- physical conditions such as high blood pressure, gastrointestinal problems, pancreatitis,
- an increased risk of physical injury.

Alcohol can also be a contributor to acute health problems.

Evidence from prospective studies indicates that heavy alcohol consumption is associated with increased mortality and morbidity from coronary heart disease and stroke (Hanna et al 1992). However, there is some evidence to suggest that alcohol appears to provide some protection against heart disease (both illness and death) for both men and women from middle age onwards. Most, if not all, of this benefit is achieved with 1-2 standard drinks per day for men and less than 1 standard drink for women (the National Health and Medical Research Council's Australian Alcohol Guidelines, October 2001).

Where this information is collected by survey and the sample permits, population estimates should be presented by sex and 5-year age groups. Summary statistics may need to be adjusted for age and other relevant variables. It is recommended that, in surveys of alcohol consumption, data on age, sex, and other sociodemographic variables also be collected where it is possible and desirable to do so. It is also recommended that, when alcohol consumption is investigated in relation to health, data on other risk factors including overweight and obesity, smoking, high blood pressure and physical inactivity should be collected. The Australian Alcohol Guidelines: Health Risk and Benefits endorsed by the National Health and Medical Research Council in October 2001 have defined risk of harm in the short term and long term based on patterns of drinking.

The table below outlines those patterns.

Alcohol consumption shown in the tables is not recommended for people who: - have a condition made worse by drinking,

- are on medication,
- are under 18 years of age,
- are pregnant,
- are about to engage in activities involving risk or a degree of skill (e.g. driving, flying, water sports, skiing, operating machinery).

| Risk of harm in the short-term | | | |
|---|----------------------|----------------------|----------------------|
| | Low risk | Risky | High risk |
| | (standard drinks) | (standard drinks) | (standard drinks) |
| Males (on a single occasion) | Up to 6 | 7 to 10 | 11 or more |
| Females (on a single occasion) | Up to 4 | 5 to 6 | 7 or more |

Source: NH&MRC Australian Alcohol Guidelines: Health Risk and Benefits 2001.

Risk of harm in the long-term

| | Low risk (standard drinks) | Risky (standard drinks) | High risk (standard drinks) |
|-----------------------------------|-------------------------------------|-------------------------------|--------------------------------------|
| Males (on an average day) | Up to 4 | 5 to 6 | 7 or more |
| Overall weekly level | Up to 28 Per week | 29 to 42 Per week | 43 or more Per week |
| Females (on an average day) | Up to 2 | 3 to 4 | 5 or more |
| Overall weekly level | Up to 14 Per week | 15 to 28 Per week | 29 or more Per week |

Source: NH&MRC Australian Alcohol Guidelines: Health Risk and Benefits 2001.

Cardiovascular disease (clinical) DSS Health, Superseded 22/12/2009

DSS specific information:

These data can be used to help determine the overall health profile of an individual or of a population. Certain patterns of alcohol consumption can be associated with a range of social and health problems. These problems include:

- social problems such as domestic violence, unsafe sex,
- financial and relationship problems,
- physical conditions such as high blood pressure, gastrointestinal problems, pancreatitis,
- · an increased risk of physical injury.

Alcohol can also be a contributor to acute health problems.

Evidence from prospective studies indicates that heavy alcohol consumption is associated with increased mortality and morbidity from coronary heart disease and stroke (Hanna et al 1992). However, there is some evidence to suggest that alcohol appears to provide some protection against heart disease (both illness and death) for both men and women from middle age onwards. Most, if not all, of this benefit is achieved with 1-2 standard drinks per day for men and less than 1 standard drink for women (the National Health and Medical Research Council's Australian Alcohol Guidelines, October 2001).

Where this information is collected by survey and the sample permits, population estimates should be presented by sex and 5-year age groups. Summary statistics may need to be adjusted for age and other relevant variables. It is recommended that, in surveys of alcohol consumption, data on age, sex, and other sociodemographic variables also be collected where it is possible and desirable to do so. It is also recommended that, when alcohol consumption is investigated in relation to health, data on other risk factors including overweight and obesity, smoking, high blood pressure and physical inactivity should be collected. The Australian Alcohol Guidelines: Health Risk and Benefits endorsed by the National Health and Medical Research Council in October 2001 have defined risk of harm in the short term and long term based on patterns of drinking.

The table below outlines those patterns.

Alcohol consumption shown in the tables is not recommended for people who: have a condition made worse by drinking,

- are on medication,
- are under 18 years of age,
- are pregnant,
- are about to engage in activities involving risk or a degree of skill (e.g. driving, flying, water sports, skiing, operating machinery).

| Risk of harm in the short-term | | | |
|---|----------------------|----------------------|----------------------|
| | Low risk | Risky | High risk |
| | (standard drinks) | (standard drinks) | (standard drinks) |
| Males (on a single occasion) | Up to 6 | 7 to 10 | 11 or more |
| Females (on a single occasion) | Up to 4 | 5 to 6 | 7 or more |

| Source: NH&MRC Australian Alcohol Guidelines: Health Risk and Benefits |
|--|
| 2001. |

| Risk of harm in the long-term | | | |
|-----------------------------------|-------------------------------------|-------------------------------|--------------------------------------|
| | Low risk (standard drinks) | Risky (standard drinks) | High risk (standard drinks) |
| Males (on an average day) | Up to 4 | 5 to 6 | 7 or more |
| Overall weekly level | Up to 28 Per week | 29 to 42 Per week | 43 or more Per week |
| Females (on an average day) | Up to 2 | 3 to 4 | 5 or more |
| Overall weekly level | Up to 14 Per week | 15 to 28 Per week | 29 or more Per week |

Source: NH&MRC Australian Alcohol Guidelines: Health Risk and Benefits 2001.

Cardiovascular disease (clinical) DSS Health, Superseded 01/09/2012

DSS specific information:

These data can be used to help determine the overall health profile of an individual or of a population. Certain patterns of alcohol consumption can be associated with a range of social and health problems. These problems include:

- social problems such as domestic violence, unsafe sex,
- financial and relationship problems,

- physical conditions such as high blood pressure, gastrointestinal problems, pancreatitis,
- an increased risk of physical injury.

Alcohol can also be a contributor to acute health problems.

Evidence from prospective studies indicates that heavy alcohol consumption is associated with increased mortality and morbidity from coronary heart disease and stroke (Hanna et al 1992). However, there is some evidence to suggest that alcohol appears to provide some protection against heart disease (both illness and death) for both men and women from middle age onwards. Most, if not all, of this benefit is achieved with 1-2 standard drinks per day for men and less than 1 standard drink for women (the National Health and Medical Research Council's Australian Alcohol Guidelines, October 2001).

Where this information is collected by survey and the sample permits, population estimates should be presented by sex and 5-year age groups. Summary statistics may need to be adjusted for age and other relevant variables. It is recommended that, in surveys of alcohol consumption, data on age, sex, and other sociodemographic variables also be collected where it is possible and desirable to do so. It is also recommended that, when alcohol consumption is investigated in relation to health, data on other risk factors including overweight and obesity, smoking, high blood pressure and physical inactivity should be collected. The Australian Alcohol Guidelines: Health Risk and Benefits endorsed by the National Health and Medical Research Council in October 2001 have defined risk of harm in the short term and long term based on patterns of drinking.

The table below outlines those patterns.

Alcohol consumption shown in the tables is not recommended for people who: - have a condition made worse by drinking,

- are on medication,
- are under 18 years of age,
- are pregnant,
- are about to engage in activities involving risk or a degree of skill (e.g. driving, flying, water sports, skiing, operating machinery).

| Risk of harm in the short-term | | | |
|--------------------------------|----------------------|----------------------|----------------------|
| | Low risk | Risky | High risk |
| | (standard drinks) | (standard drinks) | (standard drinks) |
| Males (on a | Up to 6 | 7 to 10 | 11 or more |
| single occasion) | | | |
| Females | Up to 4 | 5 to 6 | 7 or more |
| (on a single occasion) | | | |

Source: NH&MRC Australian Alcohol Guidelines: Health Risk and Benefits 2001.

| Risk of harm in the long-term | | | | |
|--|--|--|--|--|
| Low Risky High risk (standard drinks) (standard drinks) (standard drinks) | | | | |

| Males (on an average day) | Up to 4 | 5 to 6 | 7 or more |
|-----------------------------------|----------------------------|----------------------------|------------------------------|
| Overall weekly level | Up to 28 Per week | 29 to 42 Per week | 43 or more Per week |
| Females (on an average day) | Up to 2 | 3 to 4 | 5 or more |
| Overall weekly level | Up to 14 Per week | 15 to 28 Per week | 29 or more Per week |

Source: NH&MRC Australian Alcohol Guidelines: Health Risk and Benefits 2001.

<u>Cardiovascular disease (clinical) NBPDS</u> <u>Health</u>, Superseded 17/10/2018

DSS specific information:

These data can be used to help determine the overall health profile of an individual or of a population. Certain patterns of alcohol consumption can be associated with a range of social and health problems. These problems include:

- · social problems such as domestic violence, unsafe sex,
- financial and relationship problems,
- physical conditions such as high blood pressure, gastrointestinal problems, pancreatitis.
- an increased risk of physical injury.

Alcohol can also be a contributor to acute health problems.

Evidence from prospective studies indicates that heavy alcohol consumption is associated with increased mortality and morbidity from coronary heart disease and stroke (Hanna et al 1992). However, there is some evidence to suggest that alcohol appears to provide some protection against heart disease (both illness and death) for both men and women from middle age onwards. Most, if not all, of this benefit is achieved with 1-2 standard drinks per day for men and less than 1 standard drink for women (the National Health and Medical Research Council's Australian Alcohol Guidelines, October 2001).

Where this information is collected by survey and the sample permits, population estimates should be presented by sex and 5-year age groups. Summary statistics may need to be adjusted for age and other relevant variables. It is recommended that, in surveys of alcohol consumption, data on age, sex, and other sociodemographic variables also be collected where it is possible and desirable to do so. It is also recommended that, when alcohol consumption is investigated in relation to health, data on other risk factors including overweight and obesity, smoking, high blood pressure and physical inactivity should be collected. The Australian Alcohol Guidelines: Health Risk and Benefits endorsed by the National Health and Medical Research Council in October 2001 have defined risk of harm in the short term and long term based on patterns of drinking.

The table below outlines those patterns.

Alcohol consumption shown in the tables is not recommended for people who: - have a condition made worse by drinking,

- are on medication,
- are under 18 years of age,
- are pregnant,
- are about to engage in activities involving risk or a degree of skill (e.g.

driving, flying, water sports, skiing, operating machinery).

| Risk of harm in the short-term | | | |
|--------------------------------|-------------------|-------------------|-------------------|
| | Low risk | Risky | High risk |
| | (standard drinks) | (standard drinks) | (standard drinks) |
| Males | Up to 6 | 7 to 10 | 11 or more |
| (on a single occasion) | | | |
| Females | Up to 4 | 5 to 6 | 7 or more |
| (on a single occasion) | | | |

Source: NH&MRC Australian Alcohol Guidelines: Health Risk and Benefits 2001.

| Risk of harm in the long-term | | | |
|-------------------------------|-------------------|-------------------|-------------------|
| | Lowrisk | Risky | High risk |
| | (standard drinks) | (standard drinks) | (standard drinks) |
| Males | Up to 4 | 5 to 6 | 7 or more |
| (on an average day) | | | |
| Overall weekly level | Up to 28 | 29 to 42 | 43 or more |
| | Per week | Per week | Per week |
| Females | Up to 2 | 3 to 4 | 5 or more |
| (on an average day) | | | |
| Overall weekly level | Up to 14 | 15 to 28 | 29 or more |
| | Per week | Per week | Per week |

Source: NH&MRC Australian Alcohol Guidelines: Health Risk and Benefits 2001.

<u>Cardiovascular disease (clinical) NBPDS</u> <u>Health</u>, Standard 17/10/2018 **DSS specific information:**

These data can be used to help determine the overall health profile of an individual or of a population. Certain patterns of alcohol consumption can be associated with a range of social and health problems. These problems include:

- social problems such as domestic violence, unsafe sex,
- financial and relationship problems,
- physical conditions such as high blood pressure, gastrointestinal problems, pancreatitis,
- an increased risk of physical injury.

Alcohol can also be a contributor to acute health problems.

Evidence from prospective studies indicates that heavy alcohol consumption is associated with increased mortality and morbidity from coronary heart disease and stroke (Hanna et al 1992). However, there is some evidence to suggest that alcohol appears to provide some protection against heart disease (both illness and death) for both men and women from middle age onwards. Most, if not all, of this benefit is achieved with 1-2 standard drinks per day for men and less than 1 standard drink for women (the National Health and Medical Research Council's Australian Alcohol Guidelines, October 2001). Where this information is collected by survey and the sample permits, population estimates should be presented by sex and 5-year age groups. Summary statistics may need to be adjusted for age and other relevant variables. It is recommended that, in surveys of alcohol consumption, data on age, sex, and other sociodemographic variables also be collected where it is possible and desirable to do so. It is also recommended that, when alcohol consumption is investigated in relation to health, data on other risk factors including overweight and obesity, smoking, high blood pressure and physical inactivity should be collected. The Australian Alcohol Guidelines: Health Risk and Benefits endorsed by the National Health and Medical Research Council in October 2001 have defined risk of harm in the short term and long term based on patterns of drinking.

The table below outlines those patterns.

Alcohol consumption shown in the tables is not recommended for people who: - have a condition made worse by drinking,

- are on medication,
- are under 18 years of age,
- are pregnant,
- are about to engage in activities involving risk or a degree of skill (e.g. driving, flying, water sports, skiing, operating machinery).

| Risk of harm in the short-term | | | |
|--------------------------------|-------------------|-------------------|-------------------|
| | Low risk | Risky | High risk |
| | (standard drinks) | (standard drinks) | (standard drinks) |
| Males | Up to 6 | 7 to 10 | 11 or more |
| (on a single occasion) | | | |
| Females | Up to 4 | 5 to 6 | 7 or more |
| (on a single occasion) | | | |

Source: NH&MRC Australian Alcohol Guidelines: Health Risk and Benefits 2001.

| Risk of harm in the long-term | | | |
|-------------------------------|-------------------|-------------------|-------------------|
| | Lowrisk | Risky | High risk |
| | (standard drinks) | (standard drinks) | (standard drinks) |
| Males | Up to 4 | 5 to 6 | 7 or more |
| (on an average day) | | | |
| Overall weekly level | Up to 28 | 29 to 42 | 43 or more |
| | Per week | Per week | Per week |
| Females | Up to 2 | 3 to 4 | 5 or more |
| (on an average day) | | | |
| Overall weekly level | Up to 14 | 15 to 28 | 29 or more |
| | Per week | Per week | Per week |

Source: NH&MRC Australian Alcohol Guidelines: Health Risk and Benefits 2001.

Used as Numerator

National Healthcare Agreement: PI05-Levels of risky alcohol consumption, 2014 Health, Superseded 14/01/2015

National Healthcare Agreement: PI 05-Levels of risky alcohol consumption, 2014 Health, Superseded 14/01/2015

National Indigenous Reform Agreement: P05-Average daily alcohol consumption and associated risk levels; rates of alcohol consumption at long-term risky to high risk levels, 2010

Community Services (retired), Superseded 04/04/2011

National Indigenous Reform Agreement: P05-Average daily alcohol consumption and associated risk levels; rates of alcohol consumption at long-term risky to high risk levels, 2010

Community Services (retired), Superseded 04/04/2011

National Indigenous Reform Agreement: PI 04-Levels of risky alcohol consumption, 2013

Indigenous, Superseded 13/12/2013

National Indigenous Reform Agreement: PI 04-Levels of risky alcohol consumption, 2013

Indigenous, Superseded 13/12/2013

National Indigenous Reform Agreement: PI 04-Levels of risky alcohol consumption, 2014

Indigenous, Superseded 24/11/2014

National Indigenous Reform Agreement: PI 04-Levels of risky alcohol consumption, 2014

Indigenous, Superseded 24/11/2014

National Indigenous Reform Agreement: PI 04-Levels of risky alcohol consumption, 2014

Indigenous, Superseded 24/11/2014

National Indigenous Reform Agreement: PI 04-Levels of risky alcohol consumption, 2014

Indigenous, Superseded 24/11/2014

National Indigenous Reform Agreement: PI 05-Average daily alcohol consumption and associated risk levels; rates of alcohol consumption at long-term risky to high risk levels, 2011

Indigenous, Superseded 01/07/2012

National Indigenous Reform Agreement: PI 05-Average daily alcohol consumption and associated risk levels; rates of alcohol consumption at long-term risky to high risk levels, 2011

Indigenous, Superseded 01/07/2012

National Indigenous Reform Agreement: PI 05-Average daily alcohol consumption and associated risk levels; rates of alcohol consumption at long-term risky to high risk levels, 2012

Indigenous, Superseded 13/06/2013

National Indigenous Reform Agreement: PI 05-Average daily alcohol consumption and associated risk levels; rates of alcohol consumption at long-term risky to high risk levels, 2012

Indigenous, Superseded 13/06/2013