

Person—alcohol consumption amount (self-reported), total standard drinks NN

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Person—alcohol consumption amount (self-reported), total standard drinks NN

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Alcohol consumption in standard drinks per day (self-reported)
METEOR identifier:	270249
Registration status:	Health , Superseded 17/10/2018
Definition:	A person's self-reported usual number of alcohol-containing standard drinks on a day when they consume alcohol.
Data Element Concept:	Person—alcohol consumption amount
Value Domain:	Total standard drinks NN

Value domain attributes

Representational attributes

Representation class:	Total	
Data type:	Number	
Format:	NN	
Maximum character length:	2	
	Value	Meaning
Supplementary values:	99	Consumption not reported
Unit of measure:	Standard drink	

Collection and usage attributes

Guide for use:	Alcohol consumption is usually measured in standard drinks. An Australian standard drink contains 10 grams of alcohol, which is equivalent to 12.5 millilitres of alcohol.
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Data element attributes

Collection and usage attributes

Guide for use: This estimation is based on the person's description of the type (spirits, beer, wine, other) and number of standard drinks, as defined by the National Health and Medical Research Council (NH&MRC), consumed per day. One standard drink contains 10 grams of alcohol.

The following gives the NH&MRC examples of a standard drink:

- Light beer (2.7%):
 - - 1 can or stubbie = 0.8 a standard drink
- Medium light beer (3.5%):
 - - 1 can or stubbie = 1 standard drink
- Regular Beer - (4.9% alcohol):
 - - 1 can = 1.5 standard drinks
 - - 1 jug = 4 standard drinks
 - - 1 slab (cans or stubbies) = about 36 standard drinks
- Wine (9.5% - 13% alcohol):
 - - 750-ml bottle = about 7 to 8 standard drinks
 - - 4-litre cask = about 30 to 40 standard drinks
- Spirits:
 - - 1 nip = 1 standard drink
 - - Pre-mixed spirits (around 5% alcohol) = 1.5 standard drinks

When calculating consumption in standard drinks per day, the total should be reported with part drinks recorded to the next whole standard drink (e.g. 2.4 = 3).

Collection methods: The *World Health Organisation's 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.


Source and reference attributes

Submitting organisation: Cardiovascular Data Working Group

Origin: The World Health Organisation's 2000 International Guide for Monitoring Alcohol Consumption and Related Harm document -National Health and Medical Research Council's Australian Alcohol Guidelines, October 2001.

Relational attributes

Related metadata references: Has been superseded by [Person—alcohol consumption amount, total standard drinks NN](#)
[Health](#), Standard 17/10/2018

Is re-engineered from  [Alcohol consumption in standard drinks per day - self report, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (18.6 KB)
No registration status

See also [Person—alcohol consumption frequency, AUDIT frequency alcohol consumption code N](#)
[Health](#), Standard 28/04/2016

See also [Person—consumption of 6 or more standard drinks on one occasion, AUDIT consuming 6 or more standard drinks code N](#)
[Health](#), Standard 28/04/2016

Implementation in Data Set Specifications: [AUDIT score for risky alcohol consumption cluster](#)
[Health](#), Standard 28/04/2016

Conditional obligation:

Conditional on the person having had an alcoholic drink in the last 12 months.

DSS specific information:

The Prisoner Health NBEDS requires information on the number of standard drinks consumed on a typical day when drinking to be recorded in the following categories: 1 or 2; 3 or 4; 5 or 6; 7 to 9 and 10 or more standard drinks.

This data element refers to prison entrants only.

[AUDIT score of risky alcohol consumption cluster](#)

Health, Superseded 28/04/2016

Conditional obligation: Conditional on the person having had an alcoholic drink in the last 12 months.

DSS specific information:

The Prisoner Health DSS requires information on the number of standard drinks consumed on a typical day when drinking to be recorded in the following categories: 1 or 2; 3 or 4; 5 or 6; 7 to 9 and 10 or more standard drinks.

This data element refers to prison entrants only.

[AUDIT-C score of risky alcohol consumption cluster \(dischargee\)](#)

Health, Standard 28/04/2016

Conditional obligation:

Conditional on the person having had an alcoholic drink prior to their current incarceration.

DSS specific information:

This data element refers to prison dischargees only.

The number of standard drinks reported will be mapped as follows:

Code	Number of standard drinks
0	1 or 2
1	3 or 4
2	5 or 6
3	7 to 9
4	10 or more
9	Unknown

[AUDIT-C score of risky alcohol consumption cluster \(dischargee\)](#)

Health, Superseded 28/04/2016

Conditional obligation: Conditional on the person having had an alcoholic drink prior to their current incarceration.

DSS specific information:

This data element refers to prison dischargees only.

The Prisoner Dischargee DSS requires information on the number of standard drinks consumed on a typical day when drinking to be recorded in the following categories: 1 or 2; 3 or 4; 5 or 6; 7 to 9 and 10 or more standard drinks.

[Cardiovascular disease \(clinical\) DSS](#)

Health, Superseded 15/02/2006

DSS specific information:

These data are used to help determine the overall health profile of an individual. 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).

[Cardiovascular disease \(clinical\) DSS](#)

[Health](#), Superseded 04/07/2007

DSS specific information:

These data are used to help determine the overall health profile of an individual. 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,
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[Cardiovascular disease \(clinical\) DSS](#)

[Health](#), Superseded 22/12/2009

DSS specific information:

These data are used to help determine the overall health profile of an individual. 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,
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[Cardiovascular disease \(clinical\) DSS](#)

[Health](#), Superseded 01/09/2012

DSS specific information:

These data are used to help determine the overall health profile of an individual. 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).

Cardiovascular disease (clinical) NBPDS

Health, Superseded 17/10/2018

DSS specific information:

These data are used to help determine the overall health profile of an individual. 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,
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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).

**Implementation in
Indicators:**

Used as Numerator

[National Healthcare Agreement: PI 05-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 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