# Person—alcohol consumption amount (selfreported), 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**Registration status:** Health, Superseded 17/10/2018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: <u>Total standard drinks NN</u>

## 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.

## 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 <u>Person—alcohol consumption amount, total standard</u> 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:

Implementation in Data Set 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,
- an increased risk of physical injury.
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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).

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,
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- physical conditions such as high blood pressure, gastrointestinal problems, pancreatitis,
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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,
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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