

alcohol and young adults (18-25 years old)

Many young adults drink at low risk levels, but this is the age group that:

- has the highest alcohol consumption in Australia;
- is at highest risk in relation to alcohol-related injury, including road trauma, violence, sexual coercion, falls, accidental death (including drowning), and suicide; and therefore
- needs to give serious consideration to strategies that can minimise harm from drinking.

It is important to note, too, that the 18-25 year age group includes adolescents, who are younger and less experienced drinkers, and who are therefore at additional risk due to their lower alcohol tolerance. More information about that level of risk is provided in the Fact Sheet on Alcohol and Young People [up to about 18 years].



Approximately half of the males (46%) and females (44%) drank at least once a month at levels that placed them at risk of short-term harm.

DRINKING PATTERNS OF YOUNG AUSTRALIANS

Research into Australian drinking patterns has found that drinking by 14-25 year olds is the area of greatest concern:

- Between 1/4 and 1/3 of them drink in a high risk manner, more than any other section of the Australian community
- At least 2/3 of the alcohol consumed by people under 25 years of age poses a risk of short-term harm.
- A smaller but significant amount of this consumption also poses a risk of long-term health problems.
- Young adults aged 18 to 25 years were the group most likely to be current drinkers (89%); that is, they had had at least one drink in the last 12

months. Among this age group:

- Approximately half of the males (46%) and females (44%) drank at least once a month at levels that placed them at risk of short-term harm.
- About 17% of males and 19% of females were drinking at levels that placed them at risk of longterm harm.

THE TYPES OF ALCOHOL-RELATED HARMS MOST LIKELY TO BE SUFFERED BY YOUNG ADULTS

Young adults are at risk from a range of alcoholrelated harms and social problems:

- **Injuries caused by accidents or violence** as a result of drinking are the most common types of harm experienced by people in the 14-24 year age group, with road accidents being a major cause. Between 1990 and 1997, for example, over 50% of alcohol-related crash victims in Australia were aged between 15 and 24 years.
- Approximately one third of **alcohol-related hospital admissions for violence** are people aged between 15-24 years.
- **Drinking by university students** has been linked with automobile crash injury and death, suicide and depression, missed classes and decreased academic performance, loss of memory, blackouts, fighting, property damage, peer criticism and broken friendships, date rape, unprotected sexual intercourse that places people at risk for sexually transmitted diseases, HIV infection and unplanned pregnancy.
- **The three leading causes of death among adolescents** – unintentional injuries, homicide, and suicide – are all linked with alcohol
- **Risk-taking behaviour in later adolescence** is often coupled with potentially dangerous activities such as surfboard riding or abseiling, and, again, alcohol can considerably increase the risk.
- **Death by alcohol overdose** is also a risk, and is of particular concern among younger drinkers and young women, because of their generally smaller bodies.

WAYS OF REDUCING THE HARM FROM DRINKING YOUNG ADULTS

- are especially urged not to drink beyond the levels set in the guidelines developed for low risk drinking by adults (and listed in the What is a standard drink? Fact Sheet)
- should not drink at all for at least several hours before undertaking potentially risky activities (for example: driving, swimming, boating);
- should not mix alcohol with other mood-altering drugs.

Both learner drivers and provisional licence holders must avoid alcohol

in the hours before driving, to meet legal requirements in all States and Territories. It is important to remember:

- that the more alcohol that is consumed, the longer it takes for blood alcohol level to return to zero;
- that after a heavy drinking session, blood alcohol concentration (BAC) may still be over 0.05 the next morning; and
- that, furthermore, even after BAC returns to zero, evidence shows that judgement and performance may continue to be impaired for a time, from the continuing effects of hangover.

Strategies to minimise harm from drinking include:

- alternating alcoholic and non-alcoholic drinks, eating while drinking, staying with friends rather than driving, and not accepting lifts with a drunk driver; and
- weighing any potential benefits of alcohol against increased risk-taking, loss of inhibitions, reduced decision-making skills, overdose related to low



Both learner drivers and provisional licence holders must avoid alcohol in the hours before driving, to meet legal requirements in all States and Territories.

PRINCIPAL SOURCE

- National Health and Medical Research Council (NHMRC) (2001). Australian Alcohol Guidelines: Health Risks and Benefits. Commonwealth Department of Health and Ageing, Canberra.

OTHER SOURCES

- Chikritzhs T, Stockwell T, Heale P, Dietze P and Webb M (2000). Trends in alcohol-related road injury in Australia, 1990-1997. National Alcohol Indicators, Bulletin No. 2, May.
- Matthews S, Chikritzhs T, Catalano P, Stockwell T and Donath S (2002). Trends in alcohol-related violence in Australia, 1991/92-1999/00.
- National Alcohol Indicators, Bulletin No. 5, April. National Drug Strategy Household Survey 2001 – Unpublished Data Set. Australian Institute of Health and Welfare, Canberra. tolerance, and the increased risk of accidents, violence and unwanted sexual activity.

The OzHelp Foundation

1300 OZHELP (1300 694 357)
www.ozhelp.org.au



Australian Government
Department of Health and Ageing