



Australian Social Trends

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Article: Risk taking by young people

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Risk taking by young people

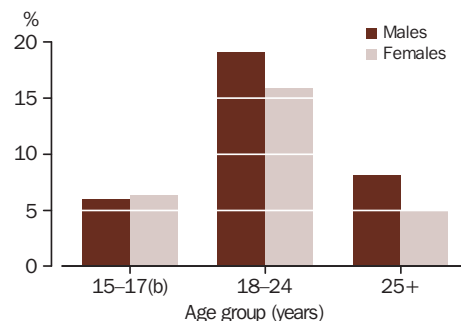
In 2007, 19% of men and 16% of women aged 18–24 years reported drinking alcohol at risky or high risk levels at least once a week during the previous year.

Youth is a period characterised by rapid psychological and physical transition, where young people progress from being dependent children to independent adults. This transition period has been made more complex by the social, economic and technological changes that have occurred in Australia over recent decades.¹

In this stage of life, people may be vulnerable to the influences of peer pressure and popular culture, and may be inclined to experiment, push boundaries and take risks that could impact on their immediate and longer term health and wellbeing. Patterns and levels of some risky behaviours differ between young men and young women, with prevalence often being higher among young men.

In 2007, there were 2.9 million people aged 15–24 years, making up 14% of the total population. This article examines the risky behaviours of this population, focusing on risks where the potential harm is immediate, such as short term risky or high risk drinking, illicit drug use and dangerous driving. While not all young people engage in these risky behaviours, the consequences for those who do, and for those around them, can be serious. This article also examines some of the potential consequences: being charged with criminal offences, hospitalisation and, in some cases, death.

Risky/high risk drinking(a) at least once a week — 2007



- (a) Risk of harm over the short term. 'Risky drinking' is seven or more standard drinks in one day for males and five or more for females. 'High risk drinking' is eleven or more standard drinks in one day for males and seven or more for females.
- (b) Estimate for males has a relative standard error of 25% to 50% and should be used with caution.

Source: AIHW 2007 National Drug Strategy Household Survey.

Data sources and definitions

This article draws on data from a number of ABS sources, including: the Criminal Courts collection; the 2005 Personal Safety Survey; the Causes of Death collection; and the 2004–05 National Health Survey. Also used are data from the AIHW 2007 National Drug Strategy Household Survey (NDSHS) and the AIHW National Hospital Morbidity Database.

While data from different sources have been drawn together to paint a picture of young people and risk taking behaviour, it is not advisable to compare directly between these collections. The different collection methods used mean that the data are not necessarily comparable. Data on use of alcohol and other drugs may be affected by under-reporting, as respondents may be uncomfortable answering questions on this topic, or may not accurately recall their levels of consumption. The response rate for the 2007 NDSHS was 49%.

Young people for the purposes of this article (where data sources permit) are those aged between 15 and 24 years.

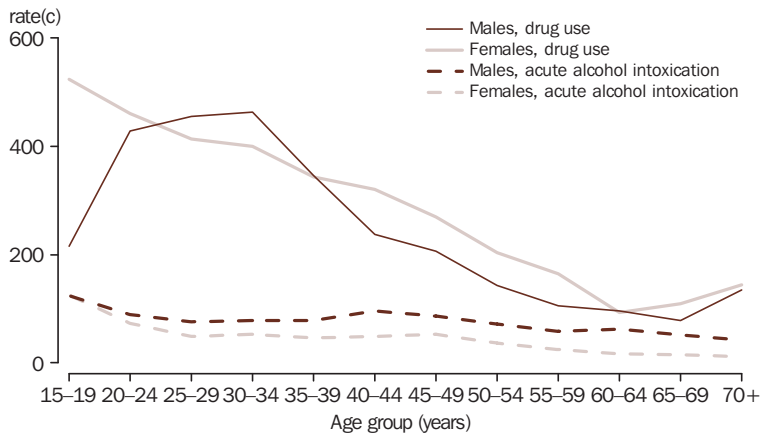
Risky/high risk drinking is a term used to describe consumption of alcohol over a short period of time (for example on any one occasion) at levels for which the risk of harm over the short term is considered 'risky' or 'high risk'. These levels of drinking are based on guidelines set by the National Health and Medical Research Council (NHMRC) in 2001. In the 2007 NDSHS, respondents were asked how often in the last 12 months they had consumed certain numbers of standard drinks. Risky drinking refers to seven or more standard drinks in one day for males, or five or more standard drinks in one day for females. High risk drinking refers to eleven or more standard drinks in one day for males, or seven or more standard drinks in one day for females. The 2001 NHMRC guidelines are currently under review to take account of current research. It is anticipated that revised guidelines will be released in July 2008.

Adjudication is a case where the defendant has been found guilty or innocent of at least one of the charges laid against them. Multiple charges relating to the same criminal incident are usually heard together as one case. However, a person involved in more than one criminal incident during the reference period may be adjudicated more than once that year.

Drinking at risky levels

Youth is often the stage of life when people begin to experiment with alcohol and other drugs. Although it is illegal to sell alcohol to people under 18 years of age, many young people have access to alcohol before they turn 18. In 2007, the average age at which young men aged 15–24 years said they first

Hospitalisation due to drug use(a) and acute alcohol intoxication(b) — 2005–06



(a) Includes a combination of principal diagnosis codes from Chapter V and external causes codes from Chapter XX of the 10th Revision of the International Classification of Diseases, Australian modification (ICD-10-AM).

(b) Principal diagnosis.

(c) Hospital separations per 100,000 population.

Source: AIHW National Hospital Morbidity Database.

consumed alcohol was around 15 years. For young women, the average age for first use of alcohol was around 17 years.

Short term risky/high risk drinking – often referred to as binge drinking – leads to immediate and severe intoxication. In addition to its potential health consequences, risky/high risk drinking can increase the likelihood of a person falling, or being involved in an accident or violence.²

In the 2007 National Drug Strategy Household Survey, 19% of young men aged 18–24 years reported that they had engaged in risky/high risk drinking at least once a week during the last 12 months. This was double the comparable rate of regular risky/high risk drinking among men aged 25 years and over (8%). Among young women, 16% reported risky/high risk drinking on a regular basis, around three times as high as the proportion of women aged 25 years and over (5%).

Based on information from the National Hospital Morbidity Database, there were almost 3,000 hospital separations among young people aged 15–24 years due to acute intoxication with alcohol in 2005–06. For young men, the hospital separation rate for acute alcohol intoxication increased from 66 to 107 per 100,000 from 1998–99 to 2005–06. For young women, the rate doubled over this time from 46 to 99 separations per 100,000.

In 2005–06, male and female teenagers aged 15–19 years had the highest hospital separation rates for acute intoxication from alcohol among all age groups (124 and 126

Hospital separations

'Separation' is the term used in hospitals to refer to the process by which an episode of care for an admitted patient ends. An episode of care can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning or ending in a change of type of care (for example, moving from intensive care to rehabilitation). The same person may undergo more than one separation during the reference period.

Separations data used throughout this article exclude those separations which resulted in death and those where the mode of admission was transfer from another acute-care hospital.

The burden of disease and injury

Levels of death and disability from diseases, injuries and risks to health (known as the burden of disease and injury) are measured using disability-adjusted life years (DALYs). The potential years of life lost due to premature death are combined with the potential years of 'healthy life' lost due to disease, disability or injury – one DALY is equal to one lost year of healthy life. In 2003, the total burden of disease and injury among young people aged 15–24 years was an estimated 197,000 DALYs. Illicit drugs and alcohol were the largest individual contributing risk factors for young males (12% and 11% of these DALYs). For young women, illicit drugs accounted for 5% of the burden, and alcohol 2%.^{1,3}

per 100,000). Men and women aged 20–24 years had the next highest rates (89 and 74 per 100,000).

Use of illicit drugs

Substances other than alcohol that can have harmful effects are illicit drugs such as amphetamines, and legal drugs such as pain-killers that are used inappropriately. Drug-related health problems vary according to the type of drug, how much is used and the duration of use. These problems range from psychological and behavioural effects such as delusions, hallucinations, and aggressive or erratic behaviour, to high blood pressure, respiratory problems and kidney, liver and brain damage.¹

The 2007 National Drug Strategy Household Survey found that 23% of people aged 15–24 years reported using illicit drugs during the last 12 months, around twice as high as the proportion of people aged 25 years and over (11%). Marijuana/cannabis was the most common drug used by 15–24 year olds (18%). Ecstasy (9%), meth/amphetamines and pharmaceuticals (both 4%) were the next most common drugs used by this age group during the last 12 months.

Young people who use drugs may begin their experimentation with substances such as alcohol or marijuana, then move on to use

Use of selected illicit drugs(a) — 2007

Type of drug	Age group (years)	
	15–24	25 and over
	%	%
Marijuana/cannabis	18	7
Ecstasy	9	2
Meth/amphetamines	4	2
Pharmaceuticals(b)	4	4
Cocaine	3	1
Heroin, methadone and other opioids(c)	*1	—
Use of any illicit drug(d)	23	11
	'000	'000
Use of any illicit drug	683.5	1 595.9

(a) In the last 12 months.

(b) Use of pain-killers, tranquillisers, barbiturates and/or steroids for non-medical purposes.

(c) Refers to non-maintenance use of methadone.

(d) Also includes LSD/synthetic hallucinogens; natural hallucinogens; ketamine; GHB and any injected drugs that were not medically prescribed. Components do not add to total as respondents may have used more than one illicit drug.

Source: AIHW 2007 National Drug Strategy Household Survey.

harder drugs such as meth/amphetamines.⁴ In 2007, the average age among 15–24 year olds for first use of marijuana/cannabis was around 19 years. The average age of first use of meth/amphetamines was around 21 years, and for ecstasy was around 23 years.

In 2005–06, there were 11,700 hospital separations related to drug use for young people aged 15–24 years.⁵ Nearly 60% of the hospital separations were for young women. Intentional self-harm by drugs or medications was involved in three out of five hospital separations for young women.

The drug-related hospitalisation rate for young men in 2005–06 was 324 separations per 100,000, lower than in 1998–99 (465 per 100,000). For young women, the rate was also slightly lower in 2005–06 than in 1998–99 (491 compared with 531 per 100,000).

In 2005–06, male teenagers aged 15–19 years had one of the lowest drug-related hospitalisation rates among all male age groups (216 separations per 100,000), while men aged 20–24 years had one of the highest rates (428 per 100,000). For women, those aged 15–19 and 20–24 years had the highest drug-related hospital separation rates among all age groups (523 and 460 per 100,000 respectively). This reflects young women's relatively high rates of drug-related intentional self-harm and accidental poisoning (294 and 56 per 100,000 women aged 15–24 years).

In a small number of cases, drug use leads to death. Based on information from the Causes of Death collection, in the three year period

Mental health and psychological distress

Young people who experience mental health problems and disorders are at a greater risk of poor health and wellbeing outcomes than other young people.¹ Mental health problems and disorders may lead to increased substance use and antisocial behaviours.

The 2004–05 National Health Survey collected information on mental health from people aged 18 years and over using the Kessler-10 Scale, a 10 item scale of current psychological distress. Respondents were asked about negative emotional states in the five weeks prior to interview. The proportion of young women aged 18–24 years who reported high to very high levels of psychological distress (19%) was higher than the comparable proportion of men in this age group (12%). The prevalence of risky/high risk drinking (at least once a week during the 12 months prior to interview) among young women who had reported high to very high levels of psychological distress was significantly higher than among those who reported low to moderate levels (18% compared with 9%). Among young men, the prevalence of risky/high risk drinking was the same (19%) for those who reported high to very high levels of psychological distress and those who reported low to moderate levels.

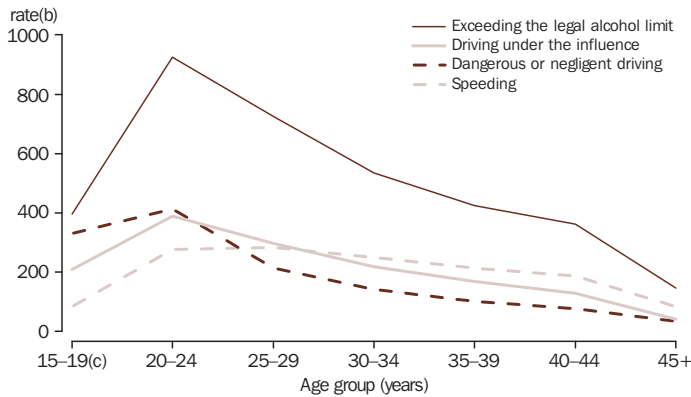
of 2004–2006 the annual average number of drug-induced deaths was 78.⁶ This accounted for 6% of all deaths among young people aged 15–24 years.

The drug-induced death rate for men aged 20–24 years was double that for women in this age group (6 compared with 3 per 100,000). Rates for male and female teenagers aged 15–19 years were lower (1 per 100,000). The rate of drug-induced deaths was 12 per 100,000 for men aged 30–34 years, and 6 per 100,000 for women aged 40–44 and 45–49 years.

Dangerous driving

Driving under the influence of alcohol or other drugs, driving when fatigued and speeding are often implicated in transport accidents involving young people.⁷ Based on information from the Criminal Courts collection, young people aged 20–24 years were more likely than people in the other age groups to appear in court in 2006–07 charged with driving under the influence of alcohol and/or drugs. This offence refers to cases where the driver of a vehicle is under the influence of alcohol and/or drugs and their driving is impaired. There were 626 adjudications per 100,000 men and 134 per 100,000 women aged 20–24 years. Adjudications for the less serious offence of exceeding the legal alcohol limit followed similar age and sex patterns but were far more common.

Adjudications for dangerous driving related offences(a) — 2006–07



- (a) Principal offence.
 (b) Higher, Magistrates and Childrens Courts adjudications per 100,000 people.
 (c) May include some Queensland Magistrates Courts defendants aged less than 15 years.

Source: ABS Criminal Courts Collection.

People aged 20–24 years also had the highest adjudication rate of all age groups for dangerous or negligent driving. The rate for men of this age (712 adjudications per 100,000) was about seven times higher than that for women (97 per 100,000).

The likelihood of being adjudicated for exceeding the legal speed limit was more evenly spread across age groups. For this offence there were 412 adjudications per 100,000 men and 136 per 100,000 women aged 20–24 years.

...injury and death from transport accidents

In 2005–06, there were 15,100 hospital separations for transport accidents among young people (aged 15–24 years). Young men

had a transport accident hospital separation rate (720 per 100,000) that was over twice as high as that for young women (318 per 100,000). The 2005–06 separation rate was similar to the 1998–99 rate for both young men and women (707 and 295 per 100,000).

Over one-third (36%) of transport accident hospitalisations among 15–24 year old men in 2005–06 were for motorcyclists while 20% were for car drivers and 11% were for car passengers. For young women in this age group the leading accident groups were car drivers (33%) and car passengers (25%). Among all age groups, male and female teenagers aged 15–19 years had the highest car passenger hospital separation rates and 20–24 year old men and women had the highest car driver hospitalisation rates.

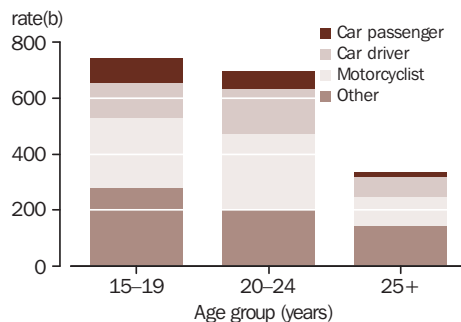
Over the period 2004–2006, the average number of transport accident deaths of young people aged 15–24 years was 418 per year. Transport accidents made up a much higher proportion of all deaths among young people (31%) than among people aged 25 years and over (1% of deaths). For male teenagers aged 15–19 years the rate was 19 deaths per 100,000 and for men aged 20–24 years it was 25 deaths per 100,000. For female teenagers aged 15–19 years, the death rate for all transport accidents was 8 per 100,000, similar to that for 20–24 year old women (7 per 100,000).

Violence

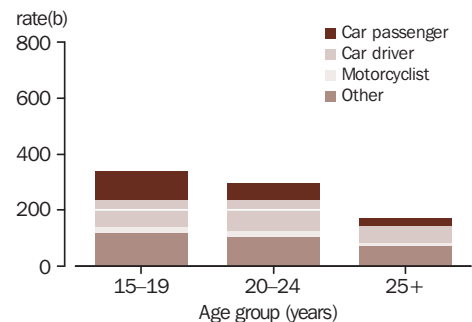
Young people, especially young men, are at a greater risk than other age groups of experiencing violence (see *Australian Social Trends 2007*, Interpersonal violence, pp. 195–199). In the 2005 Personal Safety Survey, 12% of people aged 18–24 years reported being physically assaulted by a man during the last 12 months, and 3% reported

Hospitalisation due to transport accidents(a) — 2005–06

MALES



FEMALES



- (a) External causes codes from Chapter XX of the 10th Revision of the International Classification of Diseases, Australian modification (ICD-10-AM).
 (b) Hospital separations per 100,000 population.

Source: AIHW National Hospital Morbidity Database.

Causes of death

Over the period 2004–2006, the average number of deaths registered of young men (aged 15–24 years) was 955 per year, and of young women was 389 (equivalent to rates of 66 and 28 deaths per 100,000). 'External causes' was the main underlying cause of death for young people, and was much more common (70% of all deaths in this age group) than among people aged 25 years and over (5%).

People aged 15–24 years: underlying causes of death — 2004–2006

	Males		Females	
	no.	%	no.	%
External causes				
Transport accidents	33.5	25.2		
Intentional self-harm	21.6	15.4		
Accidental poisoning	5.0	5.0		
Accidental drowning and submersion	2.0	0.6		
Assault	1.8	2.3		
Falls	1.4	0.6		
Other external cause	10.0	9.1		
All external causes	75.4	58.1		
Drug-induced deaths(a)	5.3	7.2		
Neoplasms	6.6	12.9		
Other	18.0	28.9		
All causes of death	100.0	100.0		
	no.		no.	
All causes of death(b)	955		389	

(a) Proportion excluded from total as includes codes from multiple chapters of the 10th Revision of the International Classification of Diseases (ICD-10).

(b) Three year average.

Source: ABS Causes of Death Collection.

physical assault by a woman. The proportion of men aged 18–24 years (19%) who reported experiencing physical assault by a male was almost five times as high as the rate for men aged 25 years and over (4%). A higher proportion of men aged 18–19 years reported this type of violence than did men aged 20–24 years (29% and 15% respectively). Overall, the proportion of young women who were physically assaulted by a man was smaller (5%) and similar for the 18–19 years and 20–24 years age groups.

Of men aged 18–24 years who were physically assaulted by a male, most (77%) reported being attacked by a stranger. In contrast, women in this age group who were physically assaulted by a male were likely to be assaulted by a man known to them (82%).

Experience of physical assault by a male perpetrator(a) — 2005

	Males		Females	
	'000	%	'000	%
18–19	82.1	29.5	*18.1	*6.3
20–24	109.1	15.5	29.7	4.5
25 and over	238.7	3.7	147.4	2.2
Total persons aged 18 years and over	429.9	5.7	195.3	2.5

(a) During the last 12 months.

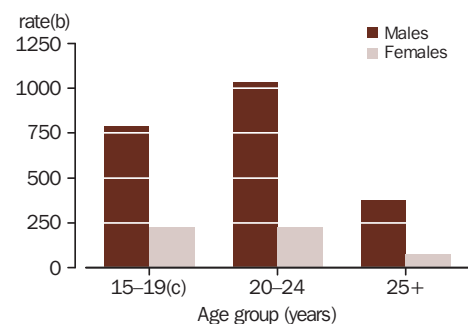
Source: ABS 2005 Personal Safety Survey.

Young men (aged 18–24 years) most frequently reported that the physical assault occurred at licensed premises (44%) or in the open (34%). For young women, the most common location of physical assault was in their or another person's home (49%).

The majority (79%) of 18–24 year old men who were physically assaulted by another male said that the perpetrator had been drinking alcohol or taking drugs. Just over one-third (34%) also said that they themselves had been drinking or taking drugs. Alcohol and drugs were less frequently reported by women as involved in the assault. Nevertheless, a considerable proportion (37%) of women aged 18–24 years who had been physically assaulted by a man reported that the perpetrator's consumption of alcohol or drugs had contributed to the incident.

'Acts intended to cause injury' are a set of offences (excluding murder and those resulting in death) where there has been an

Adjudications for acts intended to cause injury(a) — 2006–07



(a) Principal offence.

(b) Higher, Magistrates and Childrens Courts adjudications per 100,000 population.

(c) May include some Queensland Magistrates Courts defendants aged less than 15 years.

Source: ABS Criminal Courts Collection.

intention to cause non-fatal injury or harm to another person and where there is no sexual or acquisitive element. Among 20–24 year olds in 2006–07, the adjudication rate for acts intended to cause injury was higher than for all other age groups, with the next highest rate being for 25–29 year olds. Men aged 20–24 years were around five times as likely as women in this age group to be adjudicated for this offence (1,034 compared with 225 adjudications per 100,000).

Homicide and related offences refers to killing, trying to kill or conspiracy to kill another person. Compared with most other criminal offences, these offences are relatively rare. In 2006–07, the rate of adjudication for homicide among young people aged 20–24 years was 8 per 100,000.

Endnotes

- 1 Australian Institute of Health and Welfare 2007, *Young Australians: their health and wellbeing* 2007, cat. no. PHE 87, AIHW, Canberra, viewed 6 September 2007, <<http://www.aihw.gov.au>>.
- 2 National Health & Medical Research Council 2001, *Australian Alcohol Guidelines: Health Risks and Benefits*, NHMRC, Canberra, viewed 22 October 2007, <<http://www.nhmrc.gov.au/>>.
- 3 Begg, S Vos, T Barker, B Stevenson, C Stanley, L and Lopez, A D, 2007 *The burden of disease and injury in Australia 2003*, cat. no. PHE 82, AIHW, Canberra, viewed 22 April 2008, <<http://www.aihw.gov.au>>.
- 4 Kandel, D Yamaguchi, K and Chen, K 1992, 'Stages of progression in drug involvement from adolescence to adulthood: Further evidence for the gateway theory', *Journal of Alcohol Studies*, Sep. 1992, pp. 447–457.
- 5 Hospital separations due to drug use include cases where the person was hospitalised due to an accidental or intentional overdose of illicit drugs or medications; an acute episode of poisoning or toxicity due to drugs, or an acute condition caused by drug use where the hospitalised person was identified as drug dependent.
- 6 Drug-induced deaths include accidental overdoses of illicit drugs or medications, suicide, assault and deaths of undetermined intent. (Deaths from alcohol, tobacco and volatile solvents like petrol are excluded, as are deaths from accidents involving drug-affected people.)
- 7 Smart, D and Vassallo, S 2005, *In the driver's seat: understanding young adults' driving behaviour*, Australian Institute of Family Studies, Melbourne, viewed 28 August 2007, <<http://www.aifs.gov.au>>.
- 8 Australian Bureau of Statistics 2007, *Information Paper: External Causes of Death, Data Quality, 2005*, cat. no. 3317.0.55.001, ABS, Canberra.

Intentional self-harm and suicide

Intentional self-harm refers to a range of behaviours including cutting, poisoning and attempted suicide. It is likely that only a small number of young people who harm themselves will seek medical treatment.¹ In 2005–06, there were 8,040 hospital separations for intentional self-harm among people aged 15–24 years. The 2005–06 hospital separation rate for young women (392 per 100,000) was higher than in 1998–99 (294 per 100,000). The rate for young men was similar in both 2005–06 (171) and 1998–99 (165).

In 2005–06, female teenagers aged 15–19 years had the highest hospital separation rate for intentional self-harm of all age groups (481 per 100,000), three times that of 15–19 year old teenage males (148 per 100,000). Women aged 20–24 years had the next highest rate with 307 hospital separations per 100,000, while the rate for men in this age group was lower (193 per 100,000).

Deaths attributed to suicide

In 2004–2006, there was an average of 266 deaths per year attributed to suicide among people aged 15–24 years, accounting for 20% of deaths in this age group. In comparison, suicide accounted for 1% of deaths among people aged 25 years and over. The suicide rate for young people aged 15–24 years was 9 deaths per 100,000, lower than most of the other age groups. For a death to be classified a suicide, there must be a coronial enquiry to establish evidence of suicidal intent. The quality of suicides data can be affected by delays in completion of coroners' cases, and there can be difficulty in determining suicidal intent for some causes of death, for example in cases of single vehicle accidents.⁸ For these reasons it is unclear whether the number of suicides could be an undercount. For more information see *Suicides, Australia, 2005* (ABS cat. no. 3309.0).

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