Tasmanian Alcohol Report 2013

Population Health Services
Department of Health & Human Services Tasmania

Tasmania
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Please note:

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Introduction

The importance of alcohol to Australians, and to Tasmanians more specifically, is evidenced by the general availability of alcohol and the prevalence of population consumption. As an estimate of alcohol availability across all Australian jurisdictions, in 2010-11 there were 182.0 million litres of pure alcohol available for consumption as alcoholic beverages (ABS 2012). This is less than the volume of alcohol available for population consumption in 2009-10 (184.00 million litres), representing a 1.1% drop in overall access to alcohol.

While alcohol is often viewed as an important part of socialising and social enjoyment, a large proportion of alcohol is consumed in ways that are detrimental to individual health, interpersonal relationships and the overall social wellbeing of communities and societies. It is estimated that at least sixty-two percent of the volume of alcohol consumed in Australia places drinkers at risk of acute harms and forty-four percent of alcohol per volume consumed results in risk of chronic harms (Chikritzhs et al 2003). These figures use the 2001 Australian Alcohol Guidelines as a benchmark (NHMRC 2001). The 2009 Australian Alcohol Guidelines (NHMRC 2009) are more rigorous in their recommendations and, if applied retrospectively to this alcohol consumption data, risk estimates would be higher.

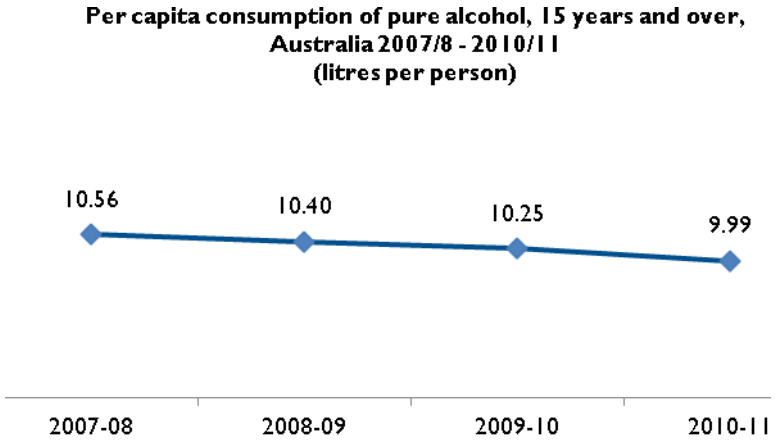
Tasmanians drink alcohol for enjoyment and as a part of their social interaction and relaxed way of life. However, for Tasmania as elsewhere in Australia, a substantial number of people drink alcohol at levels that increase their risk of both acute and chronic harms. Such harms are not limited to drinkers, but also affect spouses, partners, families and the broader community. Those not immediately involved in consumption, or connected to the drinker in a direct way, can also be adversely affected (Alcohol Education Research Foundation & Turning Point 2010). Random acts of violence and road traffic accidents are too often associated with alcohol use.

The Tasmanian Alcohol Report 2013 brings together the latest available data on the prevalence of alcohol related harm, population consumption patterns, and trends over time for this state. The need for a population focussed report was one of the Public Health related recommendations from the Stennings and Associates *Alcohol Legislative Scoping Study Report*. The Tasmanian Alcohol Report 2013 will help inform future legislation, strategy, policy and programs addressing alcohol availability, use, risk and harms in Tasmania. Population Health, of the Department of Health and Human Services, will publish a Tasmanian Alcohol Report every three years.

Alcohol Consumption Levels

In 2010-11, the national consumption of pure alcohol was 9.99 litres per person, calculated to be the equivalent of approximately 2.2 standard drinks per day per person aged 15 years and over (ABS 2012). Specific data for Tasmania is not available from this source. Nonetheless, national alcohol consumption rates are observed to be falling over recent years. Decreases are primarily related to beer and wine consumption; spirit consumption has increased overall but 'Ready to Drink' beverages (RTDs) remain relatively stable. In 2010-11, beer contributed to 42.3%, wine 37.4%, spirits 13.2%, and RTDs 7.0% of the total alcohol consumption in Australia (ABS 2012).

The following graph provides an indication of how the consumption of alcohol across the Australian population aged 15 years and over has reduced gradually between the years from 2007-08 to 2010-11. Prior to that time, consumption jumped from 10.31 litres of pure alcohol in 2005-06 to 10.57 litres in 2006-07. As is evident from this trends data, alcohol consumption does not always follow a well-defined pattern across populations over time.



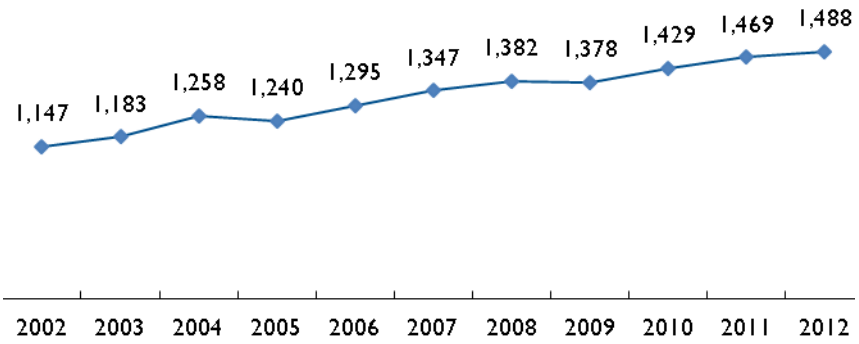
ABS, Apparent Consumption of Alcohol, Extended Time Series, 2012

Alcohol Availability and Liquor Licensing

An important indicator of alcohol availability is the number of liquor licenses that are operative in a defined geographic area, such as an Australian jurisdiction or local community precinct. Liquor licenses in Tasmania are categorised according to their required function and type of premise or location from which alcohol is sold. Some perpetual licenses are operative in the state; other liquor licenses are subject to periodic review or are issued for a particular event or specific time period. The total number of liquor licences issued in Tasmania under the *Liquor Licensing Act 1990* has increased by 29.7% overall since 2002. Increases since 2002 have been incremental for most years, with only two annual decreases reported in the total number of licences issued, those being for 2005 and 2009.

The density of liquor outlets correlates with the prevalence of alcohol associated harms. Between 2003 and 2005, Tasmania recorded the highest increase (23%) in outlet density per 1,000 of the population in Australia, closely followed by Victoria (20%) and Queensland (18%). During this period, Tasmania experienced a large increase in incidence rate ratios for hospitalisations for the 30-44 year age group, the highest in the nation. Compared with 1993/94, the incidence rate ratio for hospitalisations in the 15-29 year age group in Tasmania was significantly greater across all subsequent years up to 2005, with the exception of 1994/95 and 1996/97. This upward trend is evident for other Australian jurisdictions such as NSW, Victoria, and the ACT (Pascal, Liang, Gilmore & Chikritzhs 2013).

Total number of annual liquor licences issued, Tasmania, 2002-2012



Department of Treasury and Finance , **Licensed** Premises in Tasmania

Likewise, International and Australian specific research reveals a link between the density of licensed premises and alcohol related assaults and hospitalisations (Chikritzhs et al 2007; Gruenewald et al 2006; Livingston, Chrikritzhs & Room 2007; Single 1988; Stockwell & Gruenewald 2001; Zhu, Gorman & Horel 2004). Local Tasmanian data are not sufficient to determine whether these harms are spread equally across all types of licensed outlets in the state, or whether harms are more likely associated with specific types of premises or in particular locations in Tasmania.

Prevalence of Harmful Alcohol Consumption

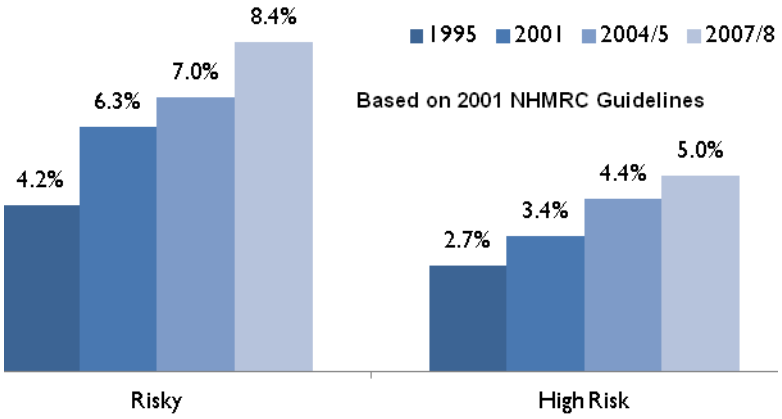
Measures of risky alcohol consumption predicting acute short term harms and chronic longer term harms are defined by the National Health and Medical Research Council (NHMRC) Australian Alcohol Guidelines. The 2001 Guidelines (NHMRC 2001) were modified in 2009 (NHMRC 2009). The advice contained in the 2009 Australian Alcohol Guidelines is considerably different from the earlier 2001 recommendations; risk levels for alcohol consumption are redefined with guidelines more stringent in their advice to healthy adult drinkers. Young people under eighteen, pregnant and breastfeeding women, and women planning a pregnancy are advised not to drink alcohol at all. A comparison between the 2001 and the 2009 NHMRC Australian Alcohol Guidelines is outlined below.

2001 NHMRC Guideline		
	Males	Females
Long term risk	>4 daily	>2 daily
Short term risk	>6 single occasion	>4 single occasion
2009 NHMRC Guideline		
	Males	Females
Lifetime risk	>2 daily	>2 daily
Single occasion risk	>4 single occasion	>4 single occasion

Previous Risk Levels

Based on the **2001 Australian Alcohol Guidelines** (NHMRC 2001), risk levels associated with alcohol consumption show that the proportion of Tasmanians at risk of long term harm doubled from 1995 to 2007/8. In addition, the proportion of Tasmanians at high risk of long term harm from alcohol consumption almost doubled between 1995 and 2007/08. If the 2009 Guidelines were to be retrospectively applied to this data, the proportion of drinkers aged 18 years and over who are at risk from their drinking would have been higher for this time period.

Risky and high risk alcohol consumption causing long term harm, 18 years and over, Tasmania 1995-2007/8



ABS, National Health **Surveys**, 1995-2007/8

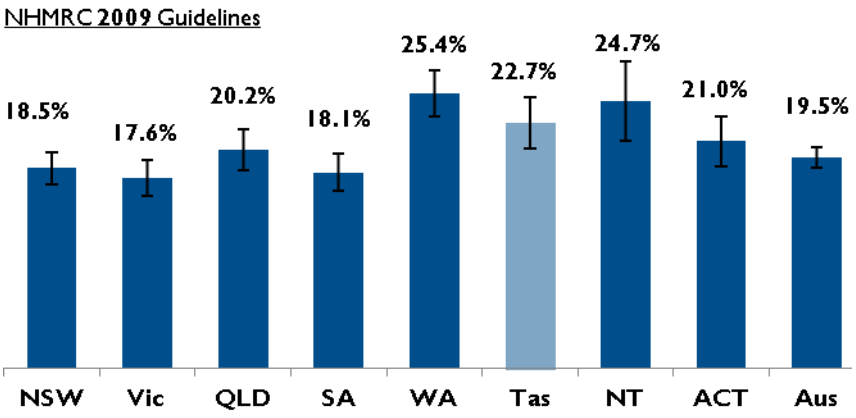
Current Risk Levels

Based on the **2009 Australian Alcohol Guidelines** (NHMRC 2009)**,** Tasmanian alcohol consumption risk levels reflect more stringent recommendations. In 2011/12 the National Health Survey was conducted under the umbrella of the Australian Health Survey (ABS 2012), with alcohol related harms defined on the basis of the 2009 Guidelines for the first time. Utilising these most recent national alcohol guidelines, adults regardless of gender are idenified to be at risk of chronic alcohol related harms if consuming more than 2 standard drinks daily on average, and are at risk of acute alcohol related harms if consuming more than 4 standard drinks on a single occasion.

Lifetime Risk

The proportion of Tasmanian adults at risk of long term alcohol related harm (22.7%) is slightly higher than for Australia as a whole (19.5%); the difference is not statistically significant. Tasmania has the third highest rate of risk of long term alcohol related harm of any Australian jurisidiction. Overall, the Tasmanian prevalence of long term alcohol related harms is statistically similar to a number of other jurisdictions, with the exception of New South Wales (18.5%), Victoria (17.6%) and South Australia (18.1%); all are somewhat lower in their estimates.

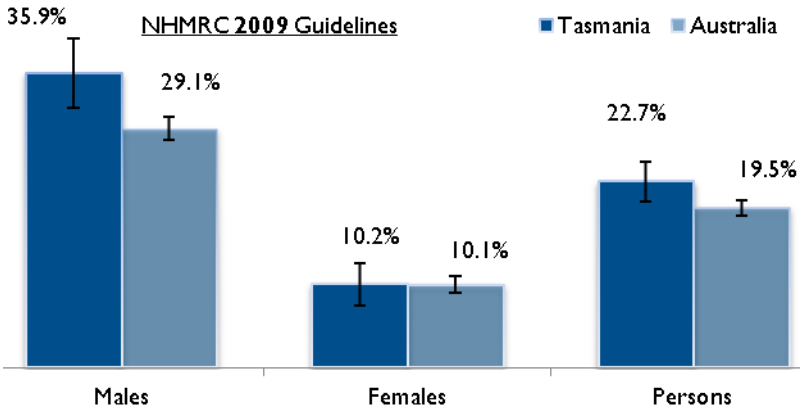
Alcohol consumption exceeding life risk, 18 years and over by jurisdiction, 2011/12



Australian Health Survey First Results, 2011-12, cat. No. 4364.0

Applying the ***2009 Australian Alcohol Guidelines***, alcohol consumption exceeding lifetime risk for males in 2011/12 is around three times as high as for females at both state and national levels. For Tasmanian males (35.9%), lifetime risk is statistically significantly higher than for males nationally (29.1%). For Tasmanian females, the lifetime risk from alcohol consumption (10.2%) is almost identical to the national rate (10.1%). There is no statistically significant difference in alcohol related lifetime risk between the most socio-economically advantaged and most disadvantaged groups.

Alcohol consumption exceeding lifetime risk by gender, 18 years and over, Tasmania and Australia 2011/12

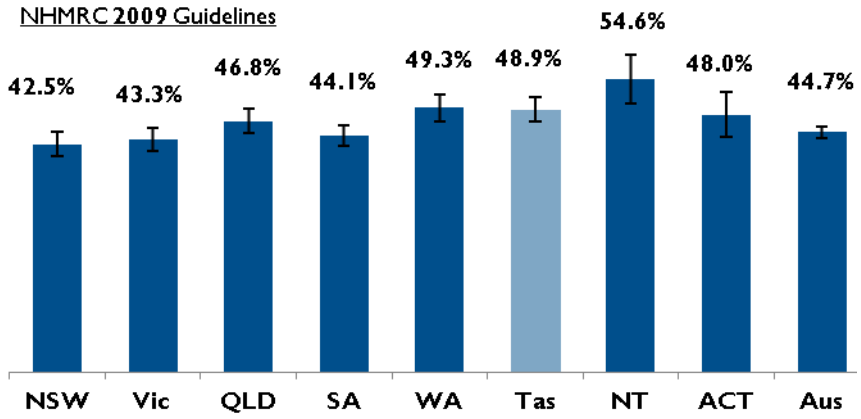


Australian Health Survey First Results, 2011-12, cat. No. 4364.0

Single Occasion Risk

In 2011/12, almost half of Tasmanian adults (48.9%) consume alcohol on at least one occasion to risky levels for acute harms, the third highest proportion of all jurisdictions and significantly higher than Australia as a whole (44.7%). Almost all state and territory jurisdictions have between 40% and 50% of their population at risk of alcohol associated acute harms; the Northern Territory exceeds this level, with 54.6% of their population shown to be at risk of harms related to single occasion drinking.

Alcohol consumption exceeding single occasion risk, 18 years and over, by jurisdiction, 2011/12

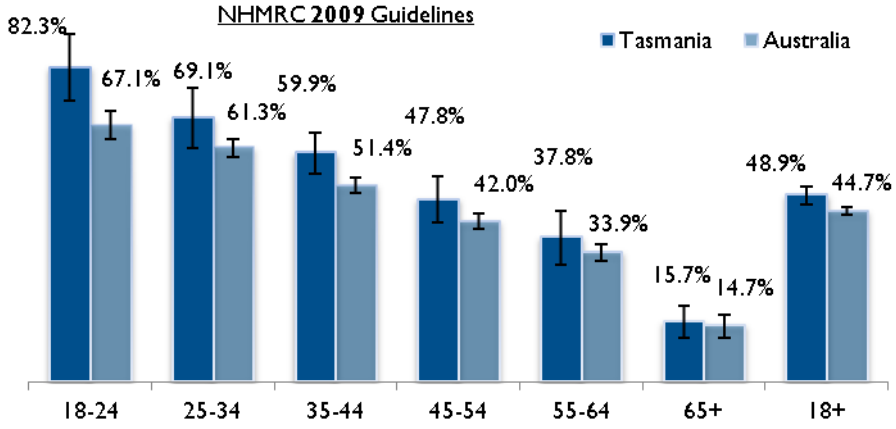


Australian Health Survey First Results, 2011-12, cat. No. 4364.0

Alcohol consumption exceeding the ***2009 Australian Alcohol Guidelines*** for single occasion risk is significantly more prevalent amongst younger people, with a discernable downward trend for older aged groups. In 2011/12, 82.3% of Tasmanians aged 18-24 years are estimated to be at risk of short term alcohol related harm, compared with 67.1% at the national level. There is no statistically significant difference in alcohol associated single occasion risk between the most socio-economically advantaged and most disadvantaged groups.

Overall, risk diminishes significantly at both state and national levels by the age of 45 years, with 47.8% of Tasmanians estimated to be at risk compared with 42% at the national level. National (33.9%) and Tasmanian (37.8%) single occasion risk continues to diminish during the period between 55 years and 64 years. Once the age of 65 years is reached, the risk decreases to approximately 15.7% for Tasmania, slightly higher than the national level of 14.7%.

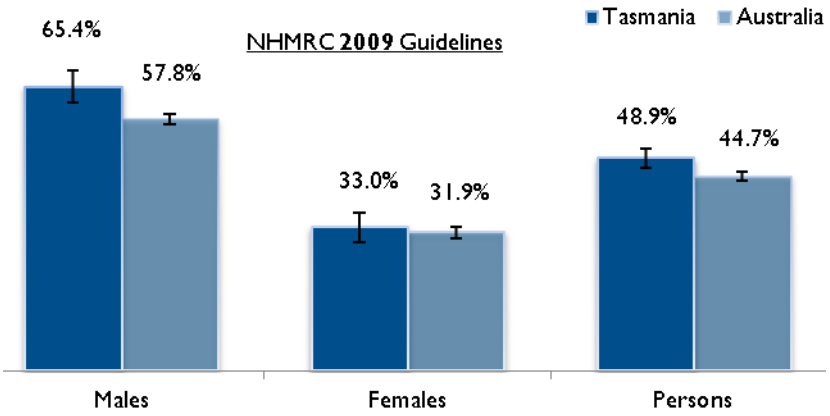
Alcohol consumption exceeding single occasion risk by age, Tasmania and Australia 2011/12



Australian Health Survey First Results, 2011-12, cat. No. 4364.0

Compared with the prevalence of alcohol consumption exceeding lifetime risk, males are significantly more likely than females to consume alcohol at levels exceeding single occasion risk levels. Of Tasmanian males aged 18 years and over, 65.4% are estimated to exceed single occasion risk levels compared with 33% of females. A comparable gender ratio is observed at the national level, with 57.8% of male adults consuming alcohol at a level that exceeds single occasion risk compared with 31.9% of females. As with long term alcohol related harm, Tasmanian adult males are significantly more likely (65.4%) to exceed single occasion risk than Australian adult males as a whole (57.8%). This is not the case for females, with similar proportions observed at both the Tasmanian (33.0%) and national levels (31.9%).

Alcohol consumption exceeding single occasion risk by gender, 18 years and over, Tasmania and Australia 2011/12



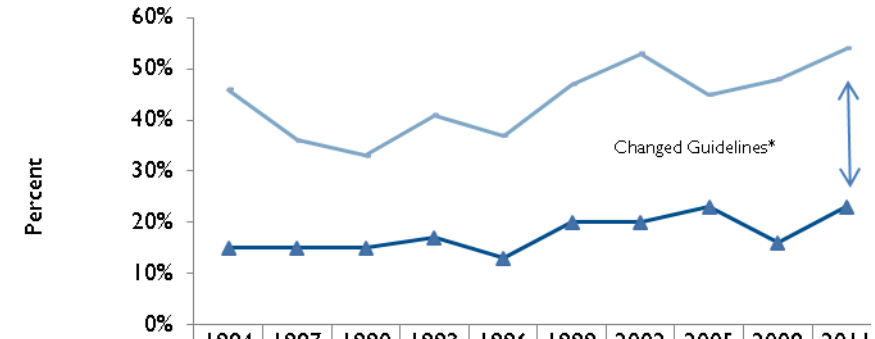
Australian Health Survey First Results, 2011-12, cat. No. 4364.0

Alcohol Consumption by Children and Young People

Alcohol consumption by children and young people is also cause for concern. With reference to the 2001 Australian Alcohol Guidelines, the proportion of Tasmanian students at risk of short term harms from alcohol consumption has slightly increased since 1987 for those aged 16-17 years, but has remained relatively unchanged for 12-15 year old students. In 2008, 16% of 12-15 year olds and 48% of 16-17 year olds reported risky alcohol consumption. If the 2009 Australian Alcohol Guidelines were to be applied to this survey based data, the proportion of Tasmanian students estimated to be at risk of short term harms from alcohol consumption is likely to increase.

Drinking contributes to the three leading causes of death among adolescents: unintentional injuries, homicide and suicide (Stephens 2006; Miller et al 2007). During adolescence, the prevalence of risk taking behaviours increases with the likelihood of injury increasing further when alcohol is consumed (NHMRC 2009). Young people, as experimental drinkers, are at particular risk from alcohol use due to their stage of neural development. Alcohol abusing adolescents tend to have smaller prefrontal cortices and white matter volumes, an effect more pronounced for males than females (De Bellis et al 2005).

Secondary school students consuming alcohol at risk of short term harm*, Tasmania 1984-2011



	1984	1987	1990	1993	1996	1999	2002	2005	2008	2011
12-15 Years	15%	15%	15%	17%	13%	20%	20%	23%	16%	23%
16-17 Years	46%	36%	33%	41%	37%	47%	53%	45%	48%	54%

*at risk according to the 2001 (1984-2008) & 2009 (2011) NHMRC Australian Alcohol Guidelines; Cancer Council, Australian Secondary Students' Alcohol and Drug Survey (ASSAD), 1984-2011

The ***2009 Australian Alcohol Guidelines*** have been applied to the 2011 survey data. Although there is a small increase in the prevalence of risky alcohol consumption, the difference does not reach statistical significance. Increased prevalence is a result of a changed threshold for the number of standard sized alcoholic drinks thought to cause short term harms: from >6 standard drinks for males and >4 for females (2001 Australian Alcohol Guidelines), to >4 standard drinks for both males and females (2009 Australian Alcohol Guidelines).

Sources of Alcohol

Alcohol consumed during previous week by most common source, Tasmania 2011

		12-15 years		
	Males	Females	Total Tas.	Total Aus.
Parents	50%	49%	49%	34.9%
Friends	21%	16%	18%	23.7%
Someone else	5%	13%	9%	15.3%
		16-17 years		
Parents	45%	47%	46%	31.3%
Friends	28%	18%	23%	22.2%
Someone else	17%	27%	22%	26.3%
		12-17 years		
Parents	47%	49%	48%	32.9%
Friends	25%	17%	21%	22.8%
Someone else	11%	20%	16%	21.3%

Centre for Behavioural Research in Cancer, The use of alcohol, tobacco, over-the-counter substances and illicit substances, among Tasmanian secondary school students in 2011 and trends over time, Melbourne 2013; DoHA, Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2011, Canberra 2012

Almost half of all students (48%) aged 12-17 years report their parents as the most common source of alcohol for consumption during the previous week. Parents are the main provider of alcohol for younger students aged 12-15 years (49%) and older students aged 16-17 years (46%), both male and female. Gender differences are apparent with friends more often reported as a common source of alcohol by male students than female students, irrespective of age group.

Warning Labels

A bit less than a third (29%) of all students aged 12-17 years agree that **warning labels** on alcoholic drinks would make them change their mind about having a drink. Younger students aged 12-15 years (35%) are more likely to report being influenced by warning labels than are older students (17%).

Students who agree that warning labels on alcohol would make them change their mind about consuming alcohol, Tasmania 2011

	Age		
	12-15	**16-17**	**12-17**
Males	33%	18%	29%
Females	36%	16%	30%
Total	35%	17%	29%

Centre for Behavioural Research in Cancer, The use of alcohol, tobacco, over-the-counter substances and illicit substances, among Tasmanian secondary school students in 2011 and trends over time, 2013

Awareness of Alcohol Advertisements

Awareness of alcohol advertising is very prevalent and highly consistent amongst students irrespective of age and gender, with 84% of all students aged between 12 and 17 years recalling broadcast and print media advertisements at least once during the previous month. Broadcast media has slightly higher recall rates than print media.

Students who recalled seeing alcohol advertisements at least once during the previous month, Tasmania 2011

	Age		
	12-15	**16-17**	**12-17**
Broadcast media			
Males	86%	86%	86%
Females	87%	86%	87%
Total	86%	86%	86%
Print media			
Males	79%	85%	81%
Females	84%	90%	86%
Total	82%	88%	84%

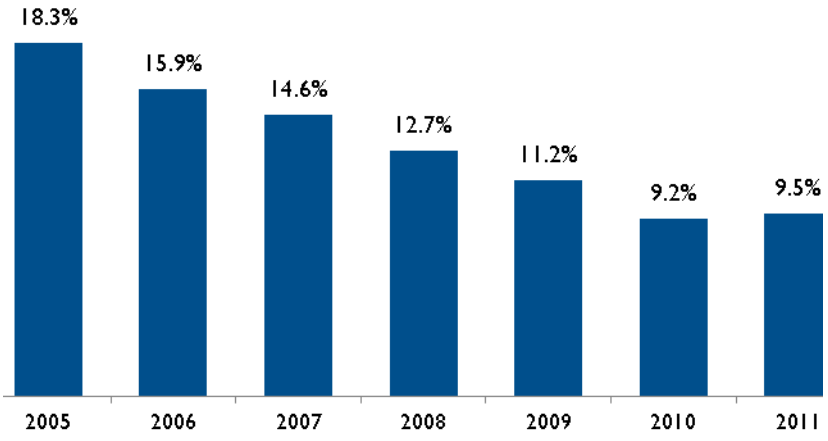
Centre for Behavioural Research in Cancer, The use of alcohol, tobacco, over-the-counter substances and illicit substances, among Tasmanian secondary school students in 2011 and trends over time, 2013

Alcohol Consumption During Pregnancy

There are a number of indicators that are important to the prevention of fetal harms but the evidence is not always clear. Heavy drinking poses the greatest risk. The timing of exposure to alcohol is relevant, but not all pregnant women who drink during pregnancy will have an affected child. The risk of birth defects is greatest with high, frequent maternal alcohol intake during the first trimester. Alcohol exposure, throughout a pregnancy and before a pregnancy is able to be confirmed, can have consequences for the development of the fetal brain (NHMRC 2009). It is not clear whether these effects are entirely associated with the dose of alcohol consumed and whether there is a threshold above which adverse effects occur (RCOG 2006). Variation in effect can be as a result of individual characteristics of the mother or the stage of development of the fetus at the time alcohol is consumed (NHMRC 2009).

Alcohol consumption during pregnancy is associated with an increased risk of miscarriage, stillbirth, premature birth, and Fetal Alcohol Syndrome (FAS) and related disorders. These occurrences are all captured under the general term *Fetal Alcohol Spectrum Disorders* (FASDs). Since 2005 in Tasmania, there has been a statistically significant decline in reported alcohol consumption during pregnancy from 18.3% in 2005 to 9.5% in 2011, a reduction of almost fifty percent. The slight increase in self-reported use between 2010 (9.2%) and 2011 (9.5%) is not statistically significant.

Self-reported alcohol consumption during pregnancy, Tasmania 2005-11



DHHS, Perinatal Database

Alcohol consumption during pregnancy continues to be more prevalent amongst women aged 35 years and over, although the proportion of women consuming alcohol in this age group is declining. In Australia generally, alcohol use in pregnancy is more prevalent for affluent women than it is for women from lower socio-economic backgrounds. The least disadvantaged group of women are more able to afford to purchase and drink alcohol regularly and may be more likely to be in work related situations where it can be difficult to refuse a drink. An unwillingness to reveal a pregnancy in the earlier months of gestation can contribute to alcohol use during pregnancy and possible harm to the developing foetus.

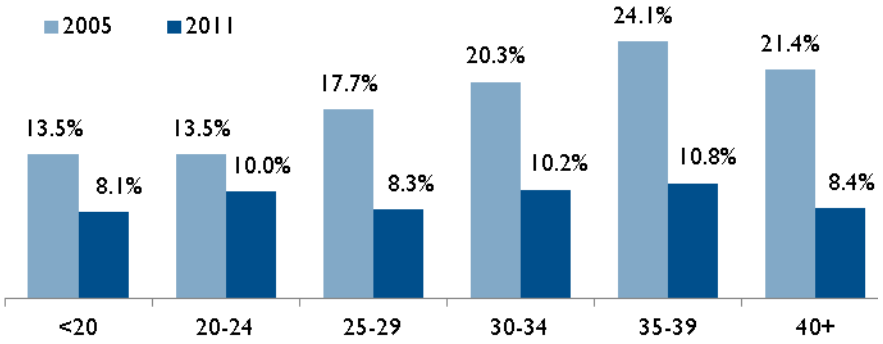
Self-reported alcohol consumption during pregnancy by age, Tasmania 2005-11

Age	2005	2006	2007	2008	2009	2010	2011
<20	13.5%	12.5%	15.9%	14.7%	8.7%	8.7%	8.1%
20-24	13.5%	12.9%	12.1%	13.0%	10.5%	8.8%	10.0%
25-29	17.7%	14.0%	14.0%	10.3%	9.8%	8.0%	8.3%
30-34	20.3%	18.6%	14.2%	12.6%	11.0%	8.5%	10.2%
35-39	24.1%	19.8%	19.0%	15.4%	16.1%	11.6%	10.8%
40+	21.4%	18.6%	16.6%	17.7%	11.7%	16.5%	8.4%

DHHS, Perinatal Database

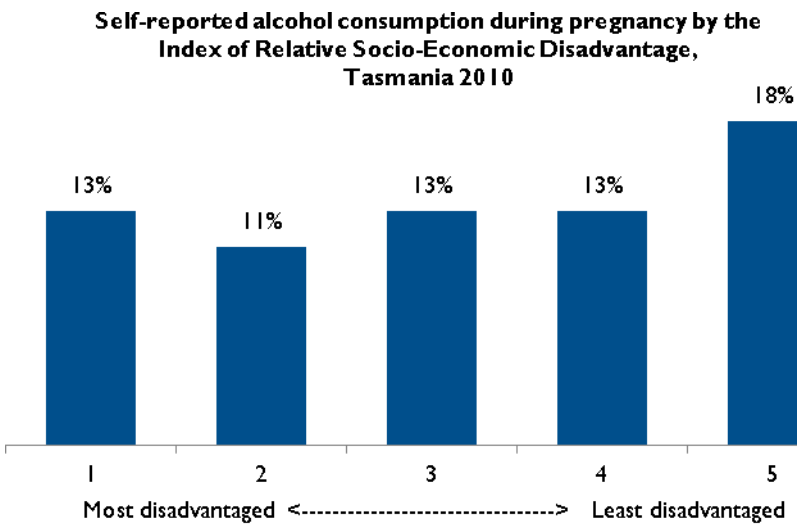
Comparative examinination of data on self-reported alcohol consumption during pregnancy across all age groups reveals considerable differences in how the prevalence of drinking during pregnancy has changed between 2005 and 2011. The smallest drop in consumption has occurred in the 20-24 year old age group, from 13.5% in 2005 to 10.0% in 2011. The largest drop in consumption has occurred in the 35-39 year aged group, from 24.1% in 2005 to 10.8% in 2011 and in the over 40s, from 21.4% to 8.4% in 2011. Overall, the largest reductions in consumption occurred between the ages of 25 and 40 years and over.

Self-reported alcohol consumption during pregnancy by age, Tasmania 2005 and 2011



DHHS, Perinatal Database

The *Index of Relative Socio-Economic Disadvantage* measures the level of resources available to households such as income, employment and education within specific local areas. The graph below shows that the consumption of alcohol during pregnancy is reported more frequently by women residing in areas of least socio-economic disadvantage (18%), a prevalence that is statistically significant at the 95% Confidence Interval. However, a clear overall trend between alcohol consumption in pregnancy and socio-economic disadvantage is not able to be demonstrated. In 2011, public hospital patients (10.9%) were more likely to report alcohol consumption during pregnancy than private hospital patients (5.9%).



DHHS, Kids come first - update, 2013

Alcohol Related Morbidity and Mortality

Alcohol attributable deaths and hospitalisations are derived by applying aetiologic fractions (the probability that a particular death or illness is related to alcohol consumption) to popualtion level mortality and morbidity data (Ridolfo & Stevenson 2001). Alcohol's role in the development of chronic diseases is not the same as its role in the experience of acute injuries and events. Long term harms, such as illnesses and diseases, result from the accumulated effects of consumption over many years. Acute harms such as accidents, suicides, falls, other injuries and resultant deaths occur as a consequence of high levels of consumption on a single occasion of drinking. Trends in estimated alcohol attributable deaths and hospitalisations across Australia are available (Begg et al 2003).

Illness, Disease, and Accidents

Alcohol is responsible for a considerable number of illnesses and diseases such as liver disease and pancreatitis, and contributes to a number of other conditions such as osophageal and breast cancer. Alcohol is also directly linked to a range of accidents; suicides and attempted suicides; drownings, boating and fire related incidents; injuries and related deaths; and motor vehicle injuries and fatalities. Drink driving is a causal factor in approximately one in every five crashes in Tasmania involving serious casualties. These crashes include fatalities as well as serious injuries that require hospitalisation.

Tasmanian road crash statistics show a decrease (not statistically significant) in the proportion of serious casualties involving alcohol consumption from 20.7% in 2006 to 19.1% in 2010. Time series data suggests a small and not significant decrease in the proportion of Tasmanians involved in alcohol related serious casualties over the last couple of years. The number of serious casualties involving alcohol as a crash factor and the relative proportion of the relationship of alcohol to the total number of serious casualties has fluctuated during that time.

Serious casualties involving alcohol as a crash factor*, Tasmania, 2006 -2012

Number	2006	2007	2008	2009	2010	2011	2012
Number of serious casualties	372	374	316	353	287	296	277
Number involving alcohol	77	86	93	91	70	63	53
% involving alcohol	20.7%	23.0	29.4%	25.8%	24.4	21.4%	19.1%

*includes fatalities and serious injuries (hospitalised for 24 hours or more)
Department of Infrastructure, Energy, and Resources, Crash Data Manager

Road trauma is a leading cause of death among young people. Young people can be more prone to risk taking than the general population. Nevertheless, some research suggests that adolescents are very aware of their vulnerability to risk (Reyna & Farley 2006). Alcohol related casualties are more prevalent for young people under the age of 30 years.

The proportion of serious casualties involving alcohol use by young people increased from 34.0% in 2006 to 35.2% in 2010. During this period both the number of serious casualties and the number of serious casualties involving alcohol has reduced; fluctuations occur year to year in this measure. Of the total number of serious casualties involving alcohol (53) in 2012, a total of 31 casualties (58.5%) involved Tasmanians under the age of 30 years.

Serious casualties involving alcohol as a crash factor*, 17-29 years, Tasmania, 2006-2012

Number	2006	2007	2008	2009	2010	2011	2012
Number of serious casualties	144	131	116	130	95	99	88
Number involving alcohol	49	39	44	45	41	34	31
% involving alcohol	34.0%	29.8	37.9%	34.6%	43.2	34.3%	35.2%

*includes fatalities and serious injuries (hospitalised for 24 hours or more)
Department of Infrastructure, Energy, and Resources, Crash Data Manager

Emergency Department Presentations

Using a 'primary diagnosis' only, Emergency Department (ED) data shows that approximately 0.5% of all ED presentations are alcohol related. In Tasmania, alcohol related ED presentations have increased by 27% since 2005/06 and represent over 30% of all Mental Health and Alcohol and Drug Services ED presentations (State Wide & Mental Health Services 2010). Generally, it is assumed that alcohol related presentations to hospitals in Australia are under diagnosed and under reported.

Alcohol related (F10 &T51) primary diagnosis*, Emergency Department presentations, Tasmania 2005/6–2009/10

	2005/06	2006/07	2007/08	2008/09	2009/10	Total
Number	606	665	637	733	771	3,412
% of total MH & ADS presentations	27.5%	28.9%	29.3%	32.3%	38.9%	30.3%

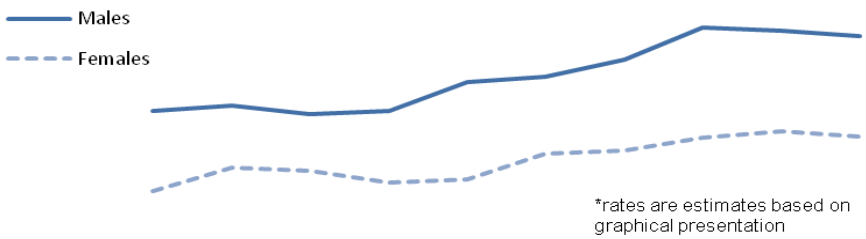
*Mental and behavioural disorders due to alcohol and drug intoxications, withdrawal and dependence states;
Source: DHHS, IPQC Presentation, Effective care of Tasmanian mental health clients to ensure optimal flow through the ED

Hospitalisations

Tasmanian rates of alcohol attributable hospitalisations for males are about twice as high as for females for most years. Alcohol related hospitalisation rates for males increased by more than 50% from approximately 500 per 100,000 population in 1995/6 to 760 per 100,000 population in 2004/5, although there has been a slight downward trend since 2002/3. Rates for females almost doubled from 220 to 410 per 100,000 population over the same time period (NDRI 2009).

Data and information is not currently available that can specify the alcohol related conditions resulting in hospital admissions in Tasmania. However, the considerable contribution of alcohol use to the burden of disease and injury in Australia is evident (Begg et al 2003). Risky alcohol use inevitably results in a substantial number of emergency presentations, as well as hospital admissions, around the country.

Alcohol attributable hospitalisations, 15 years and over, Tasmania 1995/96 - 2004/05
Rate per 100,000 population*

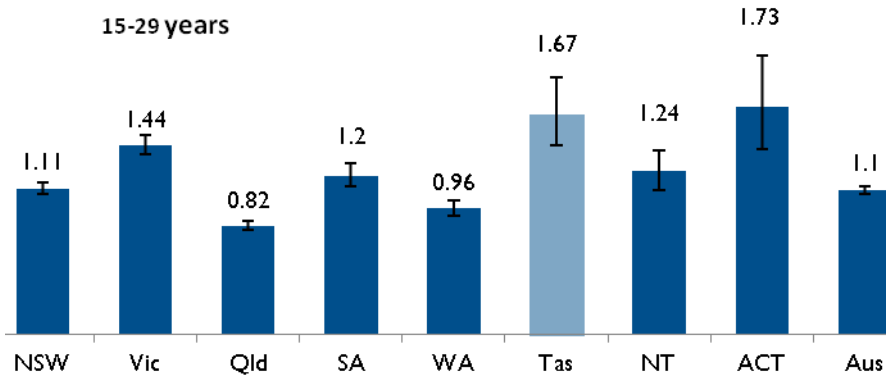


	1995/6	1996/7	1997/8	1998/9	1999/0	2000/1	2001/2	2002/3	2003/4	2004/5
Males	500	520	490	500	600	620	680	790	780	760
Females	220	300	290	250	260	350	360	405	430	410

Source: National Drug Research Institute, National Alcohol Indicators, Bulletin No. 12
Alcohol attributable hospitalisations were calculated using age and sex-specific aetiological fractions and rates were age--adjusted using the Australian 2006 population. *rates are estimates dreived from published graphs

Relative to 1993/94, in 2004/05 the rate of alcohol attributable hospitalisations for Tasmanians aged 15-29 years increased by two-thirds, the second highest of all jurisdictions. By way of contrast, again relative to 1993/94, the Australian frequency of alcohol attributable hospitalisations increased only slightly, with rates in Queensland and Western Australia decreasing over time (Pascall et al 2013).

Alcohol attributable hospitalisations, 2004/5 incidence ratios relative to 1993/4, age 15-29 years, Tasmania



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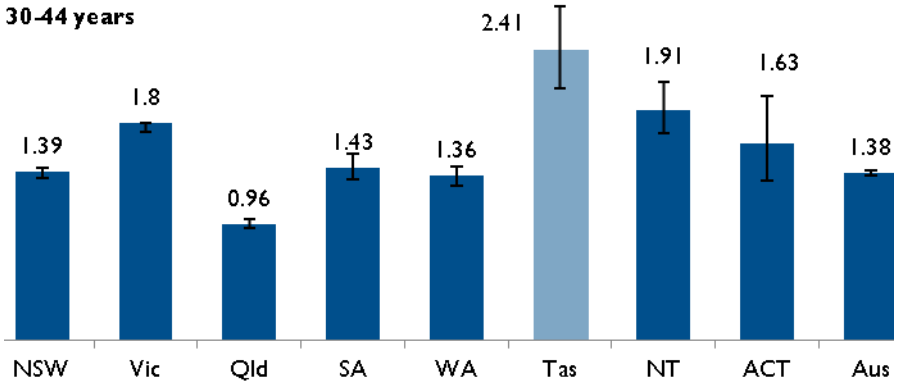
The rate of alcohol attributable hospitalisations for Tasmanians aged 30-44 years in 2004/5 was almost two and a half times greater than for 1993/94, the highest relative increase of all jurisdictions. By way of contrast, again relative to 1993/94, the Australian alcohol related hospitalisation rate increased by just over a third, along with New South Wales and Western Australia, while the Queensland rate actually decreased.

Alcohol attributable hospitalisations, 2004/5 incidence ratios relative to 1993/4, age 30-44 years by jurisdiction



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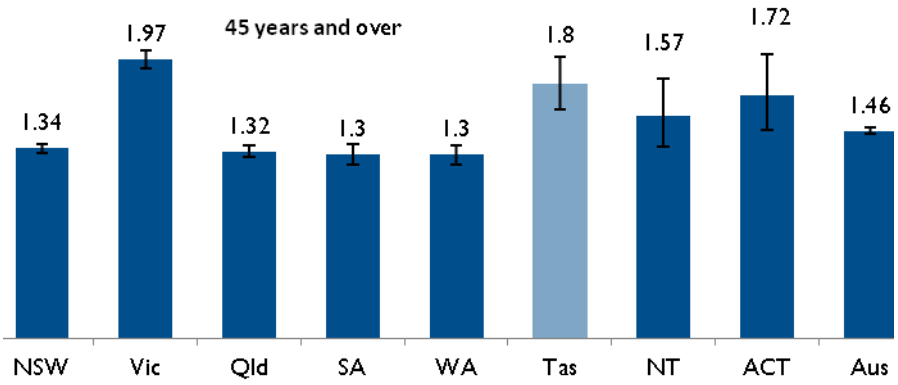
The rate of alcohol attributable hospitalisations amongst Tasmanians aged 45 years and over in 2004/5 was almost twice that for 1993/94, the second highest relative increase of all jurisdictions. By way of contrast, again relative to 1993/94, the Australian rate increased by just under one half.

Alcohol attributable hospitalisations, 2004/5 incidence ratios relative to 1993/4, age 45 years and over by jurisdiction



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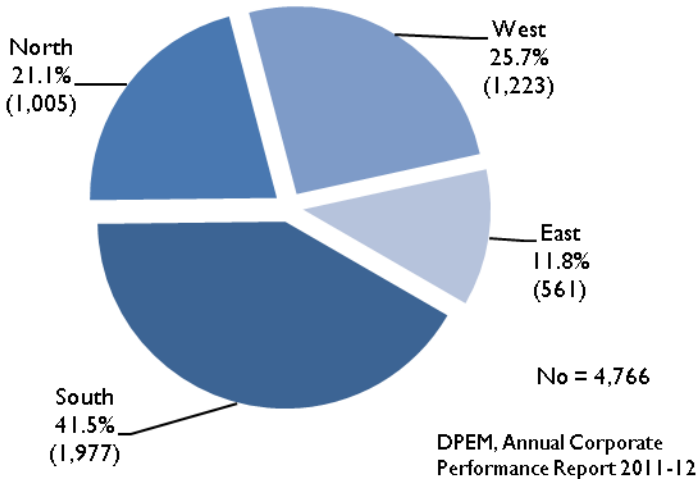
Alcohol and Law and Order

Liquor Infringement Notices

Under the *Police Offences Act 1935*, a Liquor Infringement Notice can be issued to anyone consuming or possessing an open container of alcohol on a public street or other prescribed place including a number of city parks. Infringements may also be issued for offences under the *Liquor Licensing Act 1990*, including for offences that occur on licensed premises or premises specified by a special permit, such as supply of liquor to a person who appears drunk, supply of liquor to a young person less than 18 years of age, and failure to leave licensed premises when required.

Liquor infringement notices by Police Districts, Tasmania 2011-12



DPEM, Annual Corporate Performance Report 2011-12

Liquor Confiscations

A Liquor Confiscation may occur under Section 58A of the *Police Offences Act 1935*, where a police officer has reasonable grounds to suspect that a person is contravening, or is about to contravene, the above requirements regarding possession of alcohol in a public street or prescribed place. The police officer may detain and search the person, and seize and dispose of any liquor found in the person's possession.

Move-on Orders

A Move-on Order is when, under the Police Offences Act 1935, a police officer directs a person in a public place to leave that place and not return for a specified period of not less than four hours, if the police officer believes on reasonable grounds that the person:

a) has committed or is likely to commit an offence; or
b) is obstructing or is likely to obstruct the movement of pedestrians or vehicles; or
c) is endangering or likely to endanger the safety of any other person; or
d) has committed or is likely to commit a breach of the peace.

During 2011-12 there were a total of 2,495 liquor confiscations and 1,595 move-on orders.

Liquor confiscations and move-on orders by Police Districts, Tasmania 2011-12

District	Liquor confiscations (No)	Move-on orders (No)
Southern	1,415	447
Northern	285	449
Western	593	629
Eastern	202	70
Total	**2,495**	**1,595**

DPEM, Annual Corporate Performance Report 2011-12 (update)

Random Breath Testing

Random Breath Testing (RBT) is a well evidenced strategy to reduce the incidence of driving under the influence of alcohol and other drugs. During 2011-12 there were a total of 554,886 RBTs conducted in Tasmania for alcohol. These are shown according to Tasmanian Police Districts to follow.

Random breath tests by Police Districts, Tasmania 2011-12

District	Random breath tests (No)
Southern	123,209
Northern	150,762
Western	149,624
Eastern	131,291
Total	**554,886**

DPEM, Annual Corporate Performance Report 2011-12 (update)

Drink Driving Offences

Drink driving offences occur as a result of random breath testing conducted across the state. During 2011-12 there were a total of 3540 drink driving offenders identified; some of these drivers are repeat offenders. Drink driving offender numbers are shown according to Tasmanian Police Districts as follows.

Drink driving offenders by Police Districts, Tasmania 2011-12

District	Drink driving offenders (No.)
Southern	931
Northern	847
Western	905
Eastern	857
Total	**3,540**

DPEM, Annual Corporate Performance Report 2011-12 (update)

Note: Relevant to all data provided by the Tasmanian Department of Police and Emergency Management - Eastern Police District merged with Southern Police District in September 2012 - future data will reflect these organisational changes.

Alcohol Specific Treatment Services

While alcohol consumption is largely manageable for some of the population, for a proportion of those who drink, alcohol becomes a considerable health, economic and social concern. Alcohol is primarily an addictive substance (Julian 1995; American Psychiatric Association 2000). Once tolerance to alcohol occurs, more of the substance is needed to gain the same physiological and psychological effects. A proportion of the population who drink alcohol become dependent and addicted to this substance. These circumstances can lead to problems with alcohol and a loss of control over consumption and related life events (Room 1989; Room & Leigh 1992).

The report *Alcohol and other drug treatment services in Australia 2010-11* presents data related to alcohol and other drug treatment agencies, their clients, the primary drugs of concern, and the types of treatments provided (AIHW 2012). Treatment episodes refer to a period of contact between a client and a treatment agency; treatment episodes do not equate to the number of persons seeking treatment. In 2010-11, alcohol was the most common principal drug of concern nationally and in all jurisdictions, except for Tasmania.

However, Tasmania's proportion (38.8%) of closed treatment episodes for alcohol was similar to that of Queensland (38.2%), and well below the national average of 47.3%. Of all alcohol treatment episodes nationally, the majority involved male clients; counselling was the most common treatment type. These circumstances can be due to a higher proportion of males than females with alcohol related problems. Seeking assistance for alcohol related problems can be more difficult for females due to the fear of stigmatisation.

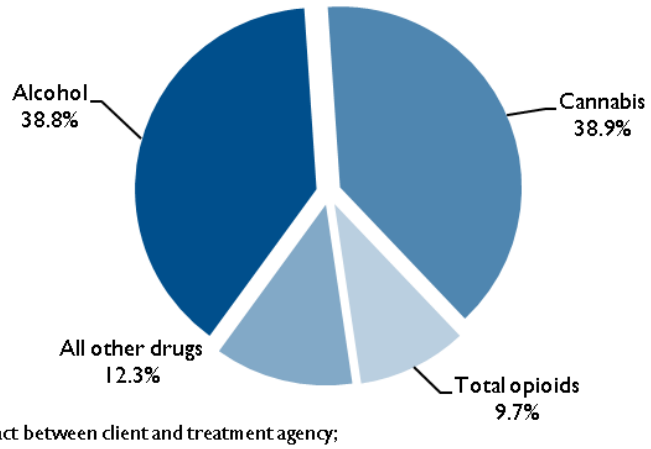
Closed treatment episodes for alcohol as the principal drug of concern by jurisdiction, 2010-11

	NSW	Vic	Qld	WA	SA	**Tas**	ACT	NT	Aus
Alcohol	50.6%	47.0%	38.2%	47.7%	54.7%	**38.8%**	53.8%	64.2%	47.3%

AIHW, Alcohol and other drug treatment services in Australia, 2010-11

In Tasmania, alcohol was the second most common principal drug of concern for which treatment was sought, accounting for 38.8% of all closed treatment episodes in 2010-11. However, the difference between closed treatment episodes for alcohol and those for cannabis (38.9%) is not statistically significant.

Closed treatment episodes*by principal drug of concern, Tasmania 2010-11



* contact between client and treatment agency;
AIHW, Alcohol and other drug treatment services in Australia 2010-11, 2012

Despite alcohol consumption and associated problems impacting on those close to the drinker, the majority of treatment episodes across the state involve a person seeking assistance for their own rather than someone else's substance use. This is a population level trend that does not necessarily reflect the focus of individual services. The proportion of overall treatment episodes completed in non-government and community based treatment agencies was greater than those episodes completed in the government sector. One government and nine non-government community based agencies reported to the National Minimum Data Set for Alcohol and Other Drugs Treatment Services in Tasmania in 2010-11.

Population Health Alcohol Policy and Strategy

The following provides a summary, from a Population Health perspective, of the key policies and strategies that are being implemented nationally and in Tasmania for alcohol. These interventions are detailed in a number of sections: Alcohol Risk and Policy Perspectives and Key Population Health Strategies and Programs, including national and Tasmanian based approaches.

Alcohol Risk and Policy Perspectives

Tasmania is ranked third of all Australian jurisdictions in relation to alcohol consumption that exceeds both single occasion risk of harms (48.9%) and lifetime risk of harms (22.7%), after the Northern Territory and Western Australia (ABS 2012). From a Population Health policy perspective, the prevalence of alcohol use and risk of associated harms in Tasmania is cause for community concern and government action. The Tasmanian Government acknowledges this need and has put in place comprehensive plans and cross-agency strategies to address the risks and harms associated with supply and demand for alcohol. Collaborative working partnerships with local government and the community sector are part of this statewide approach.

Working partnerships are an important part of both the Interagency Working Group on Drugs (IAWGD) and the Alcohol Advisory Group (AAG). Both these committees have a focus on alcohol. Partnerships between the Tasmanian Government, local government and the community sector, represented by the Alcohol Tobacco and Other Drugs Council (ATDC), are crucial to the implementation of key strategies under the Tasmanian Alcohol Action Framework (TAAF) 2010-2015 (IAWGD 2010). The TAAF provides a broad structure for government agencies, local government and community based organisations to cohesively develop and systematically implement approaches that prevent and minimise alcohol related harms.

Activities are all-of-population based and also include actions that target specific groups or situations most associated with risk. Key programs and services aim to prevent harms, intervene early when problems become evident, and support those who have ongoing treatment and recovery needs. The TAAF's key priority areas for action are protecting and promoting the health and wellbeing of the population, improving community safety and amenity, reducing intoxication, and addressing high risk groups and high risk behaviours. A reduction in acute and chronic harms and the reduced use of alcohol by young people and pregnant women are important aims of the TAAF.

Key Population Health Strategies and Programs

National Alcohol Strategy and Policy

Population Health is actively engaged in strategy and policy at the national level to protect and prevent alcohol associated harms. A focus on alcohol is part of the agendas of a number of national committees including the Standing Council on Health (SCoH), the Australian Health Ministers' Advisory Council (AHMAC), and COAG's Legislative and Governance Forum on Food Regulation (FoFR). Population Health contributes to the work of these committees as well as to the agenda of the Australian National Preventive Health Agency (ANPHA).

The mandatory labelling of alcohol with clear and unambiguous health warning messages is one of the national outcomes sought, a recommendation of Blewett's Report *Labelling Logic: Review of Food Labelling Law and Policy 2011*. Population Health advocates for and works towards a government-managed mandatory system rather than an industry-managed voluntary labelling system. The alcohol industry has been given a two year time frame to voluntarily introduce pregnancy related health warnings on alcohol before regulatory processes are commenced. Evaluation of industry efforts has begun through FoFR as an important phase in the final decision as to whether Australian will have a voluntary labelling system or a mandatory labelling system for alcohol products.

Related national work has occurred regarding the prevention of alcohol use in pregnancy. A National Inquiry into Fetal Alcohol Spectrum Disorders (FASDs) was conducted by the House of Representatives Standing Committee on Social Policy and Legal Affairs (Department of the House of Representatives 2012). Population Health formulated a submission to the Inquiry emphasising the importance of strategically addressing FASDs across Australia. The submission argued strongly for a national action plan directed towards the prevention and diagnosis of FASDs. Also crucial is health and other system support for those so affected, their families and carers. As well, Population Health contributed to the work and direction of the Australian Population Health Development Principal Committee (APHDPC) Fetal Alcohol Spectrum Disorders Working Group in production of a comprehensive Monograph, including recommendations to progress national and local actions.

Another important area of focus at the national level is establishing a reliable alcohol related data collection for systematic analysis and policy direction. Population Health, together with Alcohol Tobacco and Other Drugs Services of the Department of Health and Human Services, is actively involved in a national project led through Curtin University: the National Alcohol Sales Data Project. The project aims to reinstate the systematic collection of wholesale sales data in all jurisdictions across Australia. The collection of this important data ceased in a majority of states following a decision by the High Court of Australia in 1997 that removed the taxation advantage for jurisdictions in providing this information to the Commonwealth (Stockwell & Crosbie 2001). As a consequence, alcohol wholesale sales data collection occurs inconsistently between states, or does not occur at all. Tasmania is one of the states not currently collecting or analysing alcohol sales related data for strategic planning and policy purposes. At the local level, the IAWGD Committee has tasked the AAG with preparation of a discussion paper with the intent of re-establishing this important data set for Tasmania, a position strongly supported by DHHS.

Population Health also provides strategic advice to a range of National Health and Medical Research Council (NHMRC) projects, the most recently being the Alcohol Data Linkage Project to develop Best Practice Guidelines for Data Collection and Management.

Tasmanian Alcohol Strategy and Policy

The strategic focus for alcohol associated prevention, early and brief intervention and treatment approaches in Tasmania is determined by *Rising Above the Influence: Tasmanian Alcohol Action Framework 2010-2015*. The *Tasmanian Drug Strategy 2013-2018* also informs this process (DHHS, 2013). Within these contexts, there are a number of key strategies that the Tasmanian Government is undertaking to prevent and reduce the prevalence of risky alcohol use and associated harms across the population. An important strategy under the Framework is to pursue an effective system for controlling the supply of alcohol in Tasmania. Actions undertaken include a review of key alcohol related legislation to ensure there is an appropriate and consistent regulatory framework to support the control and supply of alcohol. The minimisation of harms is the principle that guides this process.

This legislative focussed work was planned by Population Health and adopted as a key strategy by the IAWGD, a high level cross-agency committee focussing on statewide alcohol, tobacco and other drug issues. The importance of maintaining functional working relationships as part of this committee is vital to achieving a reduction in alcohol consumption and harms for Tasmania. The AAG, a subcommittee of the IAWGD, managed the review of key alcohol related legislation through the Alcohol, Tobacco and Other Drugs Council (ATDC). An independent consulting company specialising in regulatory reform conducted the review and produced a number of recommendations for Government consideration. The achievement of a stronger legislative and regulatory system for alcohol, as a result of the review, should assist in protecting and promoting the wellbeing of the Tasmanian community and will help prevent both short term risky use and long term chronic harms.

Tasmania is working to reduce the use of alcohol during pregnancy at a local level. Population Health is investigating the feasibility, under the *Public Health Act 1997*, of requiring display of health warning signage by alcohol retailers on the risks of consumption of alcohol during pregnancy. Women who are pregnant, planning a pregnancy or breastfeeding should not consume alcohol at all, consistent with the 2009 Australian Alcohol Guidelines (NHMRC 2009). The Tasmanian rate of reported alcohol use during pregnancy fell from 18.3% in 2005 to 9.2% in 2010, with a small and not significant increase to 9.5% in 2011 (Council of Obstetric & Paediatric Mortality & Morbidity 2010, 2011). Alcohol consumption during pregnancy continues to be more prevalent for women 35 years and over. Older women from higher socio-economic groups are more likely to drink during pregnancy, although the proportion of Tasmanian women consuming alcohol during pregnancy is at its lowest level since 2005. While this reduction is encouraging, a continued decrease in alcohol use during pregnancy could result in fewer FASDs, although the current prevalence of these conditions is not known for Tasmania.

Activity is occurring in Tasmania through the National Organisation for Fetal Alcohol Syndrome and Related Disorders (NOFASARD) to ensure that foster carers, service providers and their support networks are trained and have the capacity to respond to FASD related issues. This training initiative represents a cooperative approach between government and the community sector to address this area of mutual concern. Population Health is a member of the FASD Reference Group guiding this initiative.

The Working in Health Promoting Ways Framework (WiHPWs) covers seven priority areas that should be targeted to increase the health and wellbeing of all Tasmanians. A focus on reducing use and minimising harms from alcohol is part of this approach. Other strategies introduced by Population Health include workplace and wellbeing programs that encourage the development of comprehensive policy and well evidenced ways to address alcohol use and related risk factors. Surveys are an inclusion, with survey participants provided with feedback and advice regarding their alcohol consumption.

Under the National Partnership Agreement on Preventive Health (NPAPH), Tasmania is working with the Australian Government to develop and implement a range of workplace programs to help employers embrace a 'healthy choices' ethos in the workplace and encourage employees to make decisions consistent with good health. As part of this initiative, a comprehensive Healthy Workplace Resource Kit has been developed. The kit comprises a suite of online resources, surveys, tools and templates to help employers encourage healthier practices in the workplace, particularly through improvements to workplace settings. One section of the kit focuses entirely on alcohol and other drugs in the workplace. Information, tools and links to evidence-based resources are provided to help employers implement strategies that assist employees to be better informed about the impact of risky levels of alcohol consumption.

As part of the Commonwealth-funded National Partnership Agreement on Preventive Health (NPAPH), the Healthy Workers Initiative aims to address a range of lifestyle-related factors in Australian workplace settings. These include increasing physical activity, increasing fruit and vegetable consumption, reducing smoking, and reducing alcohol consumption rates of Australian workers.

In Tasmania, NPAPH funding for the Healthy Workers Initiative has led to the implementation of a range of systems-based approaches to assist workplaces in addressing lifestyle related factors. A major component of the Tasmanian approach is the development of a resource toolkit, aimed at assisting small to medium businesses in developing healthy workplace programs and strategies. Other components of the approach include the development and implementation of a workplace health and wellbeing advisory service (using the toolkit as a major resource), and the promotion of various social media campaigns, such as *Swap It, Don't Stop It.*

The importance of addressing risky alcohol consumption in workplace settings is featured in the resource toolkit. Evidence from a variety of sources was obtained to highlight those industries and workers most at risk. Evidence-based strategies for reducing alcohol consumption rates for workers are presented, along with an 'Alcohol and Other Drugs Policy' template. A case study from a local small business is also included, demonstrating management's stance on alcohol in the workplace. Details of several organisations are included to inform referral processes for alcohol related issues. Under the NPAPH, these approaches will be evaluated over the next three years.

As well, Tasmania has been implementing the Early Intervention Pilot Program (TEIPP) as part of the National Binge Drinking Strategy. The program provides a consistent approach for intervening in the problems of young people under the age of eighteen years with a history of alcohol related offending. The program ensures that young Tasmanians have access to appropriate brief intervention and standardised alcohol information and education. A successful partnership between Statewide and Mental Health Services and the Department of Police and Emergency Management (DPEM) in coordination of the program has resulted in the initiative being extended to all policing districts across the state. DPEM liaised with the Department of Education to trial extending the program to include referrals made from social workers in Tasmanian high schools. Referrals from the Youth Court and Youth Justice Services are also being trialled.

Everybody's Business – a strategic framework for implementing promotion, prevention and early intervention approaches and averting alcohol, tobacco and other drugs use - was collaboratively developed by government agencies and the community sector and managed by ATODs. The framework helps inform strategies and actions for the promotion, prevention and early intervention of alcohol, tobacco and other drugs use. The Tasmania Government is also committed to the continuation and further development of specialist treatment and recovery services, particularly for those individuals most at risk from alcohol use.

In addition to alcohol specific approaches, there is a need to take a broader perspective on alcohol through action on the social determinants of health. *A Healthy Tasmania* is the Tasmanian Government's policy direction for addressing the social determinants of health and health inequity. The policy identifies six streams of activity: leadership, health intelligence, supportive environments and policies, community driven approaches, healthy messages and vulnerable Tasmanians. Overall, the availability, use and harms related to alcohol are key indicators of the health status of Tasmanians, a position emphasised in the State of Public Health Report 2013 (DHHS 2013).

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