

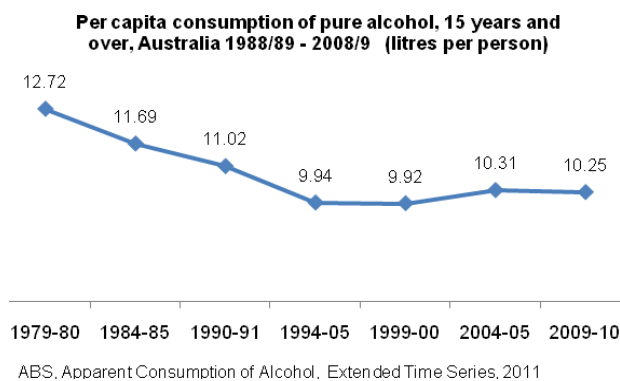
# Tasmanian Alcohol Trends 2011

## Introduction

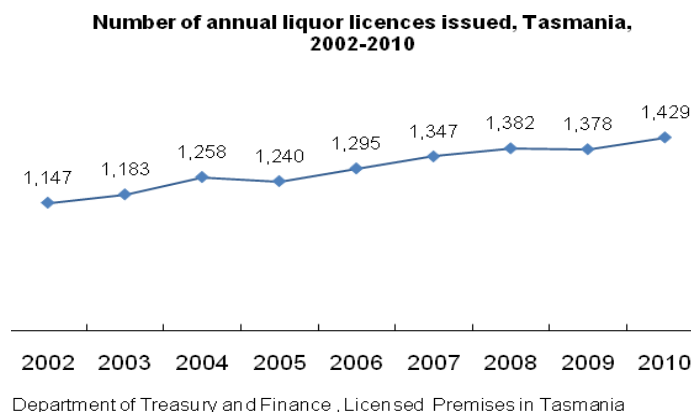
In Tasmania, as elsewhere, a substantial proportion of people drink at levels that increase their risk of alcohol-related harm. This harm is not limited to drinkers, but also affects families and the broader community. This summary report brings together the latest data on the prevalence of alcohol related harm, consumption patterns, and trends over time.

## Alcohol Consumption and Availability

There were significant reductions in the per capita consumption of alcohol in Australia between the 1970's and the end of the 1990's. By 1990-2000, annual per capita consumption had dropped to 9.92 litres of pure alcohol. Between 1990-2000 and 2004-05, a rise in apparent consumption to 10.31 litre per annum was recorded. In 2009/10, the national consumption of pure alcohol was 10.25 litres per person, calculated to be the equivalent of an average of 2.2 standard drinks per day per person aged 15 years and over. Specific consumption data for Tasmania are not available.



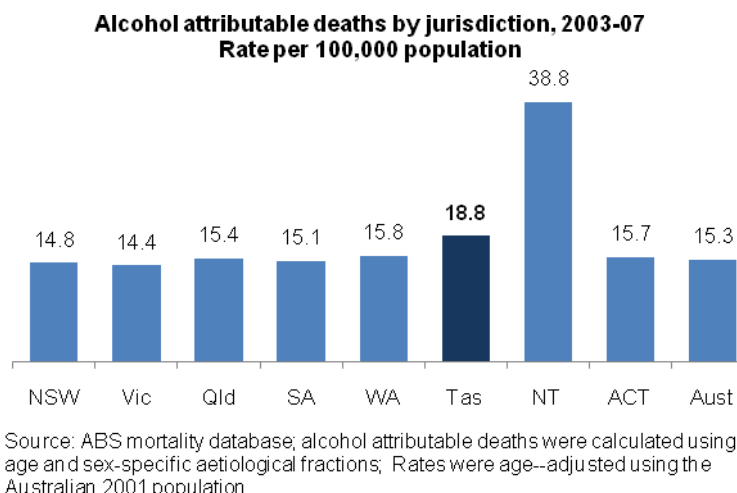
Research has found a strong and positive link between the density of licensed premises and alcohol related assaults and hospitalisations. However, data are insufficient to show whether this harm is spread equally across all types of licensed outlets as much research has tended to treat all outlets, irrespective of type, in the same manner within calculations. Liquor licenses for the sale of alcohol are available under the Liquor Licensing Act 1990, and licensing has increased by 24.6% since 2002.



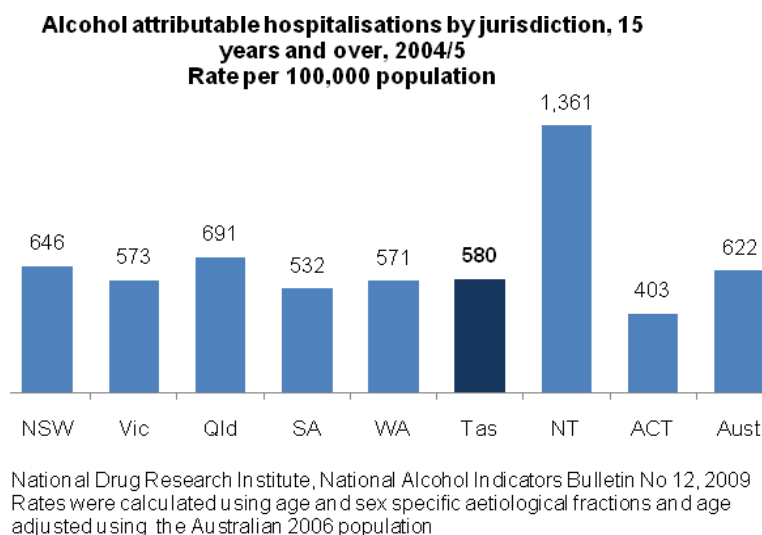
## Alcohol Related Mortality and Morbidity

Alcohol attributable deaths were derived by applying aetiologic fractions (the probability that a particular death was caused by alcohol consumption) to mortality data for each jurisdiction (AIHW<sup>1</sup>).

Tasmania had an age standardised alcohol-attributable mortality rate of 18.8 per 100,000 population for the period 2003-07. This rate was significantly higher than that of most other states and Australia as a whole and caused an estimated 496 deaths in Tasmania (331 males and 165 females), which represents 3.4% and 1.7% of all male and female deaths respectively.



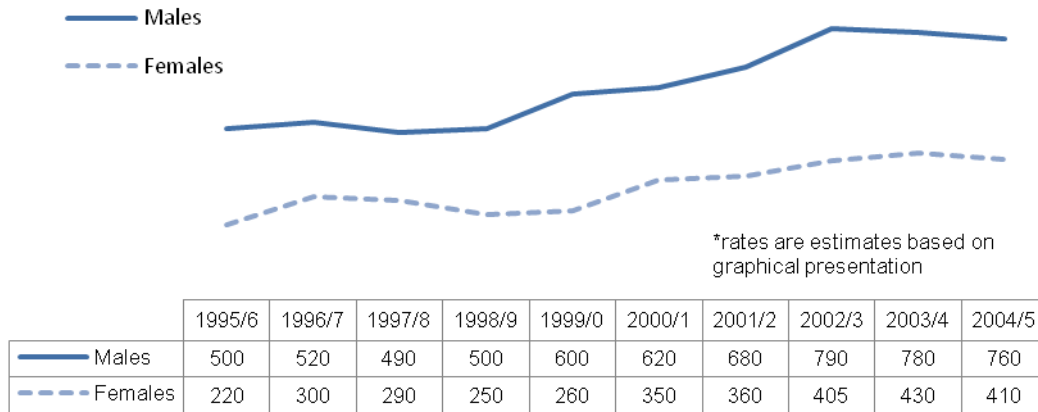
In 2004/5, over 2,260 hospitalisations for Tasmanian adults aged 15 years and over were attributed to alcohol consumption, which represents a rate of 580 per 100,000 population 15 years and over. This rate was significantly lower than the Australian rate of 622 per 100,000 population.



Tasmanian rates of alcohol attributable hospitalisations for males were about twice as high as for females for most years. Rates for males increased by about 50% from about 500 per 100,000 population in 1995/6 to 760 per 100,000 population in 2004/5, and rates for females almost doubled from 220 to 410 per 100,000 population over the same period.

<sup>1</sup> Ridolfo B, Stevenson C 2001. *The quantification of drug-caused mortality and morbidity in Australia, 1998*. AIHW Cat. No. PHE 29. Canberra: AIHW.

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



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 derived from published graphs

Alcohol is a major cause of road injuries and deaths. Tasmanian road crash statistics show an increase in the proportion of serious casualties involving alcohol consumption from 20.7% in 2006 to 24.4% in 2010. This increase is not statistically significant as the number of serious casualties has dropped substantially during this period.

**Serious casualties\* involving alcohol as a crash factor, Tasmania, 2006 -2010**

Number	2006	2007	2008	2009	2010
Number of serious casualties	372	384	316	353	287
Number involving alcohol	77	86	93	91	70
% involving alcohol	20.7%	23.0%	29.4%	25.8%	24.4%

\*includes fatalities and serious injuries (hospitalised for 24 hours or more)  
 Department of Infrastructure, Energy, and Resources, Accident/Interlock Data

Road trauma is a leading cause of death among young people. Alcohol related casualties are more prevalent among people under the age of 30 years. The proportion of young people involved in serious casualties from increased from 34.0% in 2006 to 43.2% in 2010. This change is not statistically significant as the number of serious casualties dropped substantially during this period.

**Serious casualties\* involving alcohol as a crash factor, 17-29 Years, Tasmania, 2006-2010**

Number	2006	2007	2008	2009	2010
Number of serious casualties	144	131	116	130	95
Number involving alcohol	49	39	44	45	41
% involving alcohol	34.0%	29.8%	37.9%	34.6%	43.2%

\*includes fatalities and serious injuries (hospitalised for 24 hours or more)  
 Department of Infrastructure, Energy, and Resources, Accident/Interlock Data

## Emergency Department Presentations

Using a 'primary diagnosis' only, Emergency Department (ED) data show that approximately 0.5% of all ED presentations are alcohol related. Over the period 2005 to 2010 the proportion of Mental Health and Alcohol-and-Drug Services presentations that were alcohol-related demonstrated a statistically significant upward trend.<sup>2</sup>

### 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
Alcohol related ED presentation	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;

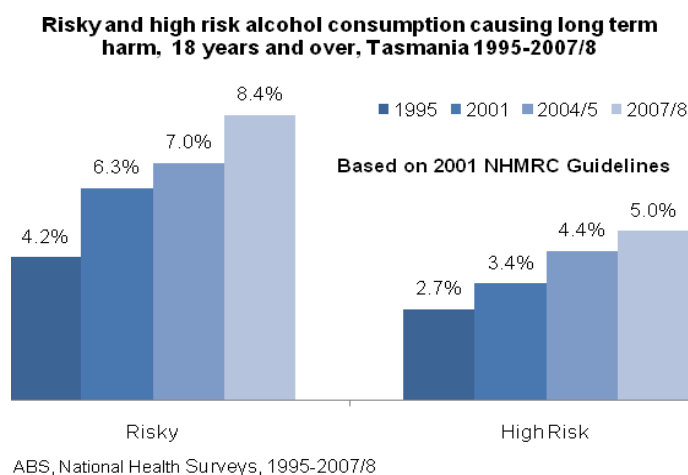
Source: DHHS, IPQC Presentation, Effective care of Tasmanian mental health clients to ensure optimal flow through the ED

## Prevalence of Harmful Consumption

Measures of risky alcohol consumption predicting acute and long term harm are defined by the NHMRC Alcohol Guidelines. The 2001 Guidelines were modified in 2009.

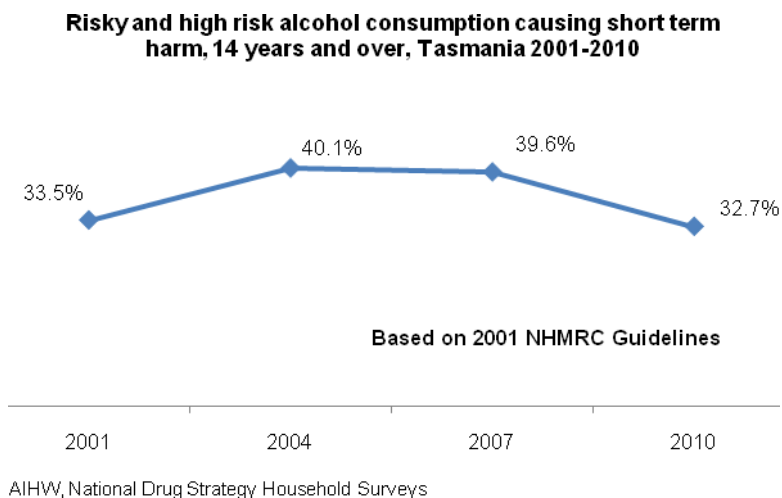
2001 NHMRC Guideline		
	Males	Females
Long term risk	>4 daily	>2 daily
Short term risk	>6 single occasion	>4 single occasion
2009 NHMRC Guideline		
	Males	Females
Lifetime risk	>2 daily	>2 daily
Single occasion risk	>4 single occasion	>4 single occasion

Alcohol consumption risk levels based on the **2001 guidelines** show that the proportion of Tasmanians at risk of long term harm has almost doubled from 1995 to 2007/8. This increase is statistically highly significant.



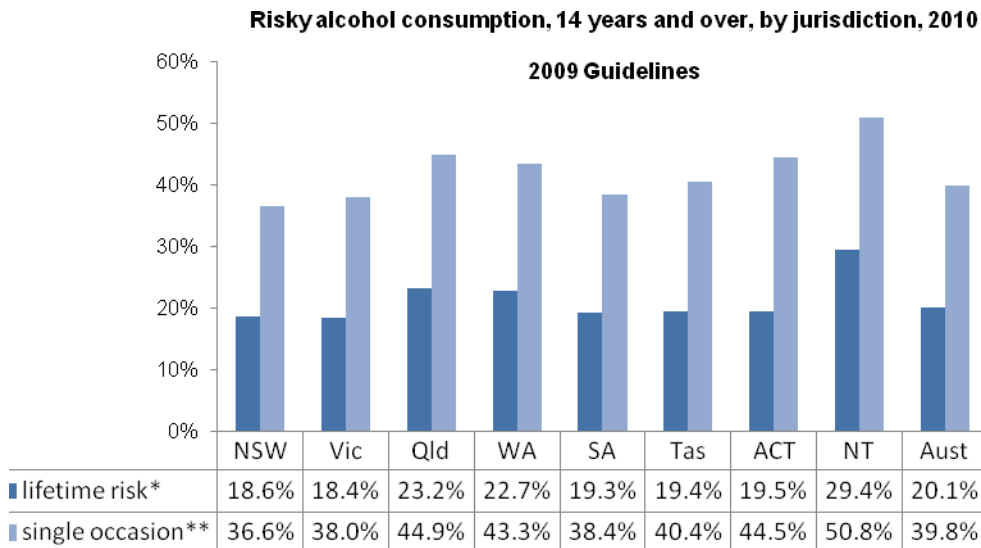
<sup>2</sup> Presentation by Statewide and Mental Health Services, *Effective Care of Tasmanian Mental Health Clients to Ensure Optimal Flow through the ED*, 2010

Based on the **2001 guidelines**, the prevalence of alcohol consumption causing short term harm has decreased from 33.5% in 2001 to 32.7% in 2010.



According to the **2009 NHMRC Guidelines**, for males and females, drinking no more than two standard drinks on any day reduces the lifetime risk of alcohol-related harm and drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

In 2010, 19.4% of Tasmanians aged 14 years and over reported consumption that presents a lifetime risk of harm, and 40.4% reported consumption that increases the risk of single occasion harm, the third highest rate of all jurisdictions.



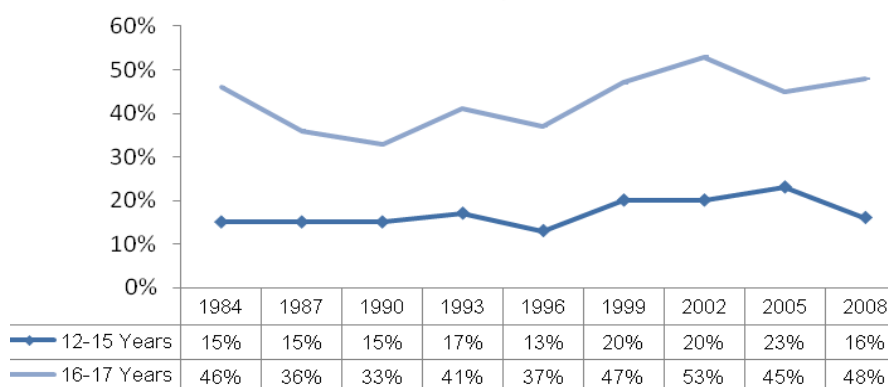
\* had more than 2 standard drinks per day

\*\*had more than 4 standard alcoholic drinks on any one occasion

AIHW, National Drug Strategy Household Survey , 2010

Alcohol consumption causing short term harm among children and young people aged 12-17 years has slightly increased since 1984, but lacks a well-defined trend over time. In 2008, 16% of 12-15 year olds and 48% of 16-17 year olds reported risky alcohol consumption.

**Proportion of Secondary School Students consuming alcohol at risk of short term harm, Tasmania 1984-2008**

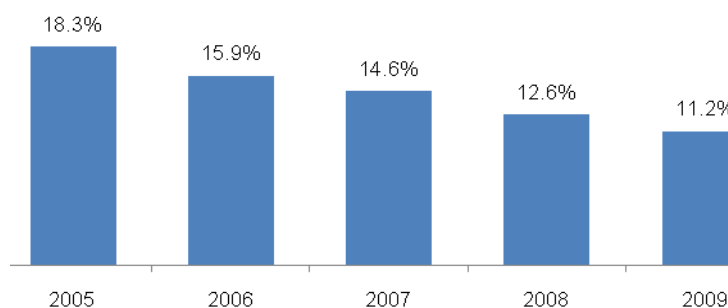


\*at risk according to the 2001 NHMRC Australian Alcohol Guidelines  
Cancer Council, Australian Secondary Students' Alcohol and Drug Survey (ASSAD),  
1984-2008

## Alcohol Consumption during Pregnancy

Alcohol consumption during pregnancy has been associated with an increased risk of miscarriage, stillbirth, premature birth and Foetal Alcohol Syndrome (FAS). There has been a 7.1% decline (statistically significant) in alcohol consumption during pregnancy from 18.3% in 2005 to 11.2% in 2009. Of all women reporting alcohol consumption during pregnancy in 2009 (11.2%), the majority of women reported to have consumed less than one alcoholic drink per day (10.2%).

**Self-reported alcohol consumption during pregnancy, Tasmania 2005-09**



DHHS, Perinatal Database

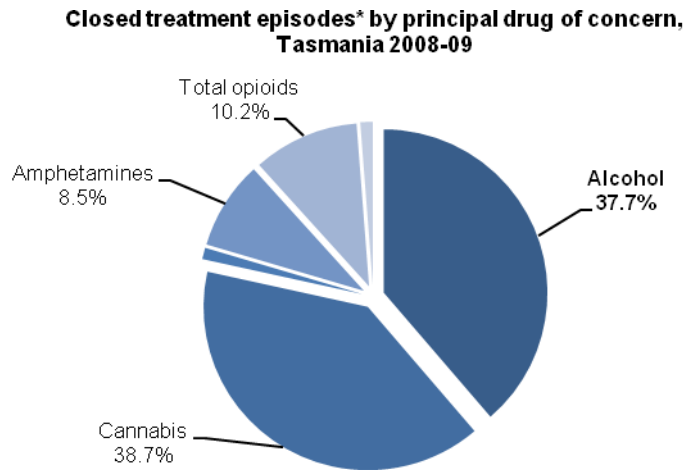
As in previous years, alcohol consumption during pregnancy continues to be more prevalent among women 30 years and over. The proportion of women consuming alcohol during pregnancy in all age groups, apart from the 35-39 years age group, is at its lowest level since 2005. There has been a slight increase in alcohol consumption in the 35-39 years group between 2008 and 2009.

**Self-reported alcohol consumption during pregnancy by age, Tasmania 2005-09**

Age	2005	2006	2007	2008	2009
<20	13.5%	12.5%	15.9%	14.4%	8.7%
20-24	13.5%	12.9%	12.1%	12.9%	10.5%
25-29	17.7%	14.0%	14.0%	14.5%	9.7%
30-34	20.3%	18.6%	14.2%	12.6%	11.0%
35-39	24.1%	19.8%	19.0%	15.3%	16.1%
40+	21.4%	18.6%	16.6%	17.2%	11.7%

## Alcohol Treatment Services

In Tasmania, alcohol was the second most common principal drug of concern for which treatment was sought, accounting for 37.7% (748) of all drug treatment episodes in 2008-09. Of all alcohol treatment episodes, the majority (70%) of episodes were for male clients. The median age of clients receiving treatment was 36 years, and 7% of episodes involved Aboriginal and Torres Strait Islander people. Of all treatment episodes involving alcohol, 11% included at least one other drug of concern.



\*period of contact between client and treatment agency;  
AIHW, Alcohol and other Drug Treatment Services in Tasmania, 2008-09