

Tasmanian Alcohol Data and Trends 2013

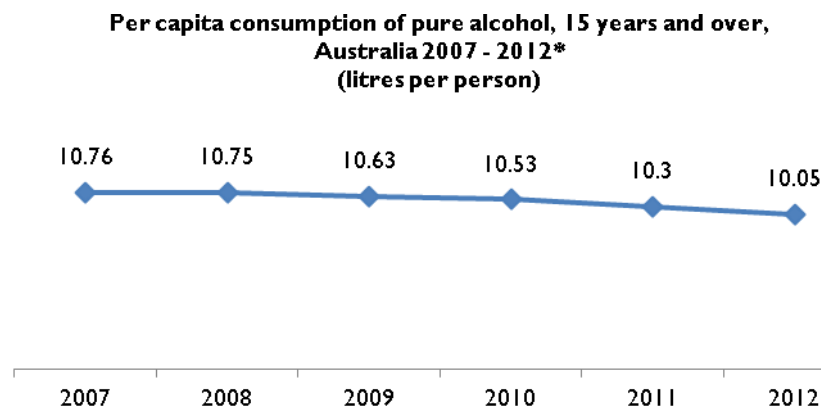
Introduction

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

Australian Consumption Levels and Alcohol Availability

In 2011-12, the national consumption of pure alcohol was 10.05 litres per person aged 15 years and over. 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 2008 to 2012. Research findings show a strong and positive link between the volume of alcohol available for consumption and the harms that result from use. Total population consumption data for Tasmania are not available.

For Australia as a whole, over the past 50 years, levels of apparent consumption of different alcoholic beverages have changed substantially. The proportion of pure alcohol available for consumption in the form of beer has decreased from 75% of total consumption in 1961-62 to 41% in 2011-12. Over the same period the proportion of wine has increased from 12% to 38%, and spirits (including RTDs) from 13% to 19%. *Source: ABS, Apparent consumption of alcohol, Australia 2011-12, Sept 2013.*

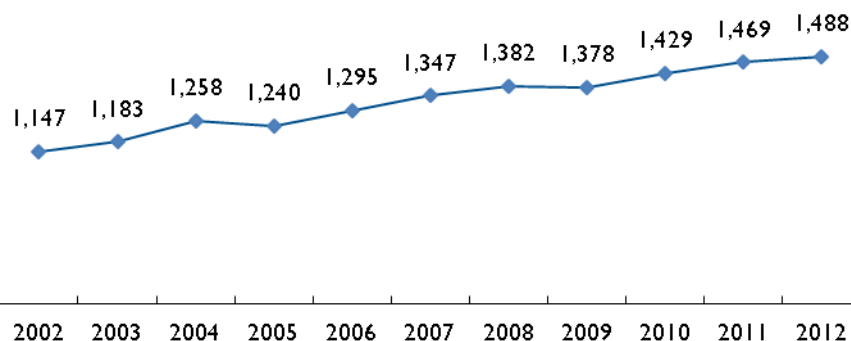


ABS, Apparent Consumption of Alcohol, Australia 2011-12, Sept 2013
*data have been revised for 2007-2011

Research confirms a link between the density of licensed premises and alcohol related assaults and hospitalisations. However, data are insufficient to show whether these harms are spread equally across all types of licensed outlets; 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 *Tasmanian Liquor Licensing Act 1990*; the number of licenses granted in Tasmania has risen by 29.7% since 2002.

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



Department of Treasury and Finance, Licensed Premises in Tasmania

Prevalence of Harmful Alcohol Consumption

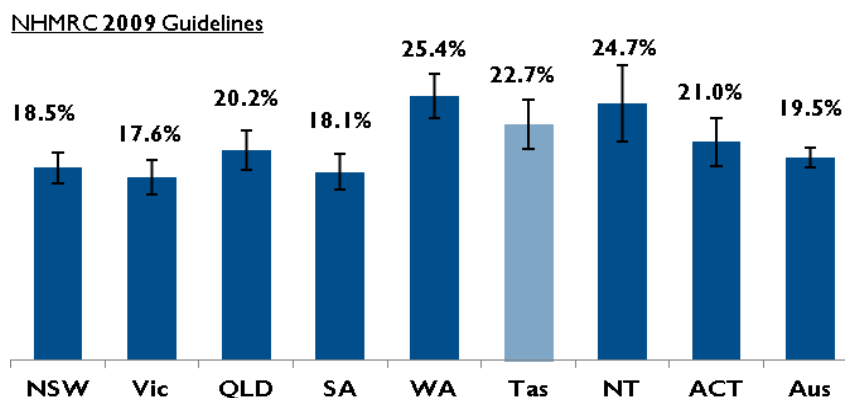
Current Risk Levels

In 2011/12 the National Health Survey was conducted under the umbrella of the Australian Health Survey, with alcohol related harms defined on the basis of the 2009 National Alcohol Guidelines for the first time. Adults, regardless of gender, are identified to be at risk of chronic alcohol related harms (lifetime risk) if consuming on average more than 2 standard drinks daily, and are at risk of acute alcohol related harms if consuming more than 4 standard drinks on a drinking occasion (single occasion risk).

Lifetime Risk

The proportion of Tasmanian adults at risk of long term alcohol related harms (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 jurisdiction.

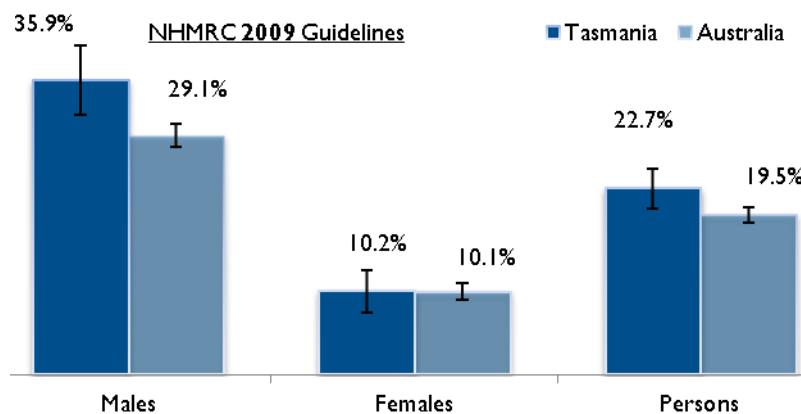
Alcohol consumption exceeding life risk, 18 years and over by jurisdiction, 2011/12



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

Lifetime risk is statistically significantly higher for Tasmanian males (35.9%) than nationally (29.1%). For Tasmanian females, the lifetime risk from alcohol consumption (10.2%) is almost identical to the national rate (10.1%). Males are more likely, both nationally and in Tasmania to experience lifetime alcohol associated risk.

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

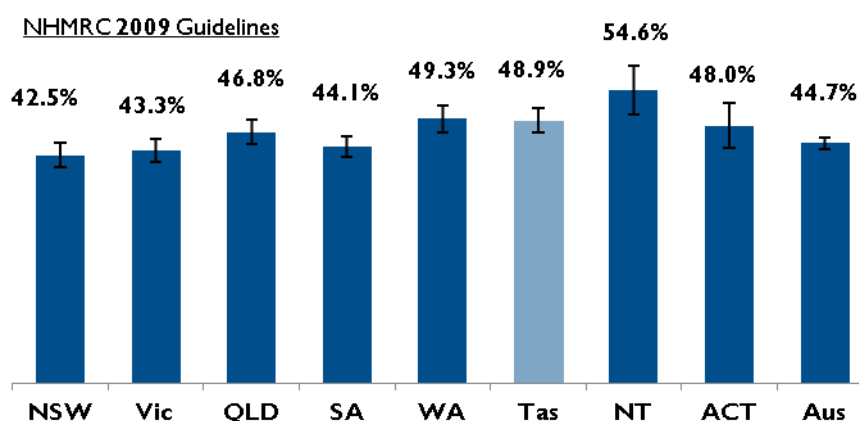


Australian Health Survey First Results, 2011-12, cat. No. 4364.0

Single Occasion Risk

In 2011/12, almost half of Tasmanian adults (48.9%) consumed 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%).

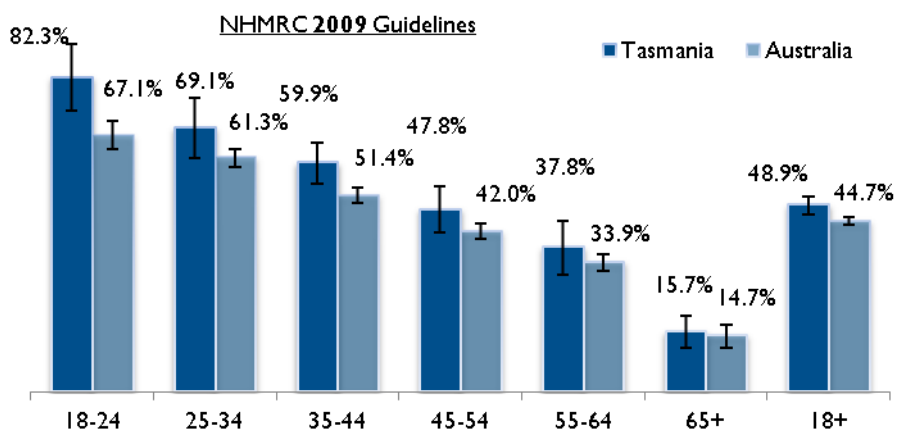
Alcohol consumption exceeding single occasion risk, 18 years and over, by jurisdiction, 2011/12



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

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. Overall, risk diminishes significantly at both state and national levels as age increases. Once the age of 65 years is reached, single occasion risk decreases to approximately 15.7% for Tasmania, slightly higher than the national level of 14.7%.

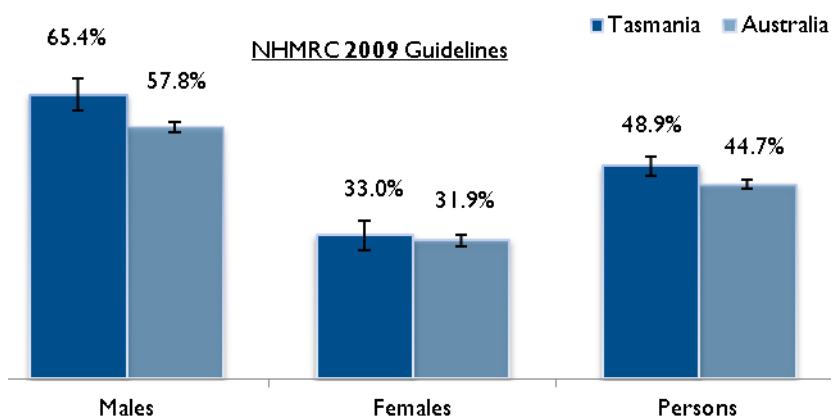
Alcohol consumption exceeding single occasion risk by age, Tasmania and Australia 2011/12



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. Of Tasmanian males aged 18 years and over, 65.4% are estimated to exceed single occasion risk levels compared with 33% of females. As with long term alcohol related harm, Tasmanian adult males are significantly more likely (65.4%) to exceed single occasion risk levels 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



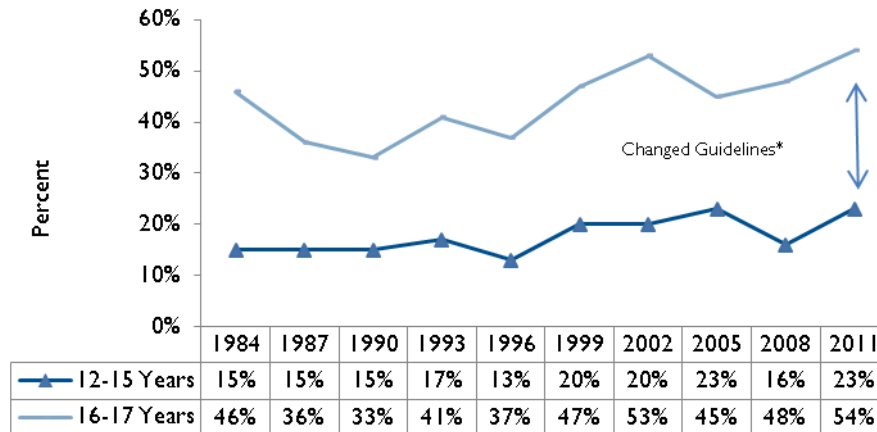
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Alcohol Consumption by Children and Young People

Drinking contributes to the three leading causes of death among adolescents: unintentional injuries, homicide and suicide. 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 on the brain more pronounced for males than females.

The proportion of Tasmanian students at risk of short term harm has slightly increased since 1987 for students aged 16-17 years, but has remained relatively stable for younger students.

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



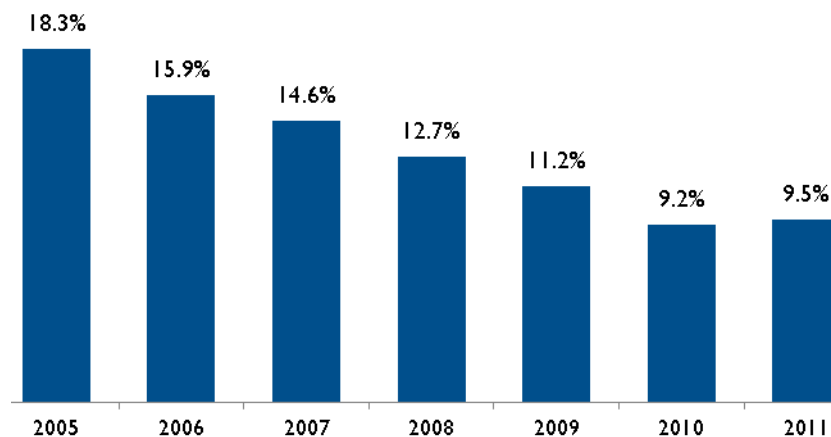
*at risk according to the 2001 (1984-2008) & 2009 (2011) NHMRC Australian Alcohol Guidelines; Cancer Council, Australian Secondary Students' Alcohol and Drug Survey (ASSAD), 1984-2011

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 consumption during pregnancy is associated with an increased risk of miscarriage, stillbirth, premature birth, and other adverse outcomes. 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.

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

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 associated with alcohol consumption) to population level mortality and morbidity data. 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 (cancers, liver disease and pancreatitis) 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.

Accidents and Crashes

Alcohol is directly linked to a range of accidents; suicides and attempted suicides; drownings, boating and fire related incidents; motor vehicle crashes, injuries and related deaths. Drink driving is a causal factor in approximately one in every five crashes in Tasmania involving serious casualties. 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.

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 amongst young people, with related casualties more prevalent 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 during that time. Generally, it is acknowledged 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%

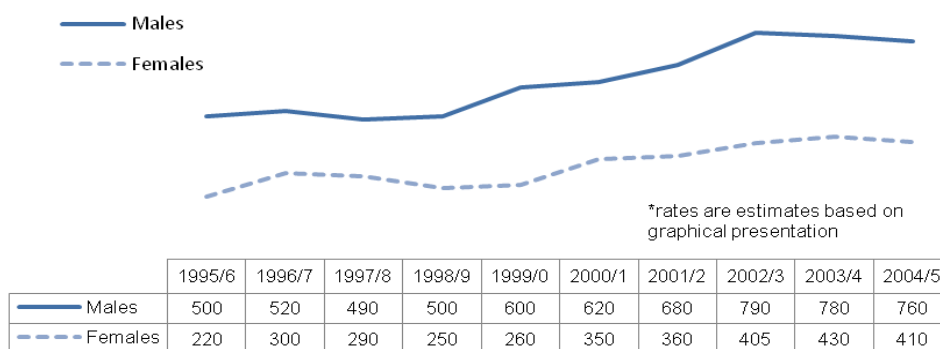
*Mental and behavioural disorders due to alcohol and drug intoxications, withdrawal and dependence states;

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. Data and information are not currently available that can specify the alcohol related conditions resulting in hospital admissions in Tasmania. However, 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*



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 and Law and Order

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.

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 result from 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 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 is a considerable health, economic and social concern. Alcohol is primarily an addictive substance. 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 are likely due to a higher proportion of males than females with alcohol related problems.

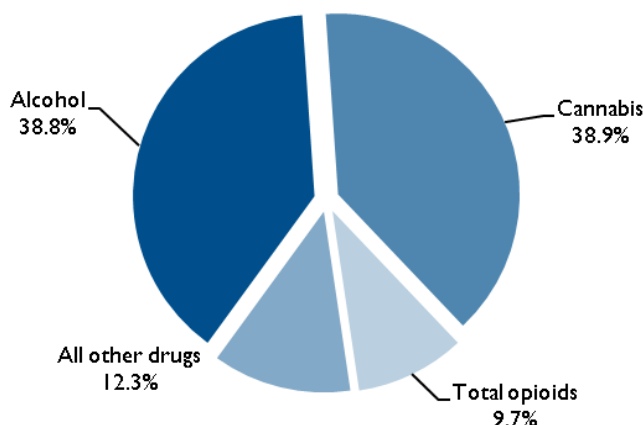
Closed treatment episodes for alcohol as the principal drug of concern by jurisdiction, 2010-11

	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.

As the preceding discussion has shown, with harmful alcohol consumption continuing to be a major contributor to the burden of disease, the public interest case for supporting concerted efforts in areas such as alcohol harm reduction is stronger than ever.