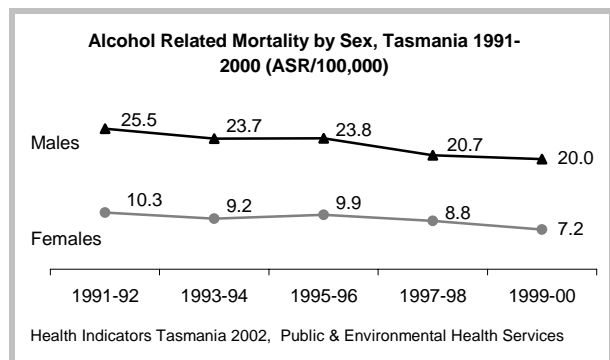


Tasmanian Alcohol Trends 2005

PHEU Fact Sheet

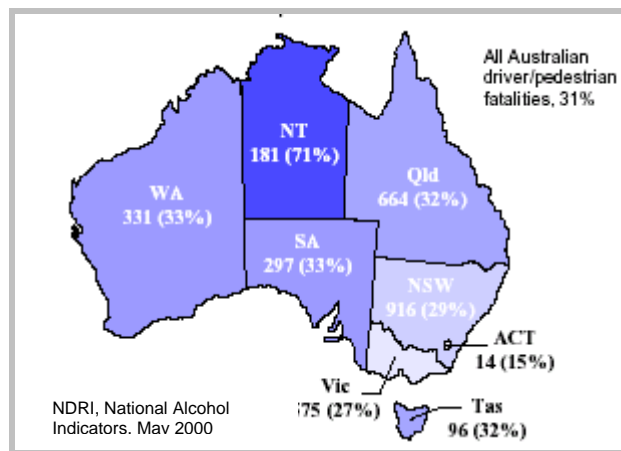
Alcohol Related Mortality and Morbidity

Nationally, there was a gradual downward trend in alcohol caused deaths between 1990 and 2001. (NDRI, *Australian Alcohol Indicators 1990-2001*) Tasmania followed a similar trend with declining alcohol related deaths for both males and females, although alcohol related mortality rates continue to be more than twice as high for males than females.



Alcohol is a major cause of road deaths. Estimates of alcohol related driver/pedestrian fatalities show that 32% of all road fatalities in Tasmania between 1991 and 1997 were related to alcohol consumption (BAC>0.05mg/ml). This proportion is similar to the national average of 31%.

Number and % of Road Fatalities Related to Alcohol, 1991-1997



The Department of Infrastructure, Energy, and Resources collects data on alcohol related road injuries and deaths. During 2004, Tasmania recorded a total of 58 road deaths, of which 19 deaths (32.8%) were related to alcohol consumption.

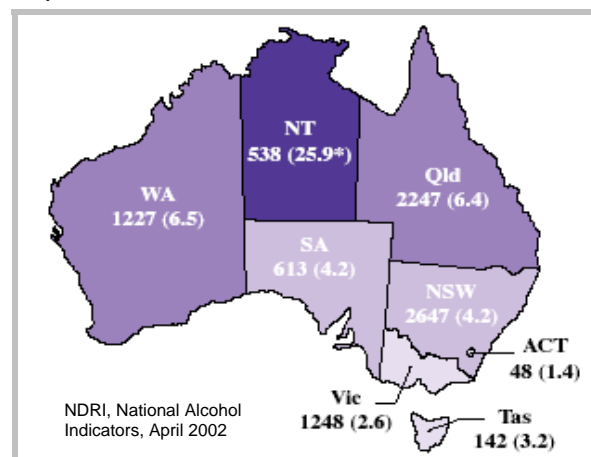
Alcohol Related Road Injuries and Fatalities, Tasmania, 2004

Alcohol Level	Number of Injuries	Number of Deaths
0.01-0.05	47	1
0.06-0.10	37	4
> 0.10	70	14
Total	154	19
% of all road accidents	8.4%	32.8%

Indicator Magazine, October-December 2004, DIER, Tasmania

Alcohol is a major contributing cause of physical violence. In Tasmania, the rate of alcohol caused hospitalisations for injuries resulting from assaults were 3.2 hospitalisations per 10,000 persons in 1998/99. This included hospitalisations for victims and perpetrators. Nationally, males made up 74% of all alcohol-caused hospitalisations for injuries due to assaults.

Number and Estimated Rates per 10,000 of Alcohol-Caused Hospitalisations for Assault, 1998/99



The National Drug Research Institute estimated the extent of net acute and chronic alcohol-caused hospitalisations. Net rates were calculated by deducting hospital episodes for conditions prevented by (modest) alcohol consumption from hospitalisations caused by risky and high-risk consumption.

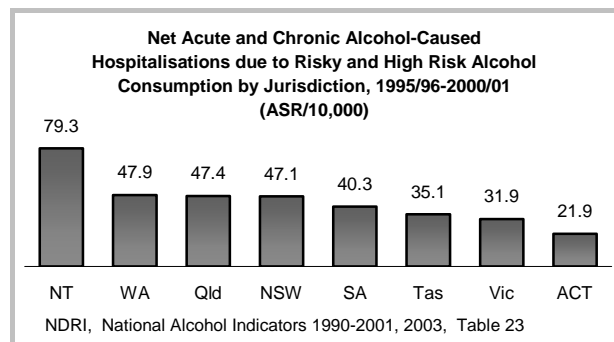
In Tasmania, over 70% of all alcohol caused hospital episodes were for acute conditions, such as other injuries (1,515), alcohol abuse and psychosis (998), assault (907) and road injuries (879). The most common chronic condition requiring hospitalisation was for alcohol dependence (908).

Net Acute and Chronic Alcohol Caused Hospitalisations due to Risky and High Risk Drinking, Tasmania 1993/94-2000/01

Type of Hospitalisation	Number	ASR/10,000
Acute Condition	5,599	25.24
Chronic Condition	2,213	9.87

NDRI, National Alcohol Indicators 1990-2001, 2003, Table 24

Estimated age standardised rates (ASR/10,000) of net acute and chronic alcohol-caused hospitalisations show Tasmania with the third lowest rate of all jurisdictions at 35.1 per 10,000.

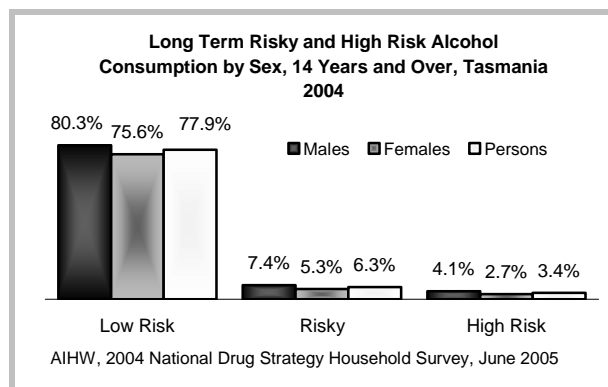


Alcohol Consumption Levels and Trends

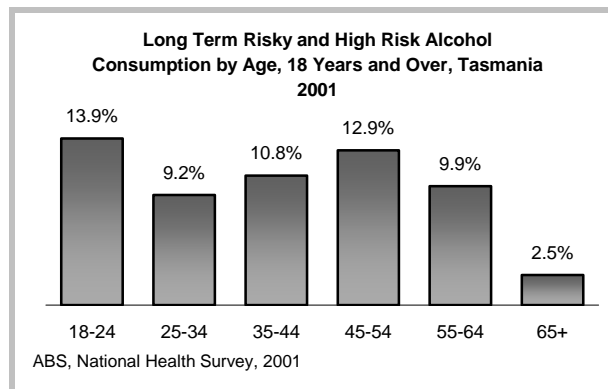
Both the level and pattern of alcohol consumption are reliable indicators of alcohol-related health problems. Measures of risky or high-risk consumption are defined by the NHMRC guidelines to predict acute and long-term harm.

The NHMRC guidelines determine the type of data collected in the National Drug Strategy Household Survey (NDSHDS) and the National Health Survey (NHS). Both surveys are conducted triennially but frequent changes in methodology and question design limit their value for trend analyses.

Results from the 2004 NDSHS indicate that 9.7% of Tasmanians aged 14 years and over engaged in risky or high risk drinking in 2004. More males (11.5%) than females (8%) consumed alcohol in quantities considered a risk to health. Of all abstainers, 8.2% were males and 16.5% were females.



Similar to the results of the 2004 NDSHS, the 2001 National Health Survey found that 12.5% of all Tasmanian males and 7% of all females aged 18 years and over engaged in risky or high-risk alcohol consumption. Consumption at risky or high-risk levels is most prevalent among Tasmanians aged 18-24 years (13.9%), and 45-54 years (12.9%).



Levels of alcohol consumption considered a risk to health in the long term have increased between 1995 and 2001 for Tasmanians aged 18 years and over. Risky drinking increased by 2.1% and high risk drinking increased by 0.7% since 1995. This increase is slightly below the national trend for the period 1995-2001.

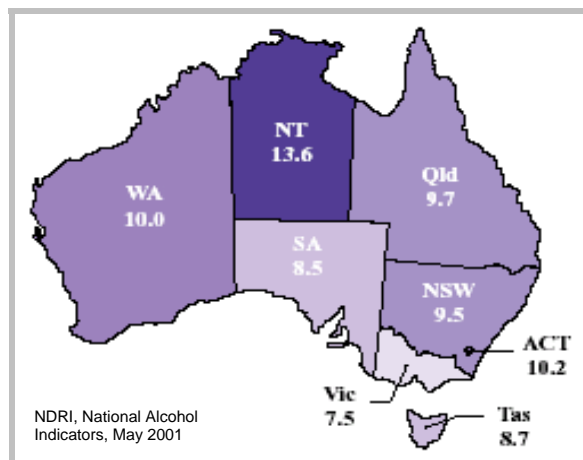
Trends in Long Term Alcohol Risk Levels, Tasmania and Australia, National Health Surveys 1995 and 2001

	1995		2001	
	Tas %	Aus %	Tas %	Aus %
Low Risk	48.6	47.1	51.0	50.9
Risky	4.2	5.2	6.3	6.7
High Risk	2.7	3.1	3.4	4.1

ABS, National Health Survey 1995, 2001

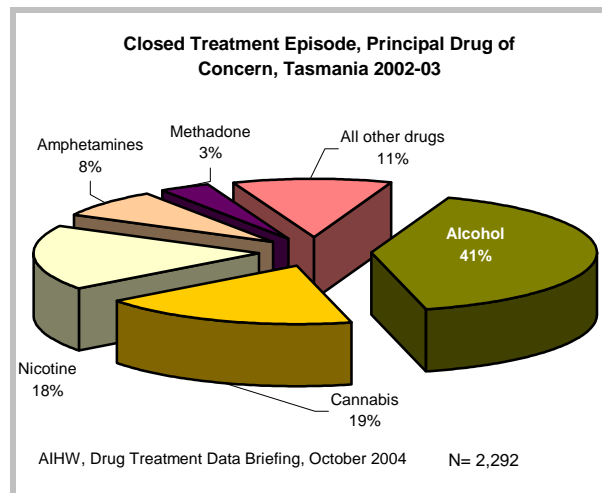
Adult per capita pure alcohol consumption is another indicator of alcohol caused morbidity and mortality. Jurisdictional estimates for 1995/96 show that Tasmania consumed 8.7 litres of pure alcohol per capita, the third lowest consumption rate nationally. Most jurisdictions, including Tasmania, ceased collecting wholesale alcohol sales data after 1996.

Estimated Adult per Capita Consumption of Pure Alcohol (litres), 1995/96



Alcohol Treatment Services

In Tasmania, alcohol was the most common principal drug of concern for drug treatment services, making up 41% of all closed treatment episodes during 2002-2003. For Australia, the proportion was 38% during this period of time.



Of all closed treatment episodes for alcohol, the largest proportion involved clients aged between 20 and 49 years. Treatment involved more males (44%) than females (36%).

