

Tasmanian Alcohol Trends 2008

Fact Sheet

Alcohol as a Risk Factor

Alcohol is a risk factor for a wide range of short and long term social and health problems including injuries, assaults, car accidents, liver cirrhosis, strokes, and some cancers. The International Agency for Research on Cancer (IARC) has recognised alcohol as a Group I carcinogen (highest rating) for cancers of the mouth, pharynx, larynx, and oesophagus since 1988.¹

The data presented here have been selected based partly on availability and do not represent the full burden of disease from alcohol related harms.

Alcohol Related Mortality and Morbidity

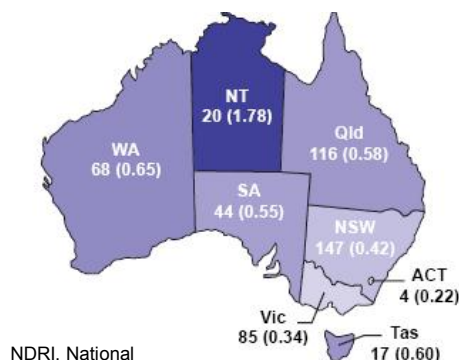
Data for deaths caused by alcohol consumption for young people 15-24 years are available from the National Drug Research Institute. Tasmania's rates are the third highest at 1.2 per 10,000 population.

Estimated Number of Deaths Attributed to Alcohol, 15-24 Years by Jurisdiction, 1993-2002 (per 10,000)

NDRI, National Alcohol Indicators, November 2004

Data are also available for under-age drinkers. From 1993 to 2002, an estimated 0.60 per 10,000 Tasmanians aged 14-17 years died as a result of injury or disease caused by alcohol consumption, the third highest rate of all jurisdictions.

Estimated Number of Deaths Attributed to Alcohol, 14-17 Years by Jurisdiction, 1993-2002 (per 10,000)



NDRI, National Alcohol Indicators, November 2004

According to the Department of Infrastructure, Energy and Resources, alcohol, excessive speed, inattentiveness, and inexperience are the leading crash factors resulting in serious casualties. Tasmanian road crash statistics show an increase in serious casualties involving alcohol as a crash factor from 19.2% in 2006 to 23.5% in 2007 (not statistically significant).

Serious Casualties* Involving Alcohol as a Crash Factor, Tasmania, 2006 and 2007

	2006	2007
Number of casualties	369	379
Number involving alcohol	71	89
% involving alcohol	19.2%	23.5%

*fatalities and serious injuries (hospitalised for 24 hours or more)
Department of Infrastructure, Energy, and Resources, Tasmanian Serious Casualties, 2006, 2007

Alcohol related car crashes are more prevalent among young people. In 2007, alcohol was implicated in 41 serious casualties (31.1%) involving drivers aged 17-29 years. Of these 41 casualties, the majority (51%) involved young people less than 21 years of age.

Serious Casualties* Involving Alcohol as a Crash Factor, Aged 17-29 Years, Tasmania, 2007

	2007
Number of casualties	132
Number involving alcohol	41
% involving alcohol	31.1%

*fatalities and serious injuries (hospitalised for 24 hours or more)
Department of Infrastructure, Energy, and Resources, Tasmanian Serious Casualties 2007

¹ WHO, IARC Monograph on the Evaluation of Carcinogenic Risks to Humans, Vol.44, Alcohol Drinking, 1988

Alcohol Consumption Levels and Trends

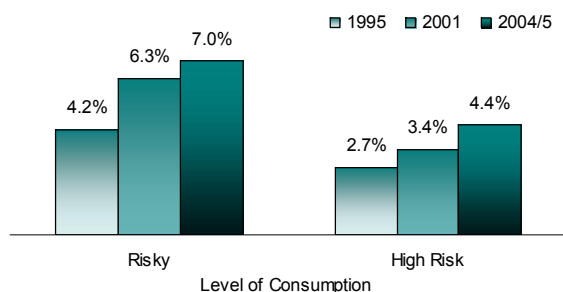
Both the level and pattern of alcohol consumption are reliable indicators of alcohol-related health problems. Measures of risky or high-risk consumption levels are defined by the National Health and Medical Research Council's *Australian Alcohol Guidelines*.

The 2001 guidelines state that the consumption of five or seven or more standard drinks on any one day constitutes short term harm for females and males respectively. Long term harm is linked to the regular consumption of two or four or more standard drinks for females and males respectively. The 2001 Guidelines are currently under review, with more conservative consumption levels suggested in the revised 2008 draft guidelines.

Long Term Harm

The prevalence of alcohol consumption at levels risky to health in the long term has increased since 1995. Risky and high risk consumption increased by 65% from 6.9% in 1995 to 11.4% in 2004/5, but this difference is not statistically significant.

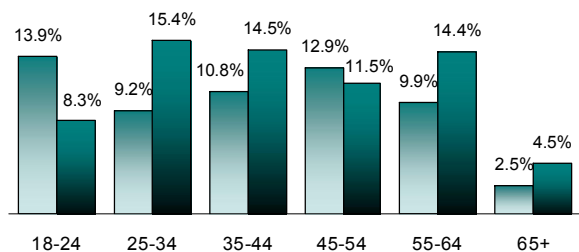
Risky/High Risk Alcohol Consumption Levels Causing Long Term Harm, Tasmania, 1995-2004/5



ABS, National Health Surveys, 1995, 2001, 2004/5

Risky and high risk consumption of alcohol causing long term harm has increased for most age groups since 2001. For those aged 35-44 years, the increase from 10.8% to 14.5% was statistically significant.

Risky/High Risk Alcohol Consumption Levels Causing Long Term Harm by Age, Tasmania, 2001 and 2004/5

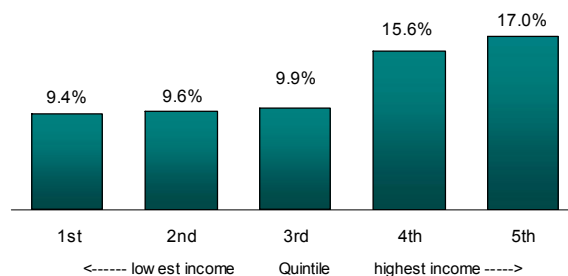


ABS, National Health Surveys, 2001, 2004/5

Risky and high risk alcohol consumption causing long term harm is more prevalent among higher income groups. Of all Tasmanians with the highest household income, 17% are drinking at levels harmful to long

term health, compared to 9.4% of Tasmanians with the lowest household income.

Risky/High Risk Alcohol Consumption Causing Long Term Harm by Household Income Quintiles, 18 Years and Over, Tasmania 2004/5



ABS, National Health Survey 2004/5, CURF

Short Term Harm

Alcohol consumption at levels causing risk of short term harm is higher in Tasmania than Australia, but lower in 2007 than in 2004.

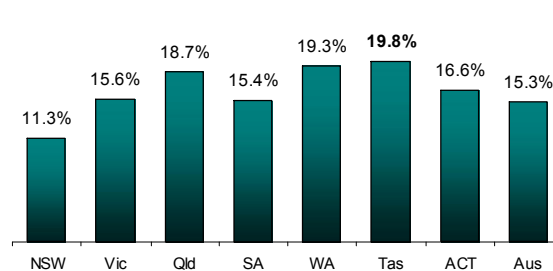
Alcohol Consumption Levels Causing Risk of Short Term Harm* at Least Monthly, 14 Years and Over, Tasmania and Australia, 2001-2007



* consumption of 7 (males) or 5 (females) or more standard drinks on one occasion; AIHW, National Drug Strategy Household Survey, State and Territory Supplement, 200, 2004, 2007

Tasmania has the highest proportion of young people aged 18-24 years of all states and territories who drink alcohol at risky or high risk levels causing short term harm (19.8%).

Risky/High Risk Alcohol Consumption Causing Short Term Harm by Jurisdiction, Age 18-24 Years, 2004/5

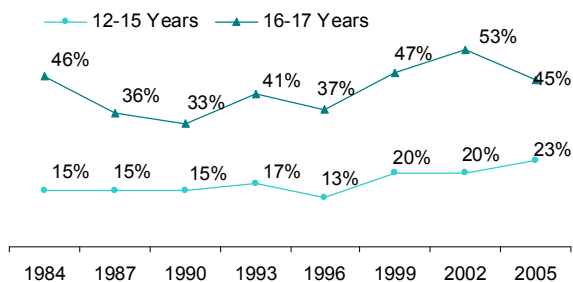


ABS, Australian Social Trends, 2008 (Media Release 23/07/08)

The proportion of Tasmanian secondary students at risk of short term harm from excessive alcohol consumption has increased over the last 20 years for

students aged 12-15 years, but has remained relatively unchanged for older students aged 16-17 years.

Proportion of Secondary School Students who are Current Drinkers and Consume Alcohol at Risk of Short Term Harm, 1984-2005



Centre for Behavioural Research in Cancer, The Use of Alcohol, Over the Counter Substances and Illicit Substances among Tasmanian Secondary School Students in 2005 and Trends over Time, 2006, (ASSAD Survey)

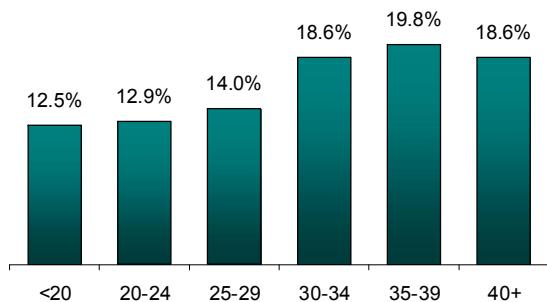
Alcohol and Pregnancy

Alcohol can cause problems in pregnancy such as bleeding, miscarriage, stillbirth and premature birth among other problems.

As it is not clear whether there is a safe level of alcohol consumption during pregnancy, the World Health Organisation suggests complete abstinence from alcohol during pregnancy as the safest approach.

The Perinatal Database shows that overall 15.9% of Tasmanian women consumed alcohol while pregnant in 2006. Analysis by age shows an increase in the frequency of alcohol consumption by maternal age. The prevalence of alcohol consumption during pregnancy is higher for women 30 years and over.

Alcohol Consumption during Pregnancy by Age, Tasmania 2006



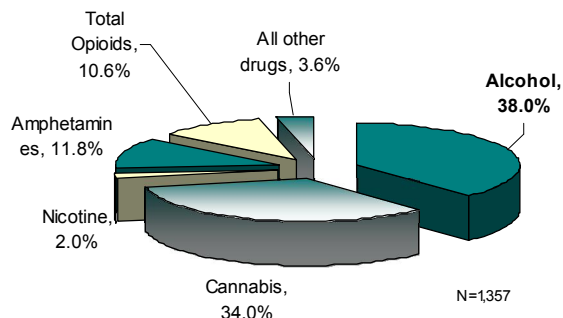
Perinatal Database, Tasmania

Alcohol Treatment Services

The annual report on *Alcohol and Other Drug Treatment Services in Australia* presents Tasmanian data on alcohol and other drug treatment services and their clients, including information about the drug problems for which treatment is sought and the types of treatment received.

In Tasmania, alcohol was the most common principal drug of concern for which treatment was sought, accounting for 38% (515 of 1,357) of all treatment episodes in 2005-06. Of all alcohol treatment episodes, the majority (61%) were for male clients. The median age of clients receiving treatment was 33 years.

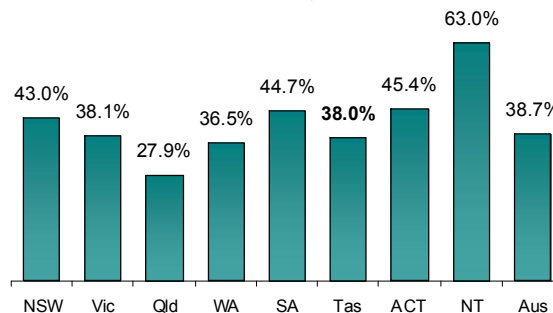
Closed Treatment Episodes*, Principal Drug of Concern, Tasmania 2005-06



*period of contact between client and treatment agency; AIHW, Alcohol and other Drug Treatment Services in Tasmania, 2005-06

Alcohol was the most common principal drug of concern reported by clients in all jurisdictions except Queensland.

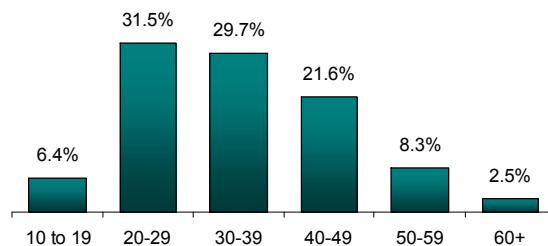
Closed Treatment Episodes* for Alcohol by Jurisdiction, 2005-06



*period of contact between client and treatment agency; AIHW, Alcohol and other Drug Treatment Services in Tasmania, 2005-06

Of all closed treatment episodes for alcohol as a principal drug of concern, the largest proportion of clients were aged between 20 and 49 years.

Closed Treatment Episodes* for Alcohol as a Principal Drug of Concern by Age of Clients, Tasmania 2005-06



*period of contact between client and treatment agency; AIHW, Alcohol and other Drug Treatment Services in Tasmania, 2005-06

Alcohol Sales and License Trends

Most jurisdictions, including Tasmania, ceased collecting wholesale alcohol sales data after 1996. Data used to estimate apparent per capita consumption in Australia show relatively stable per capita consumption over the last few years.

Apparent per Capita Consumption of Alcohol, 15 Years and over, Australia 2004-2007

	litres consumed per person		
	2004-05	2005-06	2006-07
Beer	4.57	4.56	4.57
Wine	3.13	3.12	3.05
Spirits	1.21	1.17	1.18
Ready to Drink*	0.94	1.02	1.08
Total	9.85	9.87	9.88

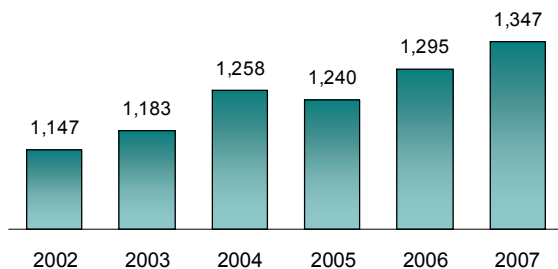
* Ready to Drink pre-mixed products include spirit based, wine based, and other based products

ABS, Apparent Consumption of Alcohol, Australia, 2006-07 (Reissue), 4307.0.55.001, April 2008

Licence Trends

The total number of licences on issue in any one financial year in Tasmania has increased by just over 17% since 2002. There are five different types of liquor licences available. The greatest single year increase in the number of total licences occurred from 2003 to 2004.

Number of Liquor Licences on Issue at the End of each Financial Year, Tasmania, 2002-07



Department of Treasury and Finance, July 2008