

# Tasmanian Alcohol Data and Trends Report 2016

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## **Abbreviations**

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
ASSAD	Australian Secondary School Alcohol and Drug Survey
DHHS	Department of Health and Human Services
ED	Emergency Department
ICD	International classification of disease
NATSIHS	National Aboriginal and Torres Strait Islander Health Survey
NDSHS	National Drug Strategy Household Survey
NHMRC	National Health and Medical Research Council

# I Introduction

Many Tasmanians drink at levels that increase their risk of alcohol-related harm. This includes a wide range of harms to an individual drinker, those around the individual drinker, and communities and society as a whole. Alcohol is a causal factor in more than 200 disease and injury conditions, including short-term and long-term harm.<sup>1</sup> Alcohol-attributable cancer, liver cirrhosis and injury together make up most of the burden of alcohol-attributable mortality.<sup>2</sup>

In Australia, alcohol results in hospitalisation of about 430 people a day (157 132 a year) and kills about 15 people a day (5 554 a year).<sup>3</sup> It is also responsible for 5.1 per cent of the overall disease burden<sup>4</sup> and cost the Australian community around \$15.3 billion in 2004-05.<sup>5</sup> The most recent estimates of alcohol consumption show Tasmanians drink alcohol at levels above the national average,<sup>6</sup> which causes a large burden from alcohol harms on the Tasmanian population.

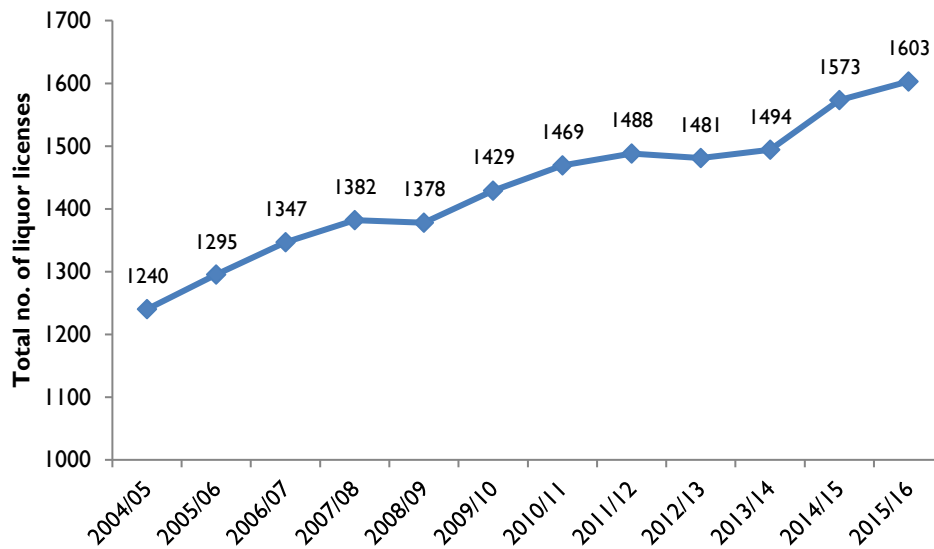
This report brings together and summarises the latest data on the availability of alcohol, alcohol consumption patterns, alcohol-related harm in Tasmania and trends over time. The indicators used in this report are described in Table I.

**Table I: Indicators and data sources for alcohol availability, alcohol consumption, and alcohol-related harm in Tasmania**

	INDICATOR	DATA SOURCE
<b>Alcohol Availability</b>	Number of liquor licenses	Department of Treasury and Finance
<b>Alcohol Consumption</b>	National per capita alcohol consumption	Australian Bureau of Statistics (ABS)
	Prevalence of risky drinking consumption	National Health Survey/Australian Health Survey, ABS National Drug Strategy Household Survey, AIHW Tasmanian Population Health Survey, DHHS Australian School Students Alcohol and Drug Survey (ASSAD) Council of Obstetric & Paediatric Mortality & Morbidity Annual Report
<b>Alcohol-related Harm</b>	Alcohol specific treatment services	Alcohol and Other Drug Treatment Services- National Minimum Data Set (AIHW)
	Alcohol-related ambulance attendances	Turning Point, VIC
	Alcohol-related emergency department presentations	Department of Health and Human Services
	Alcohol-related hospitalisations	Department of Health and Human Services
	Alcohol-related deaths	Department of Health and Human Services
	Drink driving offences	Department of Police and Emergency Management
	Road fatalities and serious injuries involving alcohol	Department of State Growth
	Family violence incidents involving alcohol	Department of Police and Emergency Management

## 2 Alcohol Availability

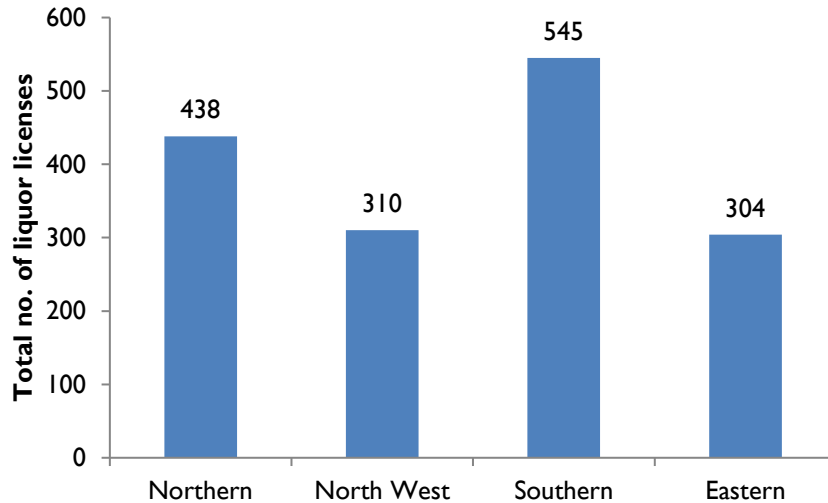
In the 2015-2016 financial year there were 1 603 liquor licenses for the sale of alcohol in Tasmania. This is an increase by 22.6 per cent since 2004-05 (Figure 1).<sup>7</sup>



**Figure 1: Total number of annual liquor licences issued, Tasmania, 2002-2015.**

Source: Department of Treasury and Finance. Licensed premises in Tasmania<sup>7</sup>

Most liquor licenses are in the Southern police district (34 per cent) followed by the Northern (27 per cent) and then the North-West (19 per cent) and Eastern (19 per cent) (Figure 2).



**Figure 2: Number of liquor licences by police district, Tasmania, 2016**

Source: Department of Treasury and Finance. Licensed premises in Tasmania

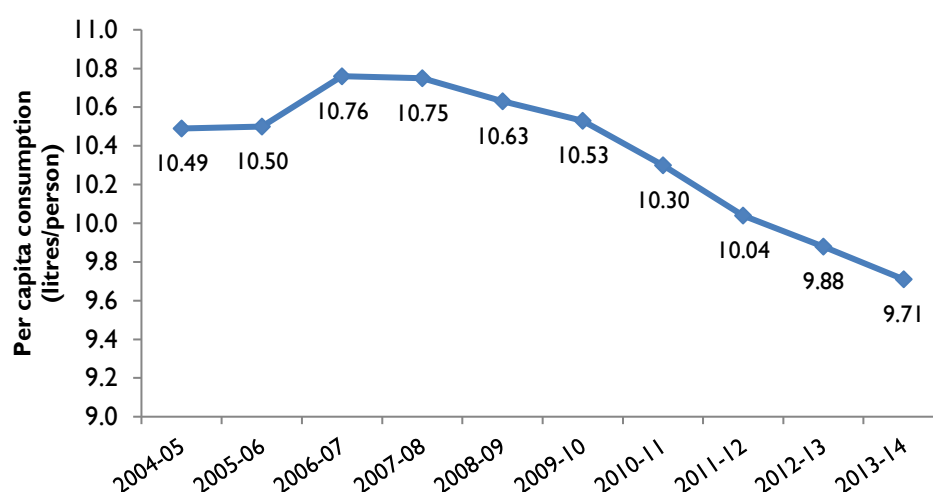
### 3 Alcohol Consumption

Alcohol sales data is recognised by World Health Organization as the best method for collecting per capita consumption.

Although not previously available for Tasmania, wholesale sales data will be collected in Tasmania from 2017 as part of the *Liquor Licensing Act Amendment (2015)*.<sup>8</sup>

Data is available nationally based on excise, import and sales data.<sup>6</sup> The national total consumption of alcohol was reported as 9.71 litres per person aged 15 years and over in 2013-14.

This is an average of 2.1 standard drinks a day per person aged 15 and over.<sup>6</sup> There has been a gradual decrease in per capita consumption since 2006-07 when 10.76 litres a person was consumed (Figure 3).



**Figure 3: Per capita consumption of pure alcohol, 15 years and over, Australia 2004-2014 (litres per person).**

Source: Based on Australian Bureau of Statistics material, *Apparent Consumption of Alcohol, Australia 2013-14* <sup>6</sup>

Overall beer contributed 41.3 per cent, wine 37.5 per cent, spirits 12.6 per cent, Ready to Drink (premixed beverages) 6.3 per cent and cider 2.2 per cent of alcohol consumed.

#### 3.1 Prevalence of Risky Alcohol Consumption

The National Health and Medical Research Council (NHMRC) 2009 *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* provides advice for Australians on drinking levels that lower the risk of alcohol-related harm.<sup>9</sup>

There are four guidelines: two for healthy adult men and women, one for children and young people under the age of 18 years and one for women who are pregnant, planning a pregnancy or breastfeeding (Table 2).

**Table 2: NHMRC Alcohol Guidelines, 2009** <sup>9</sup>

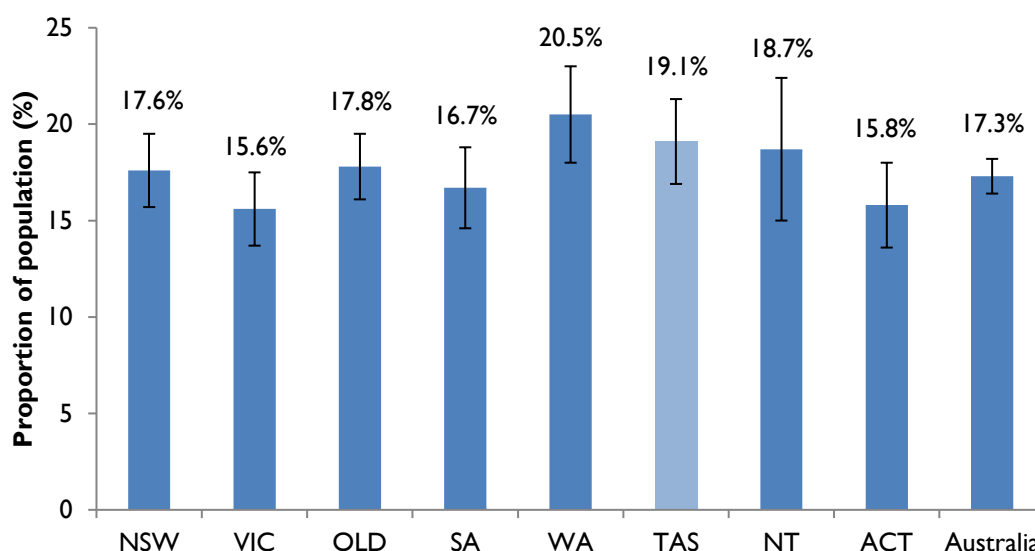
<b>Guideline 1</b>	<b>Lifetime Risk</b> Reducing the risk of alcohol-related harm over a lifetime	For healthy men and women, drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.
<b>Guideline 2</b>	<b>Single Occasion Risk</b> Reducing the risk of injury on a single occasion of drinking	For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.
<b>Guideline 3</b>	<b>Children and Young People aged under 18 years</b>	For children and young people aged under 18 years, not drinking alcohol is the safest option with those under the age of 15 years at the greatest risk of harm.
<b>Guideline 4</b>	<b>Pregnancy and breastfeeding</b>	For women who are pregnant, planning a pregnancy or breastfeeding, not drinking is the safest option.

### 3.1.1 Lifetime Risk

The *National Health Survey 2014-15* provides data on alcohol consumption based on the NHMRC guidelines and shows nationally 17.4 per cent of adults aged 18 and over drank more than two standard drinks on average, exceeding the lifetime risk guideline.

Overall, there was a decrease from 2011-12 when 19.5 per cent exceeded the guideline. In men, around one in four exceeded the lifetime risk guideline, whereas for women it was one in 10.<sup>10</sup>

In 2014-15, Tasmania had the second highest age-standardised proportion of adults exceeding the lifetime risk guideline at 19.1 per cent – exceeding the Australian average (Figure 4). This has decreased since 2011-12 when 22.7 per cent exceeded this guideline.<sup>10</sup>



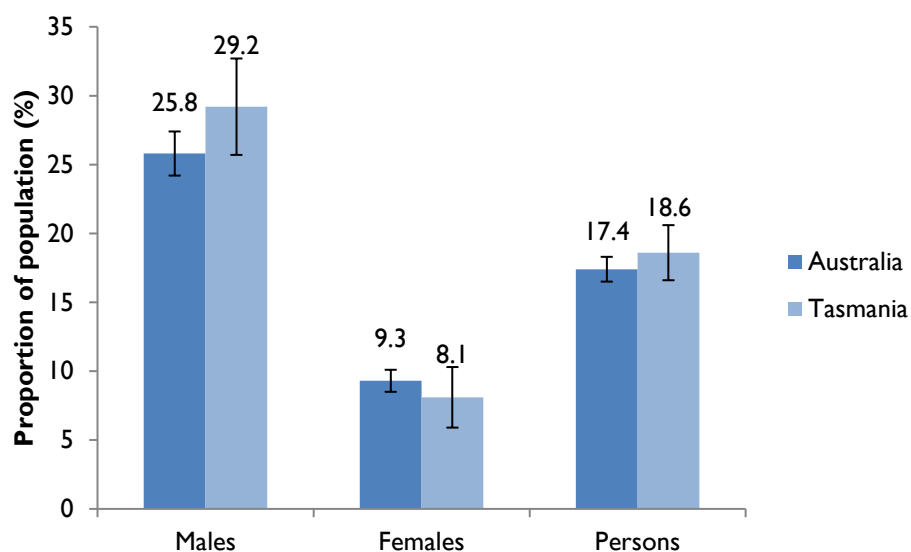
**Figure 4: Alcohol consumption exceeding lifetime risk NHMRC 2009 guidelines by jurisdiction 2014-15 (age standardised)**

Source: Based on Australian Bureau of Statistics material, *Australian Health Survey First Results, 2014-15* <sup>10</sup>



Overall, males are more likely than females to experience lifetime risk from alcohol consumption (Figure 5). There are more Tasmanian males at a lifetime risk at 29.2 per cent than nationally (25.8 per cent).

For Tasmanian females the rate is similar to the national rate (8.1 per cent and 9.3 per cent respectively).<sup>10</sup>



**Figure 5: Alcohol consumption exceeding lifetime risk by gender, 18 years and over, Tasmania and Australia 2014-15.**

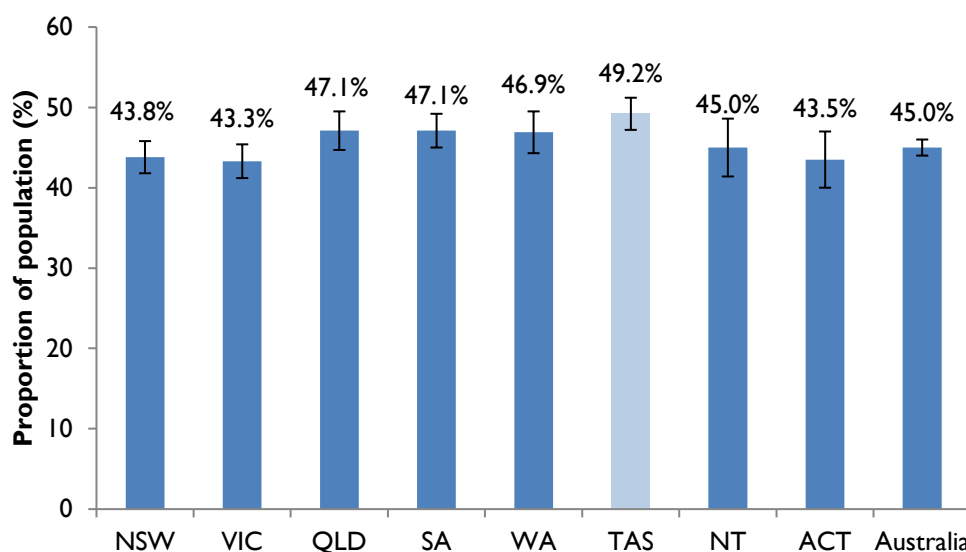
Source: Based on Australian Bureau of Statistics material, Australian Health Survey First Results, 2014-15<sup>10</sup>

The Tasmanian Population Health Survey 2016, which sampled 6 300 Tasmanians aged 18 years and over, found 20.8 per cent drank more than two standard drinks a day either daily or weekly and, so were at lifetime adult risk of harm from alcohol.

Among males the proportion was 28.5 per cent and among females 13.3 per cent.<sup>11</sup>

### 3.1.2 Single Occasion Risk

Almost half of Tasmanian adults drank alcohol on at least one occasion to risky levels for acute harms in 2014-15, similar to 2011-12 (48.9 per cent). Tasmania now has the highest proportion of all jurisdictions and a rate statistically significantly higher than the national level (45 per cent) (Figure 6).



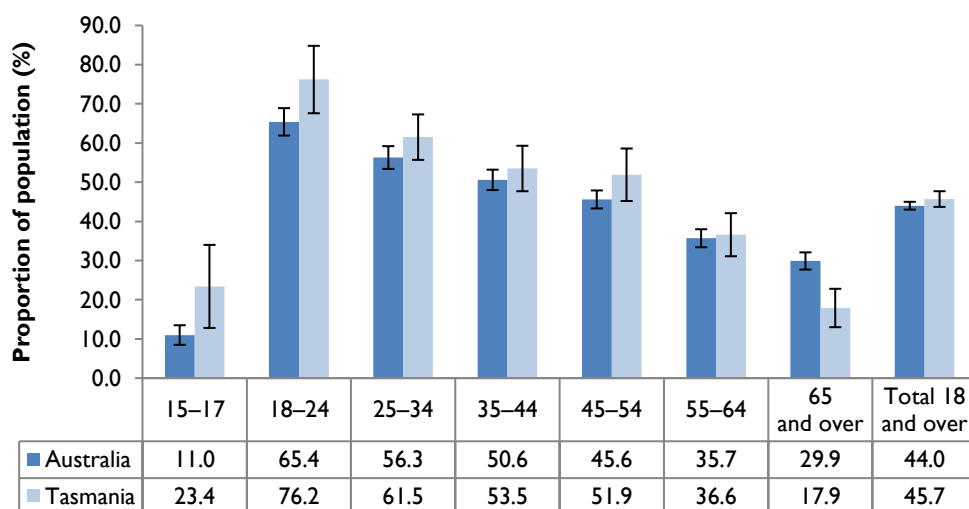
**Figure 6: Alcohol consumption exceeding single occasion risk, 18 years and over, by jurisdiction, 2014-15 (age standardised).**

Source: Based on Australian Bureau of Statistics material, Australian Health Survey First Results, 2014-15<sup>10</sup>

Single occasion risky drinking is most prevalent in the 18-24 year age group, with a steady decline as age increases (Figure 7). In 2014-15, 76.2 per cent of Tasmanian young people aged 18-24 years of age were drinking at levels that put them at risk of short term alcohol related harm.

In all but the over 65 years age group, estimates were higher for Tasmania than nationally; however, only the differences for the 15-17, 18-24 and 65 years and over age groups were statistically significant.

These numbers have decreased slightly since 2011-12 when 82.3 per cent of 18-24-years-olds were at short term risk.<sup>10</sup>

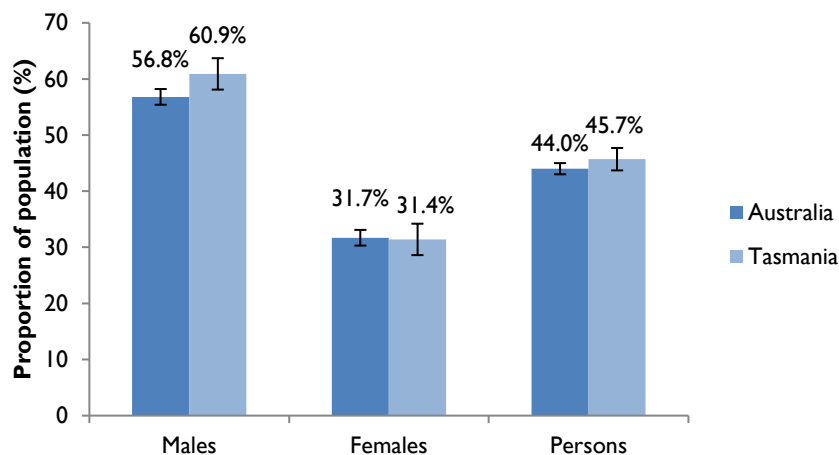


**Figure 7: Alcohol consumption exceeding single occasion risk by age, Tasmania and Australia 2014-15.**

Source: Based on Australian Bureau of Statistics material, Australian Health Survey First Results, 2014-15<sup>10</sup>

As with lifetime risk, men are significantly more likely than women to drink alcohol exceeding the single occasion guidelines at a national and Tasmanian level (Figure 8).

Specifically, 60.9 per cent of Tasmanian men aged 18 and over exceed the single occasion drinking guidelines compared to 31.4 per cent of women. This proportion has decreased from 65.4 per cent in 2011-12 but is still significantly greater than the national level at 56.8 per cent.



**Figure 8: Alcohol consumed exceeding single occasion risk by gender, 18 years and over, Tasmania and Australia 2014-15.**

Source: Based on Australian Bureau of Statistics material, *Australian Health Survey First Results, 2014-15*<sup>10</sup>

The Tasmanian Population Health Survey 2016 reported 57 per cent of Tasmanian males aged 18 and over were at risk of single occasion harm, with 24.8 per cent consuming greater than four standard drinks on a single occasion at least yearly and 32.1 per cent at least monthly.

For females, 33.2 per cent are at risk of single occasion harm overall, with 19.5 per cent drinking more than four standard drinks on a single occasion at least monthly and 19.5 per cent at least yearly.<sup>11</sup>

## 3.2 Alcohol Consumption in Population Subgroups

### 3.2.1 Young People

The latest Australian School Students Alcohol and Drug Survey (ASSAD) in 2014 shows that experience with alcohol increases with age, with ever use increasing from 58 per cent of 12 to 13-year-olds to 95 per cent of 17-year-olds.<sup>12</sup>

The NHMRC (2009) guidelines state for children and young people under 18 years of age, not drinking alcohol is the safest option.

However, if the adult guidelines for 'risky single occasion drinking' are applied to this age group, then drinking that exceeds this recommendation increased significantly with age from two per cent of 12 to 15-year-olds to 13 per cent of 16 to 17-year-olds.

Among current drinkers, 24 per cent of 12 to 15-year-olds and 39 per cent of 16 to 17-year-olds drank at risk of short term harm (Table 3). Just over 40 per cent of students said it was 'easy' or 'very easy' to access alcohol through friends or from home.<sup>12</sup>

Since the 2008 survey we have seen some encouraging trends. The proportion of 12 to 15-year-olds drinking in their lifetime had decreased from 80 per cent in 2011 to 71 per cent in 2014.

Current drinkers 16 to 17-year-olds drinking at risky levels has also decreased over time (2008: 56 per cent; 2011: 54 per cent; 2014: 39 per cent).<sup>12</sup>

**Table 3: Alcohol use in Secondary School Students, Tasmania, 2008-14**

	12 to 15 year olds			16 to 17 year olds		
	2008	2011	2014	2008	2011	2014
Drank in Lifetime	85**	80**	71	97*	92	93
Drank in past year	67**	52**	43	93**	85	85
Drank in past month	38**	29**	19	71**	64*	54
Drank in past seven days (current drinkers)	21**	16**	10	48**	40	34
Current drinkers who drank at risk of short-term harm	22	23	24	56**	54*	39

\* Significantly different to 2014 at  $p < 0.05$  \*\*Significantly different to 2014 at  $p < 0.01$

Source: Based on data derived from Australian Secondary Students' Alcohol and Drug Survey (ASSAD), Cancer Council Victoria <sup>12</sup>

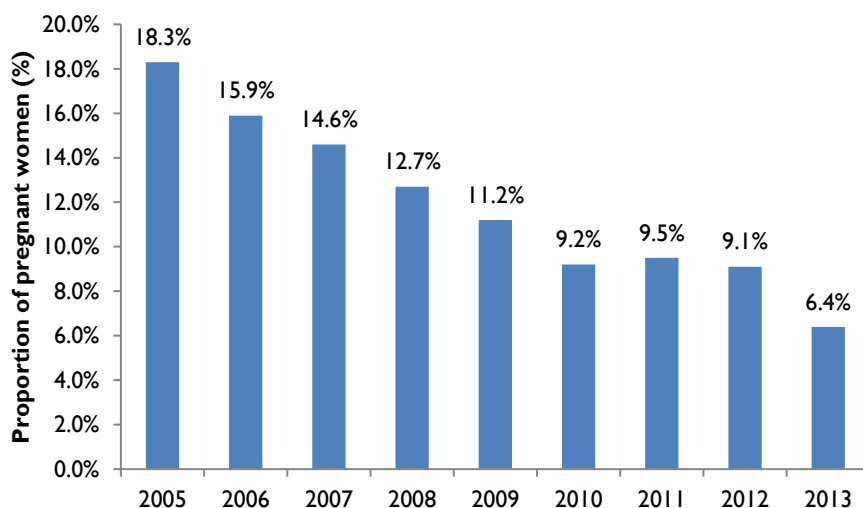
### 3.2.2 Pregnant Women

In Tasmania, women drinking in pregnancy has declined in recent years (Figure 9).

In 2013, 6.4 per cent of Tasmanian women reported they had drunk alcohol during their pregnancy with 5.4 per cent reporting to have had one or fewer standard drinks a day and 0.7 per cent reporting to have had more than one alcoholic drink a day.

In 2005, 18.3 per cent of pregnant women drank. After remaining essentially steady from 2010-2012, a statistically significant decrease was seen between 2012 and 2013 ( $p < 0.001$ ).

Older mothers are more likely to drink alcohol, especially those between 30 and 39 years (8.6 per cent), as are public obstetric patients (7.4 per cent) compared to private (3.6 per cent).<sup>13</sup>



**Figure 9: Self-reported alcohol consumption during pregnancy, Tasmania, 2005-2013**

Source: Based on data derived from Council of Obstetric and Paediatric Mortality and Morbidity, DHHS <sup>13</sup>

However, it is important to note this data is self-reported and with the change in national guidelines and social acceptability of drinking alcohol in pregnancy over this time it is possible reporting bias may also play a role in the decrease.

### 3.2.3 Aboriginal/Torres Strait Islander Population

The *National Drug Strategy Household Survey* (NDSHS)(2013) reported Indigenous Australians aged 14 years or older were more likely not to drink alcohol than non-Indigenous Australians (27.9 per cent compared with 21.7 per cent per cent respectively).

However, among those who did drink, more Indigenous Australians drank at risky levels: 22.7 per cent exceeded the lifetime risk recommendations compared to 18.1 per cent in the non-Indigenous population and 37.8 per cent exceeded the single occasion risk recommendation at least monthly compared to 26.3 per cent in the non-Indigenous population.<sup>14</sup>

Data within Tasmania is limited, but in the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) 2012-13, 17.4 per cent of Tasmanians Indigenous persons aged 18 years and over exceeded the lifetime risk guidelines, while 56.2 per cent exceeded single occasion risk guidelines.<sup>15</sup>

The best comparator comes from the Australian Health Survey 2011-12, in which 22.7 per cent of Tasmanians aged 18 years and over exceeded lifetime risk guidelines and 48.9 per cent exceeded single occasion risk guidelines.<sup>16</sup>

### 3.2.4 People of Culturally and Linguistically Diverse Backgrounds

The *National Health Survey* shows that within Tasmania, people born in Australia and with English spoken as the main language at home have a much higher level of risky alcohol consumption than overseas born and non-English speaking households (Table 4).<sup>10</sup>

**Table 4: Alcohol Consumption by Population Characteristics, Tasmania, 2014-15**

	Country of birth		Main language spoken at home	
	Australia	Overseas	English	Language other than English
<b>Exceeded 2009 NHMRC lifetime risk guidelines</b>	19.9 per cent	12.6 per cent	18.8 per cent	5.3 per cent
<b>Exceeded 2009 NHMRC single occasion risk guidelines</b>	48.9 per cent	27.6 per cent	47.3 per cent	5.1 per cent

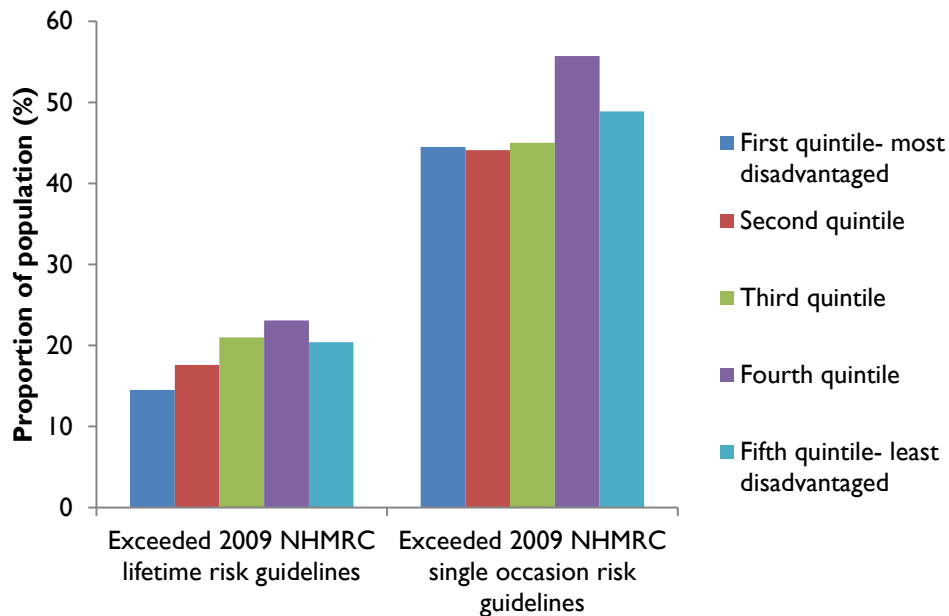
Source: *National Health Survey 2014-15, ABS*<sup>10</sup>

### 3.2.5 Socio-economic Factors

Risky drinking is more prevalent in the higher income quintiles in Tasmania (Figure 10).

The highest level of risky drinking in Tasmania appears to be in the second to least disadvantaged quintile (fourth quintile) according to the Index of Relative Socio-economic Disadvantage.

This equates to 23.1 per cent exceeding lifetime risk and 55.7 per cent exceeding single occasion risk guidelines (Figure 10).

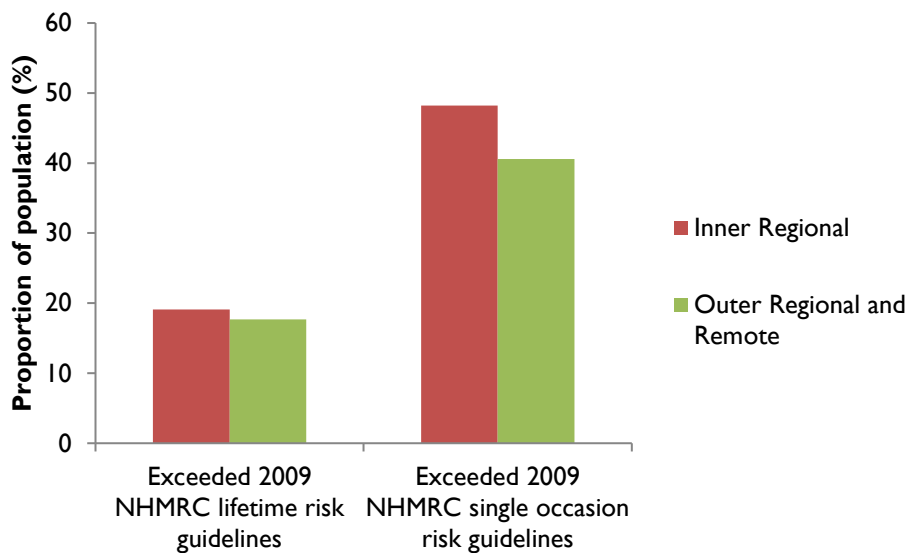


**Figure 10: Alcohol consumption by Index of Relative Socio-Economic Disadvantage, Tasmania**

Source: Based on Australian Bureau of Statistics material, National Health Survey First Results, 2014-15 <sup>10</sup>

### 3.2.6 Geographical Variation within Tasmania

Risky alcohol drinking is also higher, particularly for single occasion risk, in inner regional areas (48.2 per cent) compared to outer regional and remote areas (40.6 per cent) (Figure 11).



**Figure 11: Alcohol consumption by remoteness, Tasmania**

Source: Based on Australian Bureau of Statistics material, National Health Survey First Results, 2014-15 <sup>10</sup>

## 4 Alcohol Related Harms

### 4.1 Alcohol Specific Treatment Services

Alcohol was the principal drug of concern for 40.7 per cent of all clients attending closed treatment episodes for alcohol or drugs in Tasmania in 2014-15, making it the most common drug of concern.

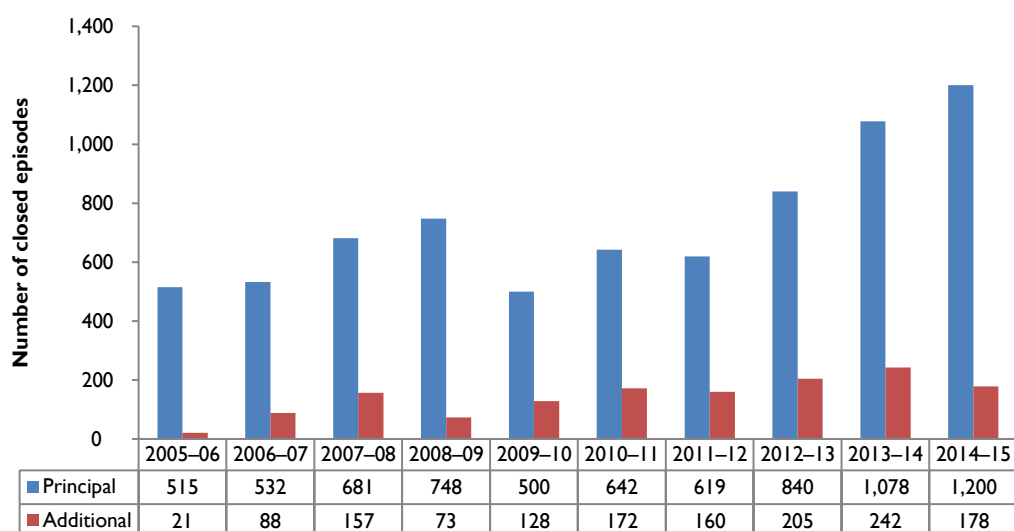
Men accounted for 65.8 per cent of clients and women for 34.2 per cent, while 7.1 per cent of clients were Aboriginal or Torres Straits Islander people.

The most common source of referral was from self or family (43.4 per cent, followed by a health service (40.6 per cent).

Overall 1 200 closed episodes of treatment were provided for own drug use for alcohol as a principal drug of concern and 178 as an additional drug of concern in 2014-15.

This number has steadily risen from 2005-06 to 2014-15, more than doubling over the time period (Figure 12).

This increase is reflected in the overall increase in closed treatment services for all drugs and alcohol.<sup>17</sup>



**Figure 12: Closed treatment episodes provided for alcohol in Tasmania as principal and additional drug of concern, 2005-06 to 2014-15.**

Source: Based on data derived from Australian Institute of Health and welfare, *Alcohol and Other Drug Treatment Services, 2014-15*<sup>17</sup>

### 4.2 Alcohol-related Ambulance Attendances

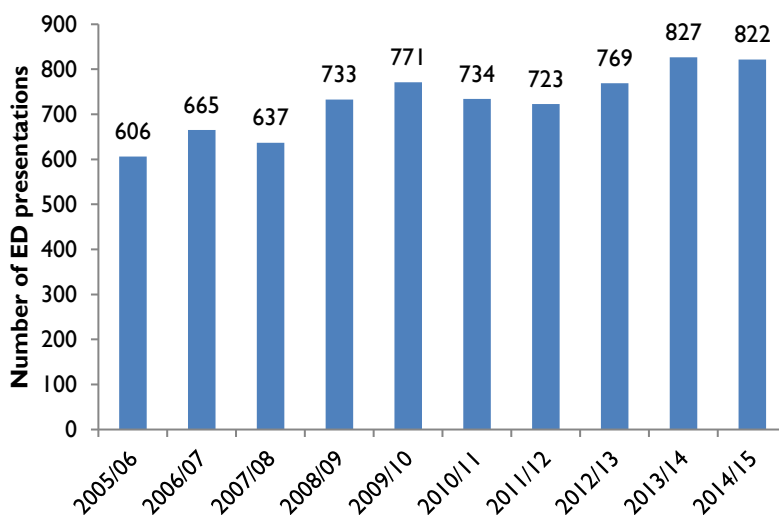
Although no trend data are available, estimates from Turning Point, Victoria, indicate in 2015 there were about 163 alcohol-related ambulance call-outs a month.

Of these, 48.7 per cent were in the metropolitan area and 50.8 per cent were regional; 61 per cent were for men, 13.3 per cent needed police co-attendance and 67.3 per cent resulted in transport to hospital.<sup>18</sup>

### 4.3 Alcohol-related Emergency Department Presentations

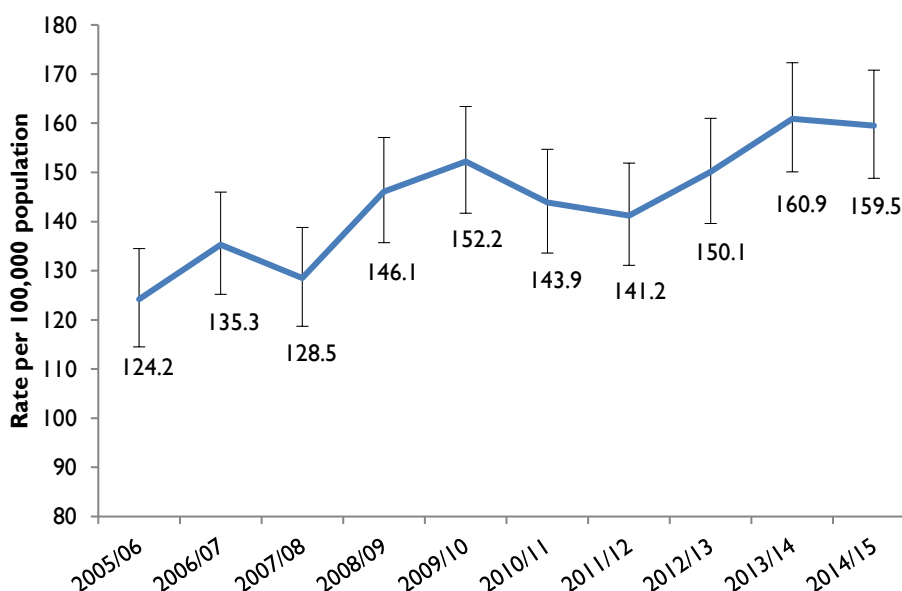
Estimating the true number of Emergency Department (ED) presentations secondary to alcohol-related harm is challenging because presentations are not always coded as alcohol related.

Using a ‘primary diagnosis’ only, it is estimated that 0.5 per cent of all ED presentations in Tasmania are alcohol related, with 822 presentations in 2014-15 financial year (**Figure 13**). The rate per 100 000 population has increased significantly between 2005-06 and 2014-15 (average annual increase of 2.5 per cent [ $p < 0.001$ ]) (**Figure 13**, Figure 14).



**Figure 13: Number of alcohol-related\* Emergency Department presentations, Tasmania, 2005-06 - 2014-15**

\* ICD-10 3 digit codes T51 (Toxic effect of alcohol) or F10 (Mental and behavioural disorders due to use of alcohol) Source: Epidemiology Unit, DHHS, unpublished data, 2016



**Figure 14: Rate of alcohol-related\* Emergency Department presentations per 100 000 population, Tasmania, 2005-06 – 2014-15**

\* ICD-10 3 digit codes T51 (Toxic effect of alcohol) or F10 (Mental and behavioural disorders due to use of alcohol) Source: Epidemiology Unit, DHHS, unpublished data, 2016



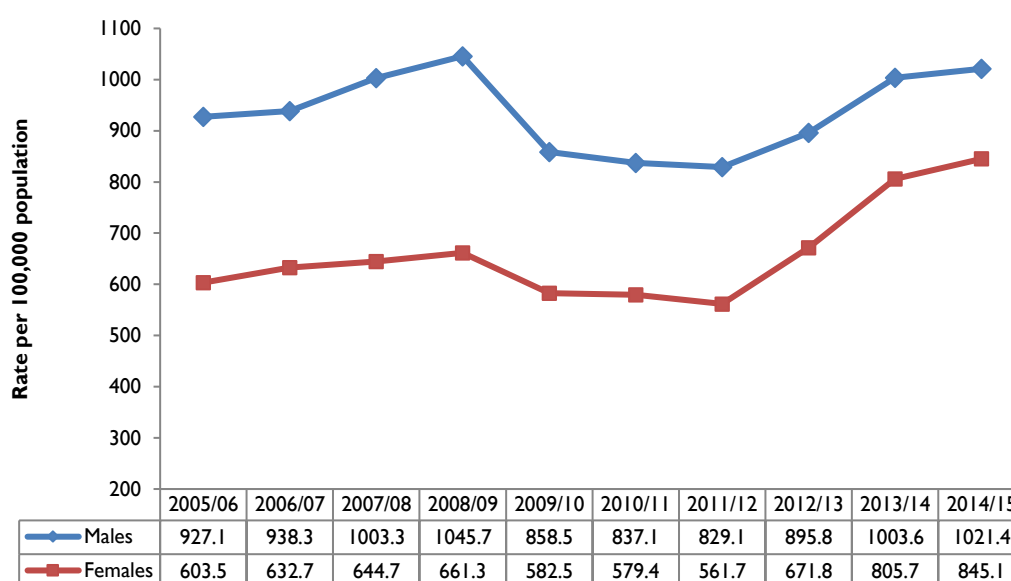
These estimates are likely to be significantly under the true values and national studies in which more detailed assessment occur reveal 8.3 per cent overall and 12 per cent at peak times of ED presentations are alcohol related.<sup>19, 20</sup>

## 4.4 Alcohol-related Hospitalisations

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.

Rates of hospitalisation are significantly higher in males than females in Tasmania, although the gap appears to have narrowed over the last decade, with rates for females increasing at three per cent a year while rates for males have remained fairly stable (Figure 15).

In 2014-15, around 5 210 hospitalisations (2 797 in men and 2 413 in women) were due to alcohol.



**Figure 15: Alcohol-attributable hospitalisations, Tasmania, 2005-06 – 2014-15**

Notes: 1. Rates are age standardised to the Australia 2001 population. 2. Alcohol-attributable hospitalisations were estimated using age and sex-specific aetiological fractions (Collins). 3. Average annual percentage change for males: 0.08 per cent ( $p=0.715$ ); for females: 3.0 per cent. Source: Epidemiology Unit, DHHS

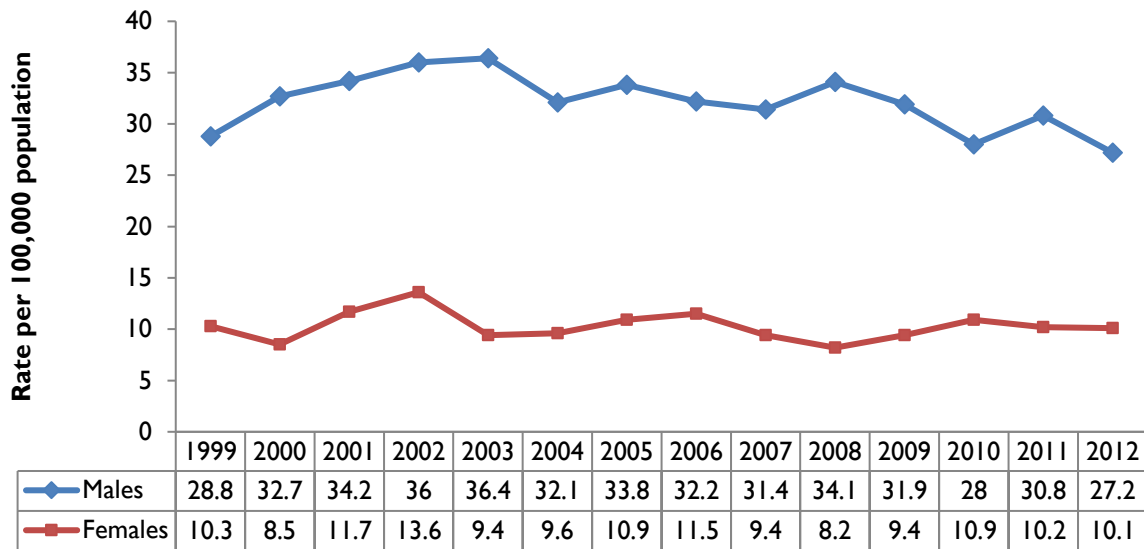
Another estimate of hospitalisations comes from *Alcohol's burden of disease in Australia*, which estimates 2 636 hospitalisations occurred secondary to alcohol in 2010, or about seven a day in Tasmania.<sup>3</sup>

## 4.5 Alcohol-related Deaths

Alcohol-related deaths in Tasmania are calculated using a similar method to the hospitalisations described above. Between 2008 and 2012 there were 575 deaths due to alcohol (average of 114.8 a year).

Males have a significantly higher rate than females, with a rate of 27.2 per 100 000 population in 2012 compared to 10.1 per 100 000 respectively (Figure 16).

Rates have not changed significantly over the past decade.



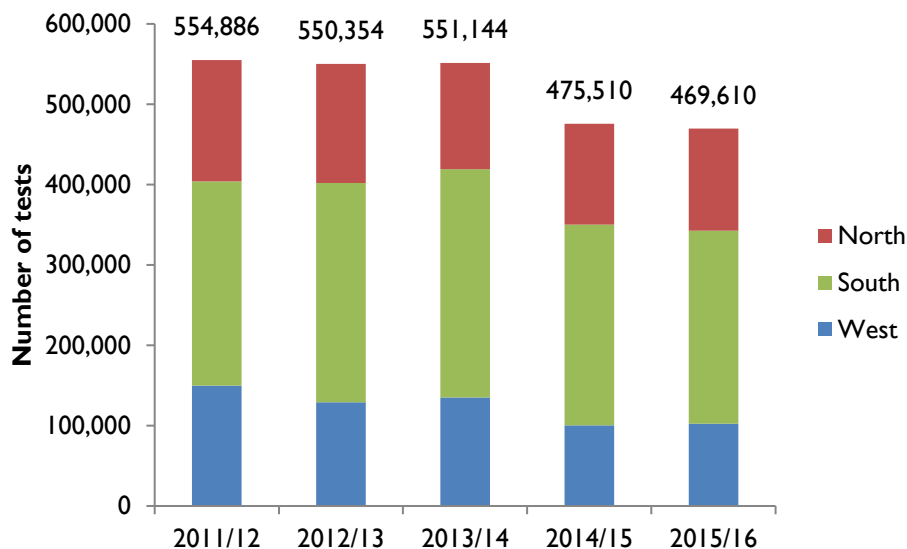
**Figure 16: Alcohol-attributable deaths, Tasmania, 1999-2012**

Notes: 1. Rates are age standardised to the Australia 2001 population. 2. Alcohol-attributable hospitalisations were estimated using age and sex-specific aetiological fractions (Collins) 3. Average annual percentage change: for males: -1.0 per cent ( $p=0.176$ ); for females: -0.6 per cent ( $p=0.669$ ). Source: Epidemiology Unit, DHHS

Another estimate of deaths comes from *Alcohol's burden of disease in Australia*, which estimates that 155 deaths occurred in 2010 in Tasmania due to alcohol.<sup>3</sup>

## 4.6 Drink Driving Offences

Tasmania Police conducted 469 610 random breath tests in 2015-16 of which 51 per cent were in the South, 27 per cent in the North, and 21 per cent in the West.



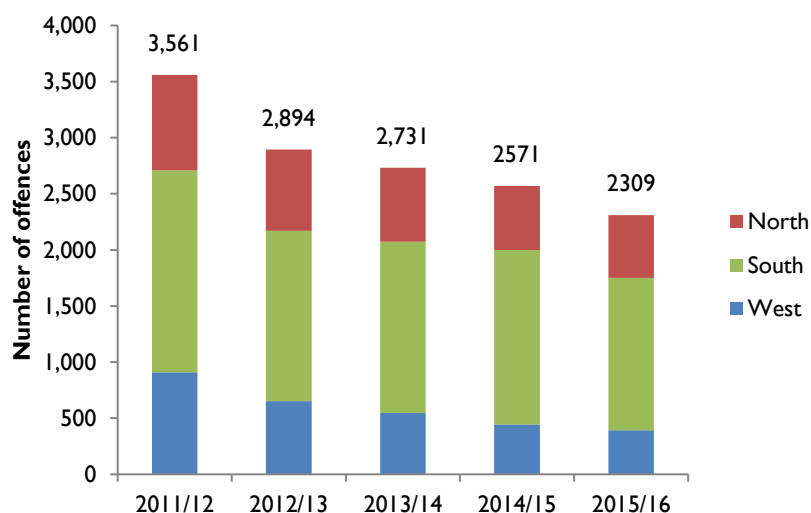
**Figure 17: Number of random breath tests by police district, Tasmania, 2011-12 – 2015-16**

Source: Based on data derived from Department of Police and Emergency Management, Tasmania Police Corporate Performance Reports

Tasmania Police charged 2 309 people with drink driving offences in 2015-16.<sup>21</sup> The highest number of offences was in the South (58.8 per cent), with 24 per cent in the North and 17 per cent in the West.

Based on these figures, the proportion of people breathalysed charged with drink driving offences was 0.49 per cent in 2015-16.

This rate has decreased marginally since 2011-12 when 0.64 per cent of people breathalysed were charged with drink driving offences.



**Figure 18: Number of drink driving offences by police district, Tasmania, 2011-12 – 2015-16**

Source: Based on data derived from Department of Police and Emergency Management, Tasmania Police Corporate Performance Reports<sup>21</sup>

## 4.7 Road Fatalities and Serious Injuries Involving Alcohol

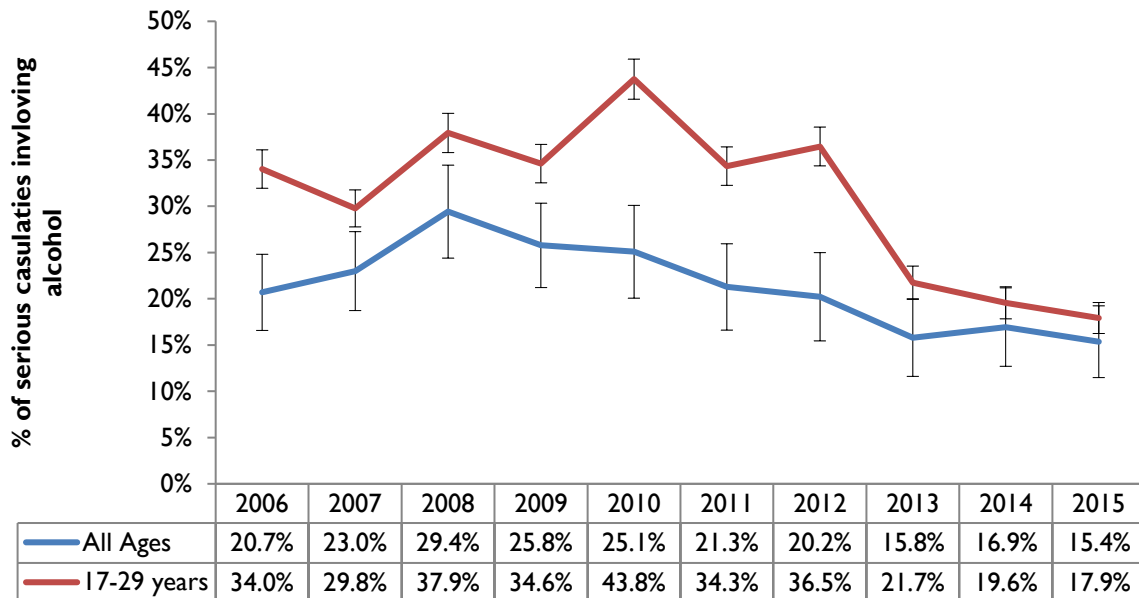
In 2015, 332 motor vehicle crashes caused a serious casualty, including fatalities (n=34) and serious injuries needing hospitalisation for 24 hours or more (n=298).

Of these, 51 (15.4 per cent) involved alcohol (7/34 fatalities; 44/298 serious injuries).<sup>22</sup>

Among 17 to 29-year-olds, 17.9 per cent of serious casualties involved alcohol.

There has been a statistically significant ( $p < 0.001$ ) downward trend in the likelihood of serious casualties involving alcohol for all ages of 11.6 per cent a year on average between 2008 and 2015.

For 17 to 29-year-olds, a statistically significant decrease of 23.5 per cent a year on average was observed between 2010 and 2015 (Figure 19).



**Figure 19: Proportion of serious casualties\* involving alcohol as a crash factor, Tasmania, 2006-15**

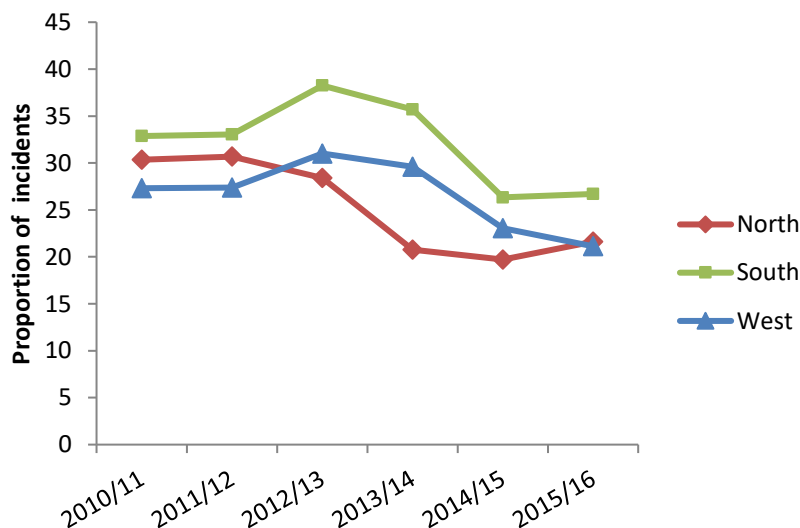
\*includes fatalities and serious injuries (hospitalised for 24 hours or more). Source: Epidemiology Unit, DHHS, using data derived from Department of State Growth, Crash Data Manager

## 4.8 Family Violence Incidents Involving Alcohol

In 2015-16, police attended 761 (23.9 per cent) family violence incidents where the offender was affected by alcohol and 220 (8.4 per cent) where the victim was affected by alcohol, from 3 174 incidents.<sup>23</sup>

The highest proportion of incidents where the offender was affected by alcohol was in the South (26.7 per cent) and the lowest in the West (21.1 per cent).

The number of family violence incidents where the offender was affected by alcohol has decreased since 2010-11 when there were 825 incidents, representing 30.8 per cent of the total (Figure 20).



**Figure 20: Percentage of family violence incidents where the offender was affected by alcohol by Police district, 2010-11 – 2015-16**

Source: Based on data derived from Department of Police and Emergency Management, Tasmania Police Corporate Performance Reports

## Summary of Trends over Time

Overall, the following trends have been observed with regards to alcohol availability and consumption in Tasmania:

- Alcohol availability has increased with a 22.6 per cent increase in liquor licenses since 2004-05.<sup>7</sup>
- Nationally, alcohol consumption has decreased from 10.76 litres of pure alcohol per person in 2006-07 to 9.71 litres of pure alcohol per person in 2013-14 (no Tasmanian specific data available).<sup>6</sup>
- Tasmanian adults drinking at levels exceeding the lifetime risk guideline has decreased from 22.7 per cent in 2011-12 to 19.1 per cent in 2014-15.<sup>10</sup>
- Tasmanian adults aged 18-24 years drinking at levels exceeding the single occasion risk guideline has decreased from 82.3 per cent in 2011-12 to 76.2 per cent in 2014-15.<sup>10</sup>
- Tasmanian men aged 18 years and above drinking at levels exceeding the single occasion risk guideline has decreased from 65.4 per cent in 2011-12 to 60.9 per cent in 2014-15.<sup>10</sup>
- Tasmanians aged 18 years and above drinking at levels exceeding the single occasion risk guideline has remained the same (48.9 per cent in 2011-12 vs 49.2 per cent in 2014-15).<sup>10</sup>
- Tasmanian 12 to 15-year-olds drinking in their lifetime has decreased from 80 per cent in 2011 to 71 per cent in 2014.<sup>12</sup>
- Tasmanian drinkers aged 16 to 17 years drinking at risky levels has decreased from 56 per cent in 2008 to 39 per cent in 2014.<sup>12</sup>
- Women drinking in pregnancy has decreased from 18.3 per cent to 6.4 per cent in 2013.<sup>13</sup>

The following trends have been observed in alcohol-related harms in Tasmania:

- Closed treatment episodes for alcohol as the principal drug of concern have increased from 515 in 2005-06 to 1 200 in 2014-15.<sup>17</sup>
- Alcohol-related emergency department presentations have increased from 606 in 2005-06 to 822 in 2014-15, while the rate has increased from 124 per 100 000 to 160 per 100 000 population.
- Alcohol-related hospitalisations for men has remained stable while for women it has increased from 604 per 100 000 to 845 per 100 000 population.<sup>24</sup>
- Alcohol-related deaths have not changed significantly over the last decade.<sup>24</sup>
- Road fatalities and serious injuries involving alcohol have decreased by 11.6 per cent a year on average for all ages and by 23.6 per cent a year on average for 17 to 29-year-olds between 2010 and 2015.<sup>22</sup>
- Family violence incidents where the offender was affected by alcohol have decreased from 825 (30.8 per cent) in 2010-11 to 761 (23.9 per cent) in 2015-16.<sup>23</sup>

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