

Alcohol-related injuries in Western Australia Position Paper

Commitment:

Injury Matters will continue to advocate for additional measures to be implemented to reduce the incidence of alcohol-related injuries in Western Australia (WA) and create a safer WA.

Purpose:

To increase the target audience's;

- awareness of the incidence of alcohol-related injuries in WA,
- knowledge of effective interventions to reduce alcohol-related harm, and
- knowledge of actions that can be taken to reduce the impact of alcohol-related injuries in WA.

Target audience: Policymakers, health professionals, local government workers and law enforcement officials.

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1. Background

Injury is the physical or mental harm to a person resulting from intentional or unintentional contact with an object, substance or another person. Therefore, alcohol-related injuries is a term used to describe injuries which have been attributed to the effects of alcohol.

Alcohol is the most widely used drug in Australia. In 2019, 5% of Western Australians aged 14 years and over reported having alcohol daily, 36% weekly and 19% monthly, and at least once a month 1 in 4 Western Australians drank alcohol in quantities that placed them at risk of injury.¹ The results of the Foundation for Alcohol Research and Education's (FARE) 2020 Alcohol Poll also highlight the concerning nature of Australia's use of alcohol, with the results indicating that 45% of Australians who drink, do so with the intention to get drunk and that 66% of respondents agree that Australia has a problem with alcohol.²

A strong dose-response relationship exists between the amount of alcohol used within the previous three hours and the likelihood of injury, with a meta-analysis estimating that drinking 24g of pure alcohol (almost 2.5 standard drinks) can double the odds of injury.³ This relationship is reflected in alcohol being reported as the highest risk factor for injury in Australia, contributing 15% of the overall burden of injuries in 2018⁴, 1,646 Australians dying as a result of an alcohol-related injury in 2017⁵ and 42,244 alcohol-attributable hospital presentations due to injury in Australia from July 2017 to June 2018.⁶ In 2017/18 it is estimated that alcohol-attributable hospital separations due to an injury cost \$294,644,118 in Australia.⁶

Alcohol currently has a significant impact on the health and safety of Western Australians. However, the incidence of alcohol-related injuries can be reduced with population based measures, including amending legislative and regulatory mechanisms, increased awareness among community members of the harm from alcohol and the Australian Guidelines to Reduce Health Risks from Drinking Alcohol.⁷

2. Summary

Incidence of alcohol-related injuries in WA:

1. Due to different classification systems and alcohol as a contributing factor not being recorded within all health datasets⁸, challenges exist in quantifying the incidence of alcohol-related injuries in WA. Alcohol aetiological fractions, have been developed to assist in calculating the probability that alcohol was a contributing factor to the injury occurring.⁹
2. Alcohol aetiological fractions indicate that 32% of Western Australia's emergency department injury presentations (n=56,057), 17.5% of injury fatalities (n=245) and 11.8% of injury hospitalisations (n=5,911) in 2012 can be attributed to alcohol.⁸
3. It is estimated that 62,213 alcohol-related injuries in 2012 cost WA \$1.9 billion in health care costs, longer-term care needs, loss of paid productivity and loss of quality of life.⁸
4. In 2012, alcohol-attributable injury deaths and hospitalisations in WA had a higher mean cost per event compared to those without alcohol involvement, at \$211,694 compared to \$138,455.⁸

5. From 2010 to 2019, 12,211 patients were admitted to Royal Perth Hospital with alcohol and/or drug-related injuries and had an average length of stay of 13.7 days. Of all patients who were victims of domestic violence, 51.5% reported using alcohol and/or other drugs prior to their trauma. Alcohol attribution was also evident in 27.4% of patients involved in a motor vehicle crash.¹⁰
6. The 2019 National Drug Strategy Household Survey results indicate that almost one in four Western Australians aged 14 years and over had been a victim of an alcohol-related incident in 2019 (23.6%). Of those victims, 20.5% were verbally abused, 12.6% were put in a fearful situation and 5.7% were physically abused.¹
7. Despite the above statistics assisting in creating an understanding of the incidence of alcohol-related injuries, the data does not capture the total social and economic burden that alcohol-related injuries have on families, communities, community services, the justice system and the wider health system.^{11,12}
8. Due to the impact that alcohol use has on an individual's physical and mental functioning, alcohol can increase the risk of injury across all injury topics.

Alcohol-related violence:

9. Alcohol use can contribute to the frequency and severity of violence and abuse.¹³ Frequent drinkers and individuals with a high alcohol intake are more likely to be involved in a violent act.¹³⁻¹⁵
10. The physiological effects of alcohol on the alcohol user's cognition has proven to reduce the users capacity to resolve conflicts verbally, increase risk-taking behaviour, reduce fear of the possible consequences of poor behaviour and effect interpretation of events; all of which can increase the likelihood of physical violence.^{7,16,17}
11. FARE's 2020 Alcohol Poll found that over one in three Australians (40%) self-reported that they have been affected by alcohol-related violence, including 18% who have directly experienced alcohol-related violence.²
12. In the 2019-20 financial year, WA Police responded to an estimated 8,345 incidents of alcohol-flagged family assault and 4,043 incidents of non-domestic alcohol-flagged assaults. This equates to WA Police attending more than 33 alcohol-flagged assault incidents each day.¹⁸

Alcohol-related intentional self-harm:

13. The association between alcohol use and the increased likelihood of intentional self-harm¹⁹ has been attributed to alcohol increasing psychological distress^{20,21}, increasing aggressiveness^{15,21,22} and the alcohol user's impaired cognition limiting their ability to utilise coping strategies.^{15,22}
14. Additional factors amongst people who drink alcohol that have been attributed to an increased risk of intentional self-harm include; taking other drugs²³, past non-suicidal injury or intentional self-harm attempts²¹ and a family history of high-risk alcohol consumption.²³
15. In 2019, alcohol use was a risk factor for 14.4% of Australia's intentional self-harm and non-suicidal injuries²⁴ and 20.9% of people who died due to intentional self-harm had alcohol, other drugs or other substances in their blood.²⁵

Alcohol-related transport incidents:

16. Alcohol use impairs the alcohol user's driving performance due to the direct effect of alcohol on the driver's response time, visual function, tracking ability and alertness.^{26,27}
17. Despite there being no exact dose-response relationship developed between alcohol use and road crash incidents, no alcohol when driving is the safest option.²⁸
18. In 2020, the driver was suspected to be under the influence of alcohol or alcohol was the primary cause of the crash in 42 road traffic fatalities in Western Australia (27% of all road traffic fatalities), making alcohol the second-largest behavioural contributor to fatal crashes behind speed.²⁸

Alcohol-related drowning:

19. When Australian waterway activities are accompanied with alcohol it, results in increased risks, including impaired judgement, slower reaction times and impaired coordination.²⁹
20. In the 2020/21 financial year, 25 drowning deaths in Australia were known to involve alcohol (8.5% of all drowning deaths). It is also important to note that the presence of alcohol was not known in 81% of all cases.²⁹

Alcohol-related falls:

21. Due to its effect on judgement, coordination and concentration, alcohol use is a contributing factor to an individual's falls risk.^{30,31}
22. Older adults can experience greater risks from alcohol use due to age-related changes in older adults body composition, including a lower volume of body water and a lean body mass.³¹ These contributing factors are particularly influential on an older adult's risk of experiencing an alcohol-related fall.

Alcohol-related poisonings:

23. Alcohol poisoning results from using very large quantities of alcohol, intentionally or unintentionally, within a short period of time where the body cannot process the blood alcohol level.³²
24. In Western Australia in 2019, 17 deaths were recorded as 'accidental alcohol poisoning' and four were recorded as 'intentional alcohol self-poisonings'.³²

Factors that contribute to the incidence of alcohol-related injuries:

25. There are a range of personal factors that affect an individual's biological response to alcohol including, but not limited to their; age, sex, genetics, metabolism, ethnicity, medication and pre-existing health conditions.⁷
26. Younger people are over represented in harm resulting from alcohol-related injury, which may be attributable to their developing bodies being more vulnerable to the effects of alcohol, a developing brain and some younger people drinking large quantities of alcohol within a single occasion on a regular occurrence.³³
27. Individuals with a low socioeconomic status experience a number of factors that can place them at an increased risk of alcohol-related injuries, including poor quality housing and unsafe drinking environments.³⁴

28. Statistics show that Aboriginal and Torres Strait Islander people are more likely to abstain from drinking alcohol than non-Aboriginal people. However, a greater percentage of Aboriginal people who do drink are more likely to drink at risky levels. Aboriginal and Torres Strait Islander people experience disproportionate harms from alcohol-related injuries.³⁵
29. Harmful alcohol use among Aboriginal and Torres Strait Islander peoples and the resulting alcohol-related injuries has been attributed to cultural disconnection, trauma, social exclusion and community stressors.^{1,36,37}
30. Injury incidence and severity has reported to increase with the amount of alcohol used and be influenced by the pattern of drinking over time.^{15,22,27} Even at moderate doses, alcohol use can impact risk-taking behaviour and psychomotor performance, including cognition, vision, coordination, judgement and reaction time^{3,38,39}, which can influence the risk of injury to the alcohol user and those around them.⁷
31. Environmental factors, such as crowd behaviour, premises management, opening hours and the regulation of sale to intoxicated people, significantly influence the likelihood of alcohol-related injury.^{14,17,40}
32. Another environmental factor that has been extensively researched is alcohol outlet density, with some studies supporting an association between high alcohol outlet density and the incidence of domestic violence⁴¹ and individuals presenting to a Perth Emergency Department due to an injury-related incident.⁴²
33. Studies have indicated that the prevalence of violent events aligns with periods of time where alcohol is commonly used, with rates increasing over the weekend, late at night and during significant calendar events.^{14,43}
34. Young people are regularly exposed to alcohol promotion across various channels, including; social media, television, radio, online, outdoor media, sponsorships and print media.⁴⁴ This exposure can influence young people's attitudes towards drinking and increase the likelihood of alcohol use.⁴⁵⁻⁴⁹
35. An assessment of formal complaints submitted to the independent Alcohol Advertising Review Board (AARB) found that 94% of the ads violated at least one of the AARB's youth provisions, while substantially fewer were in violation of the alcohol industry-run Alcohol Beverages Advertising Code.⁵⁰ This and additional research highlights that voluntary, industry-run codes are an ineffective means of protecting children and young people from alcohol advertisements in Australia.⁵⁰

Effective interventions to reduce alcohol-related injuries:

36. A number of policies are in place in WA that aim to reduce alcohol-related harm, including requirements regarding the licensing for the sale of alcohol, trading hours of licensed premises, proof of age, underage drinking on licensed premises, refusing the service of alcohol, secondary supply of alcohol, drinking on unlicensed premises, possession of alcohol, promotion of alcohol and pregnancy warning labels on alcohol products.^{51,52} Current legislations are beneficial, however additional regulations would support creating a safer and healthier WA.
37. No single measure is going to eliminate all alcohol-related harms and therefore a range of measures are required. A holistic approach requires a balance of population level measures that aim to reduce the overall use of alcohol and interventions that target injury-specific behaviours, i.e. drink driving and alcohol-related assault.

38. As supported by the World Health Organization, price-related interventions on alcohol beverages, restricting exposure to alcohol advertising and restricting the physical availability of retailed alcohol are cost-effective, whole of population interventions to reduce alcohol-related harm.⁵³ These are considered to be the “best buys” to reduce harm from alcohol.
39. Limiting the availability of alcohol via a reduction in late night trading hours has been associated with a reduction in assault cases.⁵⁴ Research in New South Wales indicated that reducing the late night opening hours of pubs reduced assault incidents by 37% in comparison to a control location.⁵⁵
40. The World Health Organization propose that one of the most effective measures to reduce alcohol-related harm is to control its price⁵³, with alcohol price controls considered a “highly cost-effective strategy” to reduce alcohol-related harm.⁵⁶
41. Evidence demonstrates that increases in the price of alcohol result in reduced alcohol use and a reduction in alcohol-related harm.^{15,53} Young people are particularly sensitive to price.^{56–58}
42. In 2018, the Northern Territory implemented a Minimum Unit Price for alcohol, set at \$1.30 per standard drink, to prevent alcohol from being sold at very cheap prices. The floor price in the Northern Territory led to reductions in alcohol-related ED presentations, intensive care hospital admissions, road crashes, child protection cases and assaults.^{59,60}
43. Research supports that Responsible Service of Alcohol training can reduce the number of intoxicated patrons within a venue and increase the appropriate implementation of alcohol supply policies.⁶¹
44. Well-funded and sustained community centred measures focusing on alcohol use, such as mass media public education campaigns informing the community of the harms from alcohol, have proven to be beneficial in changing community members knowledge, attitudes and beliefs towards alcohol use.^{62,63}
45. Education programs aiming to increase young people’s knowledge of alcohol-related harm and influence attitudes towards alcohol use have limited evidence regarding their effectiveness, however, this may be attributed to their often low frequency of duration.^{61,64,65}

3. Key Policy Statements

Injury Matters supports the need for the following actions to reduce the incidence and impact of alcohol-related injuries in WA:

1. Given the range of factors which influence the prevalence of alcohol-related injuries, a holistic approach at the Federal, State and local level, including action from individuals, the community, organisations and governments is required to reduce the incidence of alcohol-related injuries.

2. There is a need for governments to implement additional population-based measures that aim to reduce alcohol use and change attitudes towards alcohol use, including; amendments to existing policies to provide stronger controls on the price, promotion and availability of alcohol, regular evidence-based mass media public education campaigns, reducing the cumulative exposure of children to alcohol-related stimuli in the community, establishing complementary services in the prevention space, building community awareness and local action capabilities, and providing additional school-based education programs to raise awareness of harms from alcohol.
3. Raise awareness among the community of the Australian Guidelines to Reduce Health Risks from Drinking Alcohol.⁷
4. Migrate from the voluntary, industry-run codes for alcohol advertising and promotion to an independent, mandatory system of alcohol advertising regulation by the government. Additionally, alcohol advertising needs to be restricted from locations where young people are exposed, including within televised sport, community venues and on other outdoor locations.
5. Conduct interventions that target specific alcohol-related problems in high-risk locations, such as regular random breath testing to enforce legislation regarding drivers BAC levels.
6. Remove the influence of the alcohol industry and other bodies who have a business interest in alcohol use, on the development of policies and interventions aiming to reduce alcohol-related harm.
7. Improve access to alcohol and other drug treatment and support services, to reduce the burden on existing medical services and provide improved comprehensive care.
8. Support Local Governments regarding evidence-based options to reducing alcohol-related harm. Examples include; aligning with State based campaigns to increase community awareness of alcohol-related harm, developing policies regarding alcohol sponsorship, reducing the prevalence of alcohol advertisements within the local area, entertainment precinct design and managing the availability of alcohol.
9. Continue to monitor the influence of emerging alcohol areas, such as the recent expansions of alcohol home delivery services and alcohol brand extensions, and promote enforceable monitoring and control measures to reduce their potential harm.
10. Improve the collection of alcohol data within WA's Government system, to enhance knowledge of the incidence of alcohol-related injuries.

4. Injury Matters Commitment

1. Conduct evidence-based awareness-raising strategies to increase Western Australians knowledge of how to prevent alcohol-related injuries.
2. Engage and support the injury prevention sector and Local Governments to have the knowledge and skills to reduce alcohol-related injuries in WA.
3. Continue to partner with organisations that conduct activities that contribute to a reduction in the incidence of alcohol-related injuries in WA.
4. Continue to advocate for the introduction of a floor price for alcohol to reduce the disproportionate harm caused by really cheap alcohol in WA.
5. Support the Public Health Association of Australia in their call for the need to establish national guidelines on alcohol outlet density and trading hours, and a cohesive policy that supports a coordinated approach to reduce alcohol-related harms.
6. Support efforts to ensure adequate protections for children, young people and others at risk of harm regarding the online sale and home delivery of alcohol.

7. Continue to advocate for the prevention of all injuries in WA, with the aim to achieve an outcome of safer people and places.

5. Related Documents

The following documents are required to give effect to this position statement;

- [National Alcohol Strategy 2019-2028](#)
- [National Drug Strategy 2017-2026](#)
- [Australian Guidelines to Reduce Health Risks from Drinking Alcohol](#)
- [Alcohol and Drug Foundation Position Statements](#)
- [PHAA's Alcohol Position Statement](#)
- [Australian Medical Association's Position Statement on Alcohol Consumption and Alcohol-related Harms](#)

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