



## **Alcohol and Injury Position Paper**

### **Background**

It has long been known that alcohol and drug use are important risk factors for injury (Lowenfels & Miller 1984). Drinking alcohol can promote risk taking behaviour (Hingson & Howland 1993), thereby exposing affected people to a greater danger of injury. Alcohol incurs significant impairments in alertness, concentration, cognitive tasks and psychomotor skills even at low blood alcohol concentrations resulting in an increased risk of injury (Stough & King 2010).

The reduction of alcohol and drug-related harm is a priority area for the current Commonwealth government, evident in the media attention this issue receives. However, given the current limitations in the coding available for use and the complexity of determining a causal relationship between substance use and injury outcomes, the full extent of this particular area of the problem is often underestimated. Apart from the obvious health implications in terms of chronic disease, alcohol misuse can lead to economic, social and mental health problems, so the potential effects of the issue are broad and of great concern to local and national government alike.

The Australian public has a right to exist in a healthy and safe community which may be built by minimising alcohol, tobacco and other drug-related health, social and economic harms. This paper presents the best current evidence surrounding this social problem and its impact on injury statistics and provides some recommendations for action.

### **The Australian Injury Prevention Network recognises that:**

- There currently exist a number of agencies and strategies which examine the problems and implement strategies in order to reduce the harmful effects of alcohol; however, limited activity has been undertaken in identifying the breadth of the involvement of alcohol in injury.
- The government's primary preventative health agency, The Australian National Preventative Health Agency, identifies alcohol as one of the key areas for research funding and government action<sup>1</sup>.
- Under the National Drug Strategy 2012-2015, the government outlines the following priorities for action: monitoring and response to the changing pattern of risky alcohol use, illicit substance use, pharmaceutical substance misuse and multiple substance use<sup>2</sup>.
- Australian states and territories are working together through the mechanisms of the Ministerial Council on Drug Strategy to implement initiatives as part of the National Alcohol Strategy 2006–2009; the most recent of these initiatives focussing on youth binge drinking<sup>3</sup>.
- Alcohol has been declared an area for action in the current Australian National Injury Prevention and Safety Promotion Plan.

- The National Strategic framework for Aboriginal and Torres Strait Islander Health 2003-2013 identifies immediate priority areas for governmental action, among them is the adoption of approaches to reduce the harmful effects of alcohol, drugs and other substances<sup>4</sup>.

### **The Australian Injury Prevention Network acknowledges:**

- The National Drug Household survey (2007) reports that almost one in ten Australians drank at levels considered risky or high risk for both short-term and long-term harm; alcohol was identified as the drug of most serious concern and, amongst tobacco, cannabis, heroin and other illicit drugs, was the most frequently used to excess.<sup>5</sup>
- The survey also showed that those who received an injury and reported drinking alcohol at levels considered high risk in the short term were about twice as likely (3.1%) to have been injured in a road traffic crash/accident as those who drank alcohol at low risk levels (1.3%).<sup>5</sup>
- Interpersonal violence and alcohol consumption are known to be strongly linked: when comparing both ex-drinkers and those who had never consumed alcohol, recent drinkers were more likely to have experienced both verbal (27.5%) and physical abuse (4.8%) by someone affected by alcohol.<sup>5</sup>
- Aboriginal or Torres Strait Islander peoples were more likely to consume alcohol at risky or high levels for harm in the short term (27.4% versus 20.1%).<sup>5</sup>
- The National Mental Health Survey reported that in 2007 out of the 16 million Australians aged 18-65 years, 819,800 people were diagnosed with substance use disorder (drug dependence, harmful use of alcohol and alcohol dependence).<sup>6</sup>
- Current methods used to identify alcohol-related injury cases lead to a significant underestimation of the issue. In a study by McKenzie et al, almost 94% of injury cases involving alcohol were identified by a search of the text from medical records, highlighting the difficulty coding these cases and the need for the improvement of the quality of routine administrative data collection in Emergency departments including external cause codes for alcohol related injuries.<sup>7</sup>

### **The Australian Injury Prevention Network recommends:**

- Advocacy efforts which involve placing pressure on the government to ensure that alcohol, and the involvement alcohol in injury, remains a national health priority among Federal, State and Territory Governments.
- Encouragement of exploration into relevant legislation and implications of alcohol industry taxation measures.
- Media intervention in the issue, by way of bans on the advertising of alcohol and / or sponsorship of events.
- More intensive law enforcement to lower the rate of road accidents involving alcohol (lower the legal BAC level, increase RBT stations).
- Encouragement of collaboration between health sector disciplines – researchers, educators and policy makers – that actively develop and disseminate evidence based findings to address the problem of identifying the impact of alcohol in injury and working on preventative measures.
- Primary care interventions and more training / education at this level.
- More coordinated action from government on key alcohol policy areas.

- Encouraging the uptake of mandatory, standardised recording of external causes of injury in ED admissions to identify alcohol-related injuries.

## References

1. The Australian National Preventative Health Agency: [Portfolio budget statements 2011-12: budget related paper no.1.10: Health and Ageing Portfolio](#).
2. Ministerial Council on Drug Strategy. National drug Strategy 2010-2015: A framework for action on alcohol, tobacco and other drugs, 2011.
3. Australian Government; Preventative Health Taskforce. Australia: The healthiest country by 2020. Technical Report 3, Preventing alcohol-related harm in Australia, Commonwealth of Australia, 2009.
4. National Aboriginal and Torres Strait Islander Health Council. National Strategic Framework for Aboriginal and Torres Strait Islander Health. Canberra, Commonwealth of Australia, 2003-2013.
5. Australian Institute of Health and Welfare 2008. 2007 National Drug Strategy Household Survey: detailed findings. Drug statistics series no. 22. Cat. no. PHE 107. Canberra: AIHW.
6. Australian Bureau of Statistics (ABS), 4326.0 – National Survey of Mental Health and Wellbeing: Summary of results, 2007.2008.
7. McKenzie K, Harrison J, McClure R, Identification of alcohol involvement for injury-related hospitalisations using routine data compared to medical record review. Australia and New Zealand Journal of Public Health, 2010. 34(2):p.146-152.

## Other useful references and resources:

- Lowenfels AB & Miller TT 1984. Alcohol and trauma. Annals of Emergency Medicine 13:1056-60.
- Hingson R & Howland J 1993. Alcohol and non-traffic unintended injuries. Addiction 88:877-83.
- Stough C & King R 2010. The role of alcohol and other drugs in road deaths and serious injuries. Melbourne: Australian Drug Foundation.
- The Australian Drug Foundation: <http://www.adf.org.au/>.
- The Australian Government National Drug Strategy site: <http://www.nationaldrugstrategy.gov.au/>
- The Australian National Preventative Health Agency; knowledge hub section: <http://www.anpha.gov.au/internet/anpha/publishing.nsf/Content/knowledgehub-overview>