POSITION PAPER

Alcohol Related Injury

2022

Australasian Injury Prevention Network
c/o Injury Matters | 2/297 Vincent St
Leederville | WA 6007 Australia

Email: secretariat@aipn.com.au
Twitter: @theAIPN

The Australasian Injury Prevention Network acknowledges and pays respects to the First Custodians of the many lands on which its work takes place.

BACKGROUND

Despite broad social and cultural acceptance, alcohol has been identified as a major public health problem, impacting both injury and chronic disease morbidity and mortality.[1, 2] The World Health Organization estimates that between 10-18% of emergency department-related injury presentations are alcohol related.[3] In alcohol and other drug related ambulance attendances in Australia, alcohol related attendances are nearly 3x as common as those for any other drug.[4] Furthermore, alcohol remains the most commonly used drug of concern for people seeking treatment for alcohol and other drug disorders.[5] At 10.6-10.7 litres of alcohol per person over the age of 15, per capita alcohol consumption in Australia and New Zealand is above the global average (6.4 litres per person over the age of 15).[6] According to the Australian National Drug Household Survey (2019) and the New Zealand Health Survey (2020/2021), more than three-quarters of adults drink regularly, and many of those drink at risky levels.[5, 7] There are global efforts to reduce the harmful use of alcohol and associated health and social burdens.

Despite stable, or declining, per capita consumption of alcohol at the population level, there are groups within the population who continue to drink at risky levels (as defined by Australian National Health and Medical Research Council (NHMRC) and Te Hiringa Hauora/Health Promotion Agency guidelines).[8, 9] For example, since 2016 the proportion of people in Australia exceeding healthy drinking guidelines has increased for those over 50 years of age, but has remained stable for those younger than 30 years of age.[4] Similarly, in New Zealand, people aged between 45 and 64 years were less likely to adhere to low-risk drinking advice in 2019/20.[9] Some communities also continue to experience disproportionate levels of alcohol related harms as a result of structural inequities, including people living in rural and remote areas,[4, 9] and Maori, Pacific, Aboriginal and Torres Strait Islander people.[4, 7]

Alcohol consumption is related to both intentional and unintentional injury because alcohol consumption impairs psychomotor skills, and affects levels of alertness, concentration and decision-making.[10, 11] The effects of alcohol on the executive centre of the brain also impact on impulse inhibition and judgement and thus increase the risk of violence.[10] Ambulance attendances for family violence increase with increasing levels of alcohol license density and this association is strongest in areas with the most disadvantage.[12] In the past 12 months, 21% of Australians (approximately 4.5 million people) reported having been verbally or physically abused or put in fear by someone who was under the influence of alcohol.[5] For Australian females, current or ex-spouses were commonly identified as the perpetrator of alcohol related physical abuse (32%), verbal abuse (27%) and fear (18%).[5] In New Zealand, 39% of interpersonal violence is alcohol related[13] and 37% of family violence offenders were under the influence of alcohol.[14] Alcohol consumption is also associated with increased levels of suicide and self-harm. Both chronic and acute misuse have been linked to suicidal thoughts, behaviours and deaths.[15]

In terms of unintentional injuries, alcohol consumption is associated with increased risk of, and poorer outcomes from road traffic injury, falls,[16] drowning,[17] poisoning (alcohol), traumatic brain injury and

excessive heat and cold related injury.[18] However, there is limited evidence about the role of alcohol and effective harm minimisation strategies in injury events, except in the area of road traffic injury.[18]

Alcohol marketers deploy tactics to circumvent media regulations. Sponsorship of festival and sporting events frame alcohol as healthy and an important part of leisure and fun. Alcohol brands are 'friends' on social media platforms like TikTok, Instagram and Facebook. These techniques make it increasingly difficult to regulate and identify how much alcohol marketing young people are exposed to;[19] however, recent research has demonstrated children are exposed to harmful, targeted alcohol marketing from a very young age.[20]

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 rather than through use of ICD codes.[21] Similarly, ICD codes have been demonstrated to identify just 24% of seriously injured patients who have a positive blood alcohol test result.[22] These studies highlight the difficulty coding alcohol related injuries and the need for improved quality of routine administrative data collection in emergency departments, including the use of external cause codes for alcohol related injuries.

POSITION OF THE AIPN

The AIPN recognises that:

- Alcohol is a well-recognised and cross-cutting risk factor for injury, in which approximately 15% of total injury burden is linked to alcohol.
- A number of agencies and strategies currently exist which monitor alcohol related harms and develop countermeasures; however, significant knowledge gaps exist for harms specifically associated with injury.
- The Australian National Alcohol Strategy 2019-2028[23] outlines the following priorities for action:
    - Improving community safety and amenity;
    - Managing availability, price and promotion;
    - Supporting individuals to obtain help and systems to respond; and
    - Promoting healthier communities.
- The New Zealand National Alcohol Harm Minimisation Framework is Te Tiriti o Waitangi-aligned and focuses on:
    - Policy change (managing supply, reducing demand, and limiting impact); and
    - Culture change (mobilising communities, de-normalising alcohol consumption, and engaging all sectors).
- Recognition of the potential harms and impacts of alcohol across populations and disadvantaged groups is evidenced by the number of National Action Plans and health and

well-being strategies that address alcohol or declare alcohol a priority. In Australia these include:

- The Australian National Injury Prevention and Safety Promotion Plan 2004 – 2014;[24]
- The National Preventive Health Strategy (2021-2030);[25]
- The National Strategic framework for Aboriginal and Torres Strait Islander Health 2017-2023;
- The National Men's Health Strategy 2020-2030;[26]
- Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031;[27] and
- The National Alcohol Strategy 2019- 2028.[23]

In New Zealand these include:

- Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025;[28]
- Te Aorerekura: The National Strategy to Eliminate Family Violence and Sexual Violence;[29] and
- The Child and Youth Wellbeing Strategy.[30]

RECOMMENDATIONS

The AIPN supports the following actions to reduce alcohol related injury in the community:

- Government policy and regulations (at all levels of government) should be based on evidence-based approaches to preventing alcohol related harms, including injury, by prioritising public health approaches to population health and well-being.
- Implementation of evidence-based policy and legislation at the local, state and Commonwealth government level to regulate the availability of alcohol, including restricting late-night trading hours, outlet density and home delivery.
- Alcohol taxation and pricing reforms based on volumetric taxation with increasing taxation for increasing alcohol volumes and the introduction of minimum unit pricing for a standard drink.
- Primary care interventions and public health education campaigns about the harms of alcohol, including, but not limited to, health warnings on alcohol labels to raise public awareness of the potential long and short-term harms associated with the use of alcohol.
- Removal of the influence of the alcohol industry and other bodies who have a business interest in alcohol use from the development of policies and interventions aiming to reduce alcohol related harms.

- Development of comprehensive, statutory regulations to restrict or ban alcohol advertising, particularly advertising that targets children and youth. These regulations should encompass all forms of advertising and promotion, including sponsorships and social media.
- Funding for, and translation of, research to create evidence informed policy decisions from government on key injury and alcohol policy areas.
- Use of strength-based approaches to partnering and co-designing solutions with people from communities who experience a disproportionate level of alcohol related harms to address their needs and achieve equitable health outcomes.
- Funding for the prevention of alcohol related harms and early uptake of alcohol use by young people, including funding to provide access to family support and evidence-based parenting programs and free supervised extra-curricular activities for young people.
- Encouragement of collaboration between health sector disciplines – community, researchers, educators and policy makers – that actively develop and disseminate evidence-based findings to address the problem of measuring the impact of alcohol in injury, and support the development and evaluation of preventative measures.
- Improved data collection including mandatory, standardised recording of external causes of injury and involvement of alcohol (including location of last drinks) in emergency department admissions to identify alcohol related injuries.

LINKS

https://www.aihw.gov.au/reports-data/behaviours-risk-factors/alcohol/overview

https://www.nhmrc.gov.au/health-advice/alcohol

https://aodstats.org.au/

https://www.alcohol.org.nz/

https://adf.org.au/

https://fare.org.au/

AUTHORS & ACKNOWLEDGMENTS

This position paper was prepared by Associate Professor Debbie Scott, Ms Georgina Lau and Isaac Carlson on behalf of the Alcohol and Other Drug in Injury Sub-Committee and approved by the AIPN Executive Committee. Dr Kate Hunter, Jessica Killian, Samantha Menezes and Dr Rowan Ogeil are thanked for their expert review of this position paper.

ABOUT THE AIPN

The Australasian Injury Prevention Network (AIPN) is the peak body in Australia and New Zealand advocating for injury prevention and safety promotion. The AIPN represents injury researchers, policy makers and practitioners across Australia and New Zealand. The AIPN has been in operation since 1996.

DISCLAIMER

The authors declare that there are no conflicts of interest.

CONTACT

A/Prof Ben Beck, President: ben.beck@monash.edu

General email: secretariat@aipn.com.au

Media: communications@aipn.com.au

REFERENCES

1. Degenhardt L, Charlson F, Ferrari A, Santomauro D, Erskine H, Mantilla-Herrara A, et al. The global burden of disease attributable to alcohol and drug use in 195 countries and territories, 1990-2016: a systematic analysis for the Global Burden of Disease Study 2016. Lancet Psychiatry. 2018 Dec;5(12):987-1012.
2. Rehm J, Mathers C, Popova S, Thavorncharoensap M, Teerawattananon Y, Patra J. Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders. Lancet. 2009 Jun 27;373(9682):2223-33.
3. World Health Organization. Alcohol and injury in emergency departments: Summary of the report from the WHO Collaborative Study on Alcohol and Injuries: World Health Organization; 2007.
4. Australian Institute of Health Welfare. Alcohol, tobacco & other drugs in Australia. Canberra: AIHW; 2022.
5. Australian Institute of Health Welfare. National Drug Strategy Household Survey 2019. Canberra: AIHW; 2020.
6. World Health Organization. Global status report on alcohol and health 2018: World Health Organization; 2019.
7. Ministry of Health. Annual Data Explorer 2020/21: New Zealand Health Survey [Data File]. New Zealand; 2021.
8. National Health and Medical Research Council. Australian Guidelines to Reduce Health Risks from Drinking Alcohol. Canberra, Australia. 2020
9. Nielsen. Alcohol Use in New Zealand Survey (AUiNZ) 2019/20: High-level results. Wellington, New Zealand: Te Hiringa Hauora/Health Promotion Agency; 2021.
10. Sullivan EV, Harris RA, Pfefferbaum A. Alcohol's effects on brain and behavior. Alcohol Research & Health. 2010.
11. Hindmarch I, Kerr JS, Sherwood N. The effects of alcohol and other drugs on psychomotor performance and cognitive function. Alcohol and Alcoholism. 1991;26(1):71-9.
12. Scott D, Ogeil RP, Maoyeri F, Heilbronn C, Coomber K, Smith K, et al. Alcohol Accessibility and Family Violence-related Ambulance Attendances. J Interpers Violence. 2022;37(13-14).
13. Ministry of Justice. New Zealand Crime and Safety Survey. Wellington, New Zealand; 2014.
14. Ministry of Justice. New Zealand Crime and Victims Survey. Key findings. Descriptive statistics. June 2021. Results drawn from Cycle 3 (2019/20) and pooled data of the New Zealand Crime and Victims Survey. Wellington: Ministry of Justice; 2021.
15. Fisher A, Marel C, Morley K, Teesson M, Mills K. The role of alcohol and other drugs in suicidal behaviour and effective interventions to reduce suicidal thoughts and behaviours. Evidence check prepared for the National Suicide Prevention Task Force and commissioned through the Suicide Prevention Research Fund, managed by Suicide Prevention Australia; 2020.
16. Taylor B, Irving HM, Kanteres F, Room R, Borges G, Cherpitel C, et al. The more you drink, the harder you fall: A systematic review and meta-analysis of how acute alcohol consumption and injury or collision risk increase together. Drug Alcohol Depend. 2010 Jul 1;110(1-2):108-16.
17. Hamilton K, Keech JJ, Peden AE, Hagger MS. Alcohol use, aquatic injury, and unintentional drowning: A systematic literature review. Drug and Alcohol Review. 2018;37(6):752-73.
18. Chikritzhs T, Livingston M. Alcohol and the risk of injury. Nutrients. 2021;13(8):2777.
19. Alcohol and Drug Foundation. Alcohol advertising, social media and young people. 2021.
20. VicHealth. Under the radar: Harmful industries' digital marketing to Australian children. Melbourne, Australia: Victorian Health Promotion Foundation; 2020.

21. McKenzie K, Harrison JE, McClure RJ. Identification of alcohol involvement in injury-related hospitalisations using routine data compared to medical record review. Australian and New Zealand Journal of Public Health. 2010;34(2):146-52.
22. Lau G, Gabbe BJ, Mitra B, Dietze PM, Braaf S, Beck B. Comparison of routine blood alcohol tests and ICD-10-AM coding of alcohol involvement for major trauma patients. Health Information Management Journal. 2021.
23. Department of Health. National Alcohol Strategy 2019–2028. Canberra, Australia. 2019
24. National Public Health Partnership. The National Injury Prevention and Safety Promotion Plan: 2004-2014. Canberra: National Public Health Partnership; 2004.
25. Department of Health. National Preventive Health Strategy 2021–2030. Canberra, Australia; 2021.
26. Department of Health. National Men's Health Strategy 2020-2030. 2019
27. Department of Social Services. The National Framework for Protecting Australia's Children 2021-2031. 2021.
28. Ministry of Health. Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. New Zealand; 2020.
29. Ministry of Health. Te Aorerekura: The National Strategy to Eliminate Family Violence and Sexual Violence. New Zealand; 2021.
30. Department of the Prime Minister and Cabinet. Child and Youth Wellbeing Strategy. New Zealand; 2019.