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Summary Points

➢ Over the last 10 years (1993–2002), an estimated 2,643 young people (aged between 15 and 24yrs) died from alcohol-attributable injury and disease caused by risky/high risk drinking in Australia.

➢ Over 100,000 young people were hospitalised for alcohol-attributable injury and disease over a 9–year period (1993/94–2001/02).

➢ Following a period of national decline in death rates during the 1990s, in more recent years, several states/territories have begun to show increasing numbers of alcohol-attributable deaths.

➢ The most common causes of alcohol-attributable death for young people are road injury, suicide and violence.

➢ Male alcohol-attributable death rates are about 4 times greater than for females.

➢ Young Indigenous Australians are more than twice as likely as their non-Indigenous counterparts to die from alcohol-attributable causes. Death rates among Indigenous youth have not improved in the last 8 years.

➢ Young people who live in non-metropolitan areas are at greater risk of alcohol-attributable death than city youth.

Introduction

Alcohol is a major contributing cause of death and hospitalisation for young Australians (15–24yr olds). The majority of alcohol-related harms experienced by young people are caused by episodes of drinking to intoxication and are generally referred to as ‘acute’ (e.g. road injury, violent assault, suicide and drowning). In Australia, young people aged between 15 and 24 years account for about 52% of all alcohol-related serious road injuries (Chikritzhs et al., 2000) and 32% of all alcohol-attributable hospital admissions for injuries caused by violence (Matthews et al., 2002).

Results from the 2001 National Drug Strategy Household Survey (NDNHS) indicated that about 23% of 14–17 and 45.3% of 18–24 year olds drank in excess of the NHMRC 2001 safe drinking guidelines for acute harm at least once a month, compared with about 20% for all ages (Chikritzhs et al., 2003).

The purpose of this Bulletin is to document trends in alcohol-attributable harms due to risky and high risk drinking for young people across Australia. Annual rates for males and females aged between 15 and 24 years for all states and territories have been presented, as well as comparisons between Indigenous and non-Indigenous youth and metropolitan and non-metropolitan regions. The estimates shown here are based on the aetiologic fraction method for quantifying alcohol caused mortality and morbidity (see English et al., 1995) and are considered ‘alcohol-attributable’ (i.e. caused) as opposed to only ‘alcohol-related’. Rates shown are age specific to the 15–24 year old residential population. Data were provided by the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW).

Over the last ten years, an estimated 2,643 (1 per 10,000 15-24yr old residents) young people died from alcohol-attributable causes. In Australia, young people aged between 15 and 24 years account for about 52% of all alcohol-related serious road injuries (Chikritzhs et al., 2000) and 32% of all alcohol-attributable hospital admissions for injuries caused by violence (Matthews et al., 2002).

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Map 1: Estimated numbers and population rates (per 10,000 15-24yr old residents) of alcohol-attributable deaths for 15–24 year olds over the last ten years, 1993–2002

Over the last ten years, an estimated 2,643 (1 per 10,000 15-24yr old Australian residents) young people died from alcohol-attributable injury and disease due to risky/high risk drinking – about 15% of all deaths in that age group. The greatest number of deaths occurred in NSW but the highest rate of death was in the NT (4 deaths per 10,000). From 1993/94 to 2001/02 (9 years), there were an estimated 101,165 alcohol-attributable hospitalisations (42 per 10,000) for young people, accounting for about 22% of all hospitalisations in that age group.

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Funded by the Australian Government Department of Health and Ageing November, 2004
Figure 1: Alcohol-attributable deaths for 15–24 year olds, males and females, 1990–2002

Legend: □ males; ● females. Y Axis: Alcohol-attributable death rate per 10,000 15–24 yr olds.
Figure 2: Alcohol-attributable hospitalisations for 15–24 year olds, males and females, 1993/94–2001/02
Legend: □ males; ♂ females. Y Axis: Alcohol-attributable hospitalisation rate per 10,000 15–24 yr olds.
Common causes of alcohol-attributable death and hospitalisation for young people

The most common cause of death due to risky/high risk drinking among Australian youth is non-pedestrian road injury (i.e. passenger or driver of a vehicle). Suicide is the second most common cause and, for young women, death from violent assault is almost as frequent. Only 5 kinds of injury account for over 90% of all deaths caused by drinking among young people. The most common conditions leading to hospitalisation include assault, falls, road injury, alcohol abuse and dependence, and suicide.

Table 1: Top 5 causes of alcohol-attributable death and hospitalisation (%), males and females

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<thead>
<tr>
<th></th>
<th>Deaths (%)</th>
<th>Hospitalisations (%)</th>
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<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Males</td>
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<tr>
<td>1</td>
<td>Road injury (RI) 52</td>
<td>Assault 30</td>
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<tr>
<td>2</td>
<td>Suicide 19</td>
<td>Falls 19</td>
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<td>3</td>
<td>Assault 7</td>
<td>Road injury 17</td>
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<td>4</td>
<td>Pedestrian RI 9</td>
<td>Alcohol abuse 10</td>
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<td>5</td>
<td>Drowning 4</td>
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<tr>
<td>5</td>
<td>Drowning 3</td>
<td>Road injury 8</td>
</tr>
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</table>

Based on aggregate of all episodes from 1993/94–2001/02

Indigenous Australian youth

On average, death caused by drinking among Indigenous youth is about 2.3 times greater than for non-Indigenous youth. Nation-wide, there has been a steady decline in alcohol-attributable deaths among non-Indigenous youth but little decline in Indigenous deaths since 1994.

Metropolitan and non-metropolitan areas

The rate of alcohol-attributable death among young people who live in non-metropolitan areas of Australia is about 1.7 times greater than for their city dwelling counterparts. Alcohol-attributable deaths for 15–24 year olds in both metropolitan and non-metropolitan areas have declined since 1990.

Acknowledgements. We would like to thank the ABS and the AIHW for providing mortality and morbidity data. We would also like to thank Paul Jones of NDRI for his assistance in preparing this Bulletin and the NAIP Advisory Committee for their helpful comments on an earlier draft.

References


An accompanying technical report for this bulletin will become available in 2005.