

Describing the alcohol harm paradox: twenty years of data from Victoria, Australia

Michael Livingston

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Background

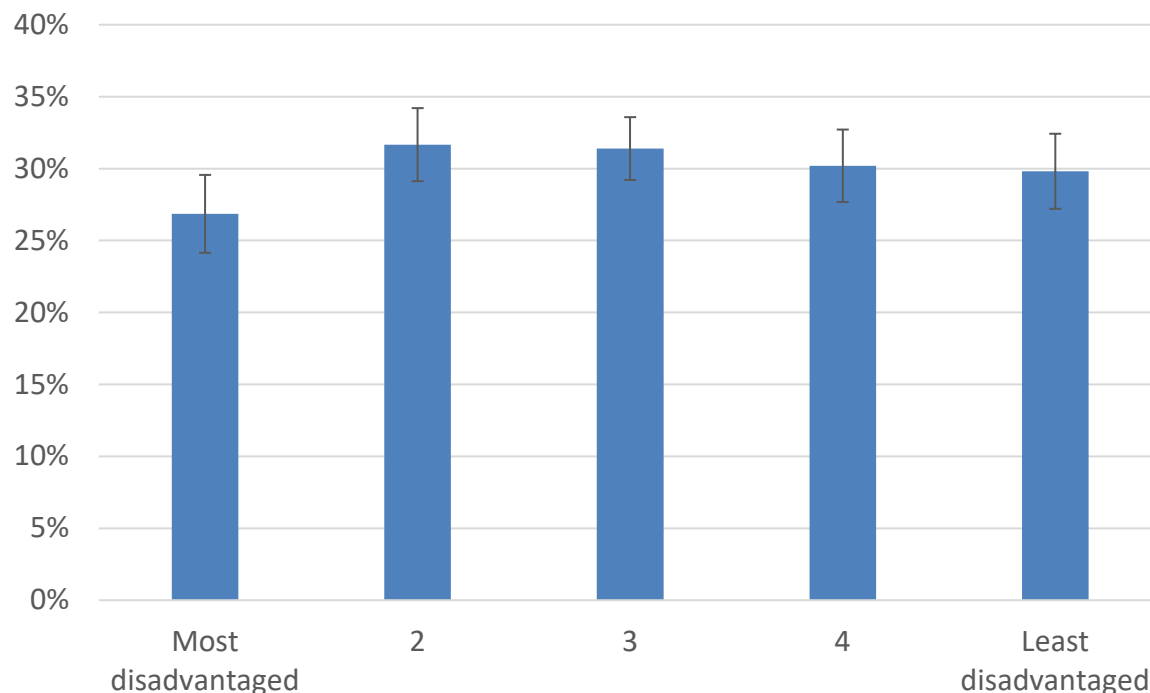
- Almost no data or analysis on health inequalities and alcohol in Australia, outside of standard BoD reporting
- One paper (2007) showing that blue collar men were more likely to die of alcohol-related liver cirrhosis than white collar and that the disparities were widening over time
- Systematic attempt to assess short- and long-term harms in Victoria, Australia over a 20 year period

Declarations

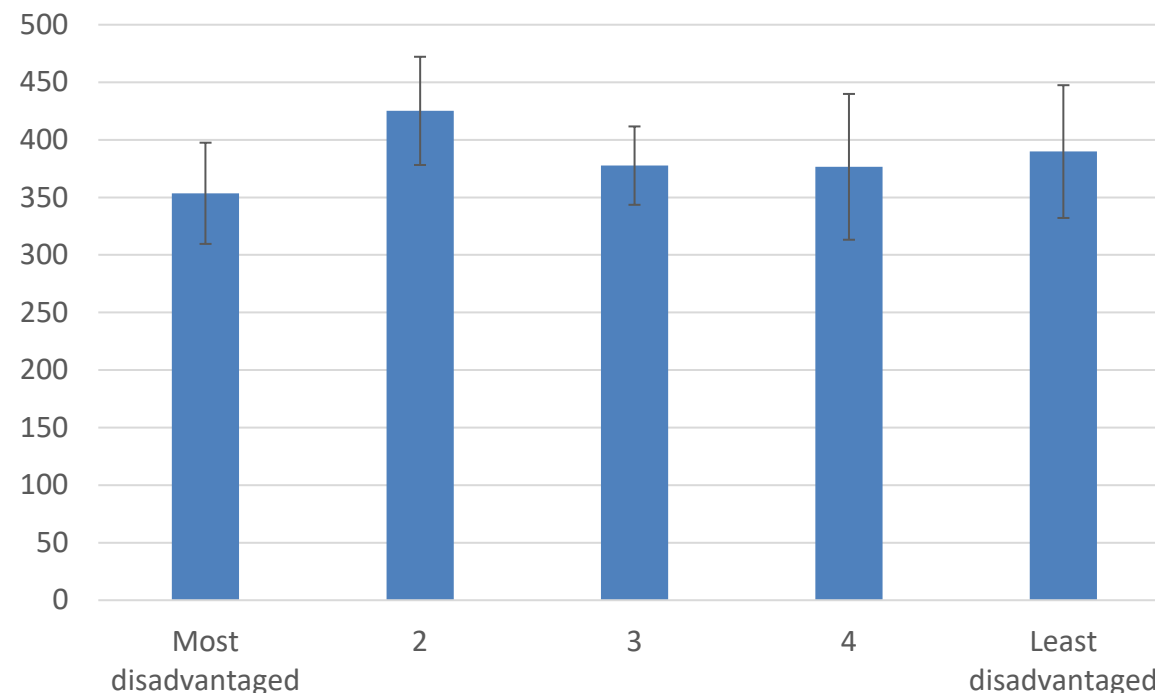
- Funding from the Victorian Health Promotion Foundation and the Australian Research Council
- Collaborators: Amy Pennay, Sarah Callinan, Klaudia Kepa, Nic Taylor, Alex Torney, Gabe Caluzzi, Yvette Mojica Perez
- No conflicts to declare

Alcohol consumption in Australia (2022)

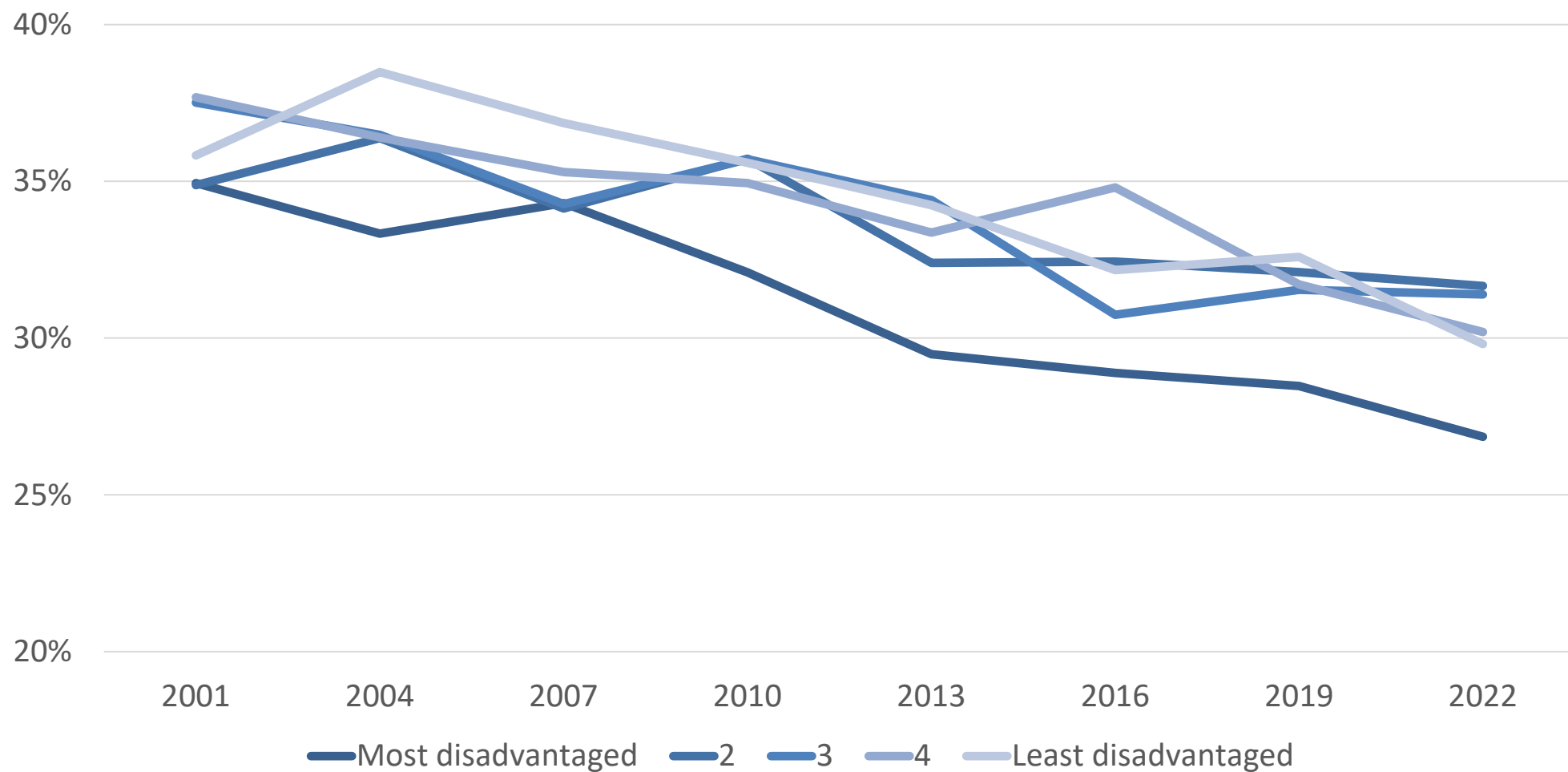
Monthly risky drinking



Mean annual volume (standard drinks)



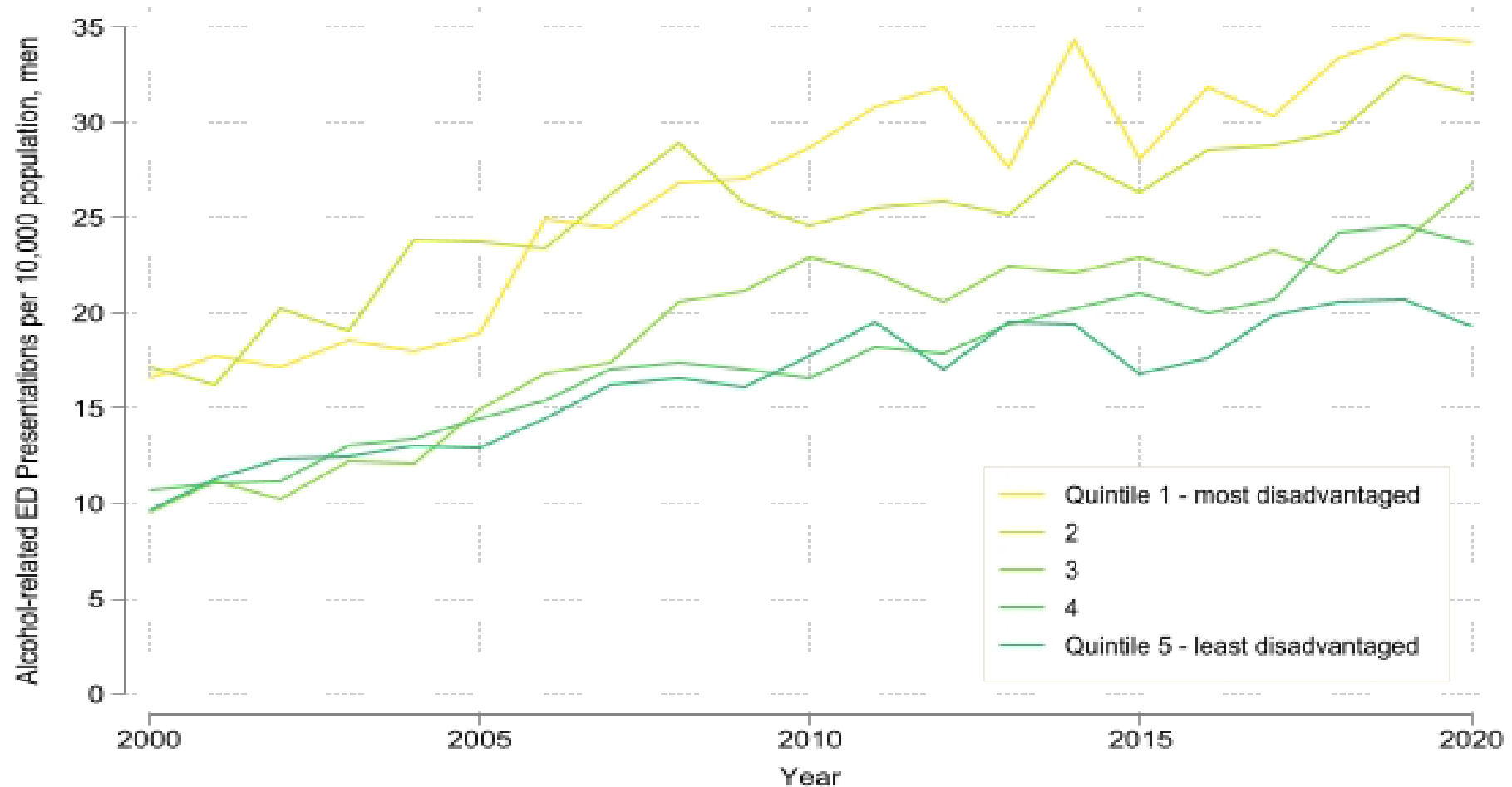
Risky drinking over time



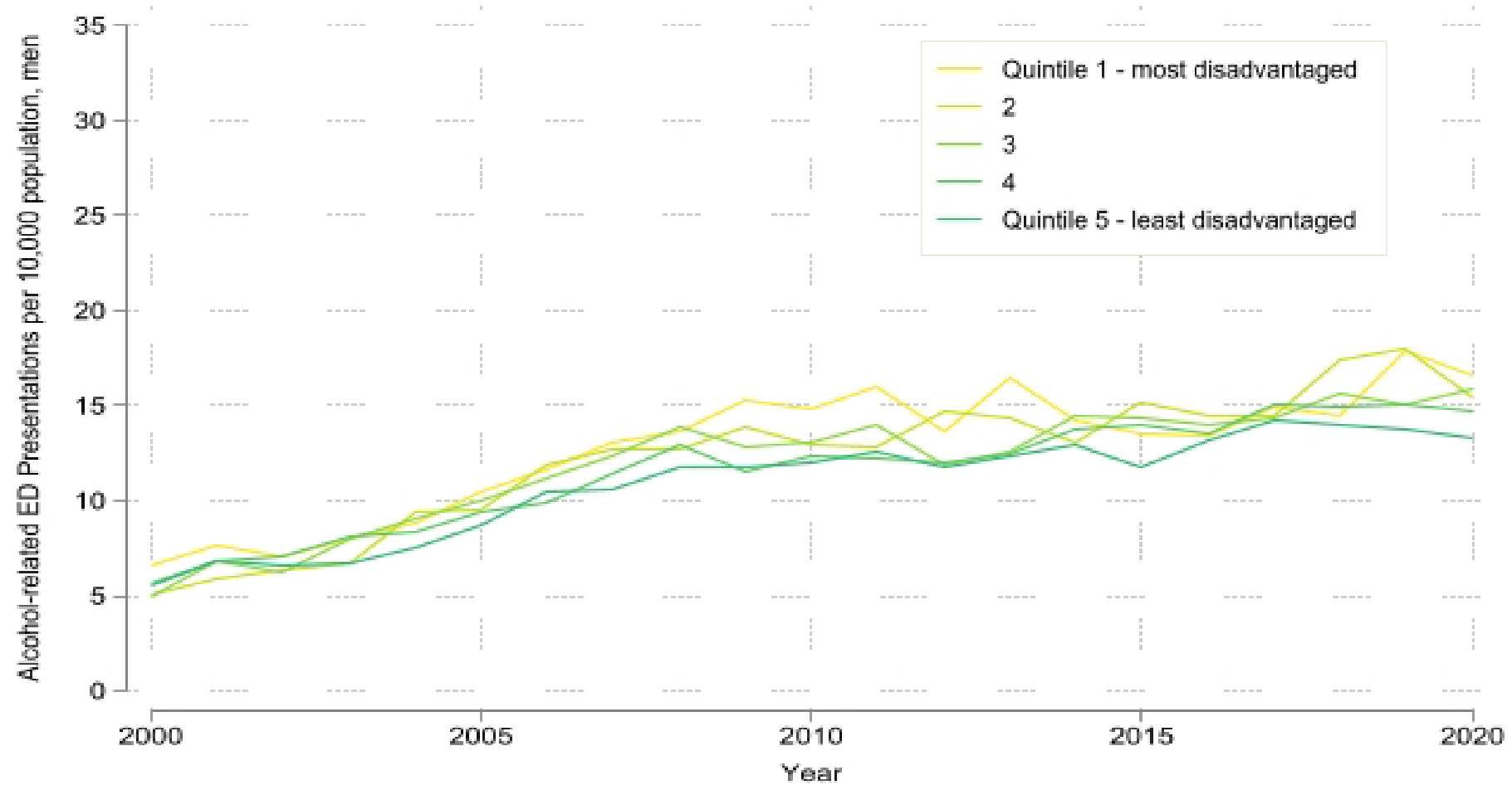
Outcomes

- Hospital data between 2000 and 2020 for two key outcomes:
 - Emergency Department presentations for acute alcohol-specific issues (F10.x, T51.x)
 - Hospital admissions for alcohol-related liver disease (K70.x)
 - Primary diagnoses only
 - Trying to capture both chronic and acute harms, although there are clear weaknesses in both measures
- Socio-economic status derived from postcode of residence and grouped into quintiles (based on 2011 Census data)

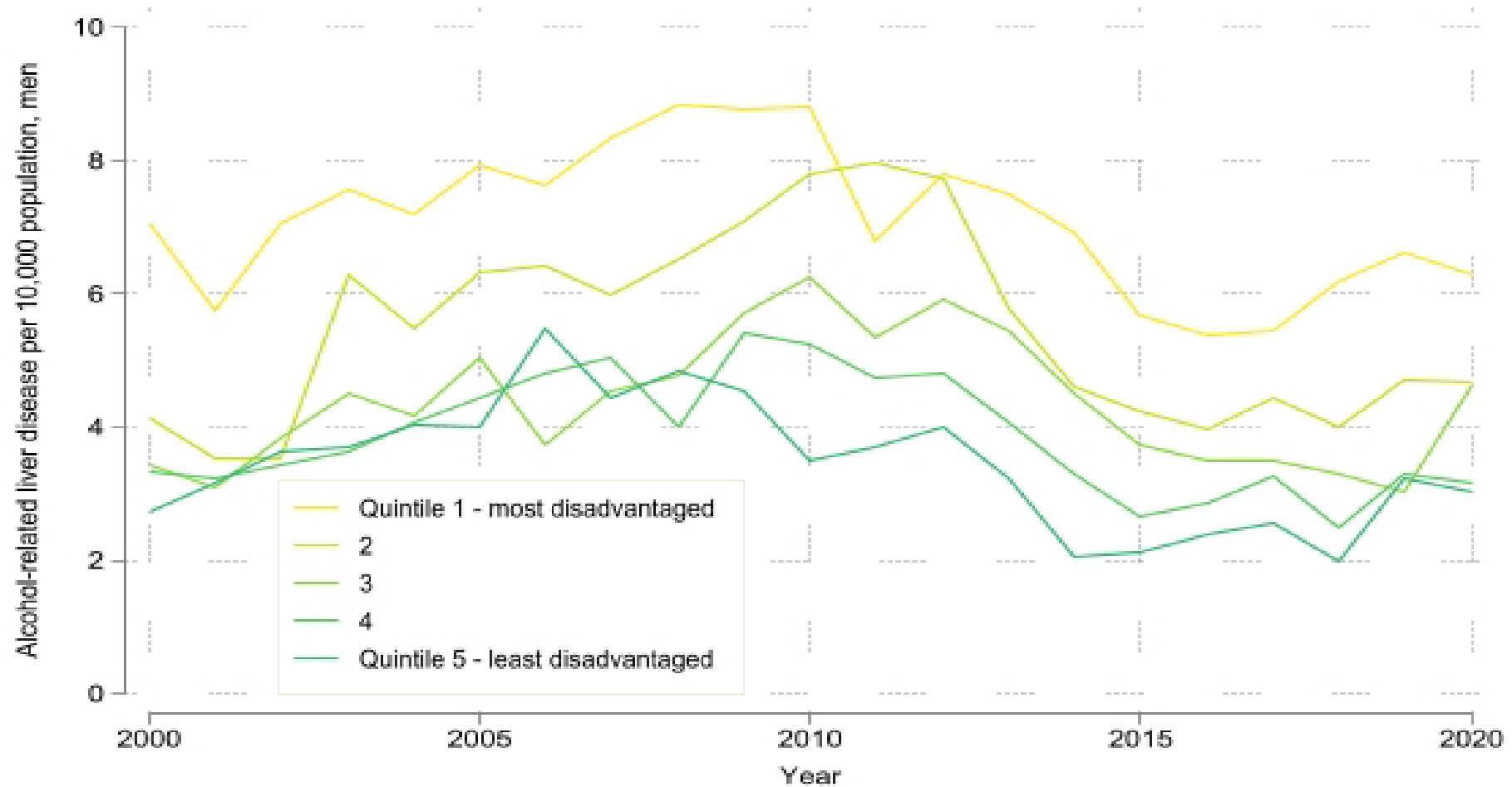
Acute harms (men)



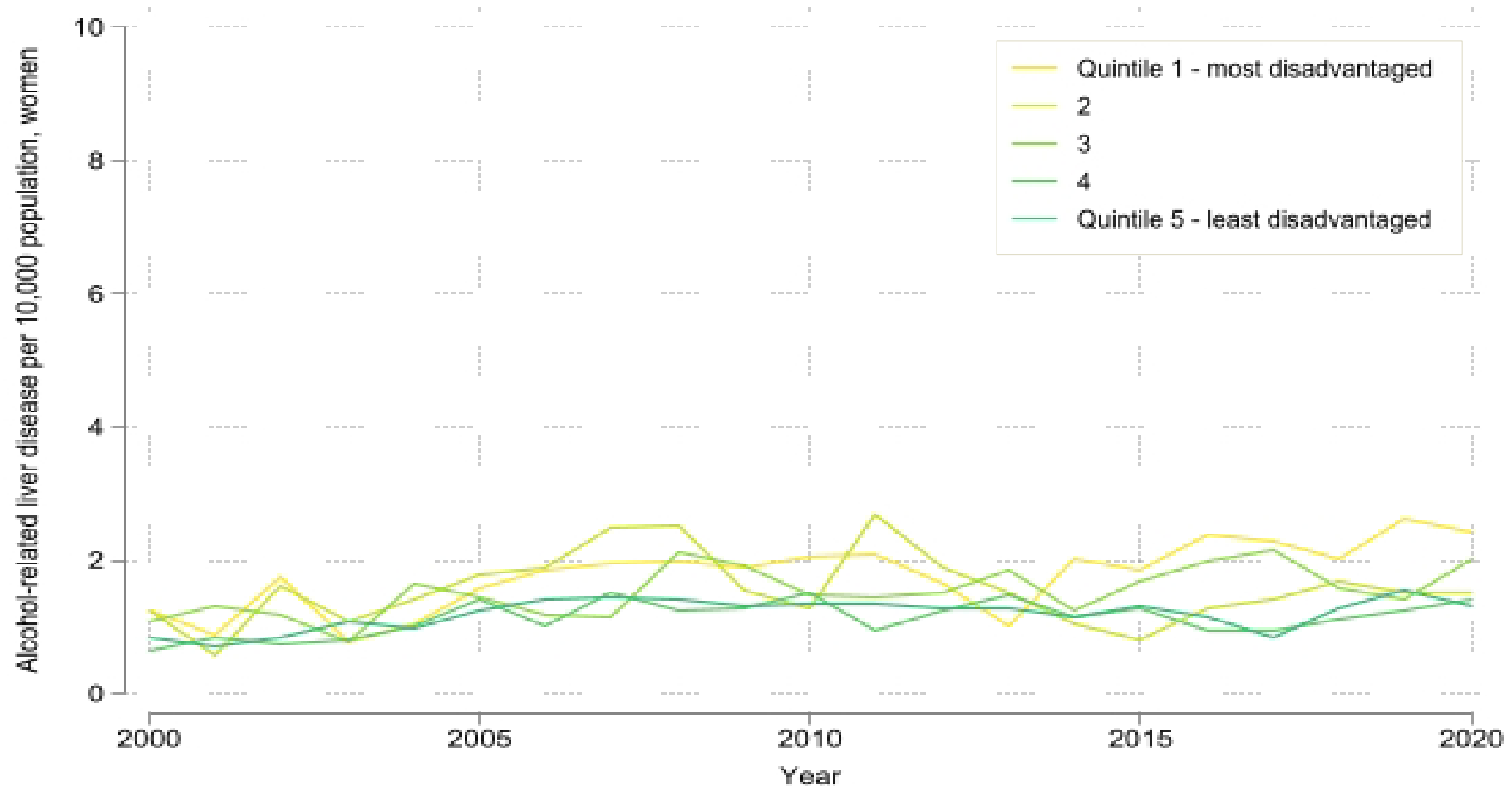
Acute harms (women)



Chronic harms (men)



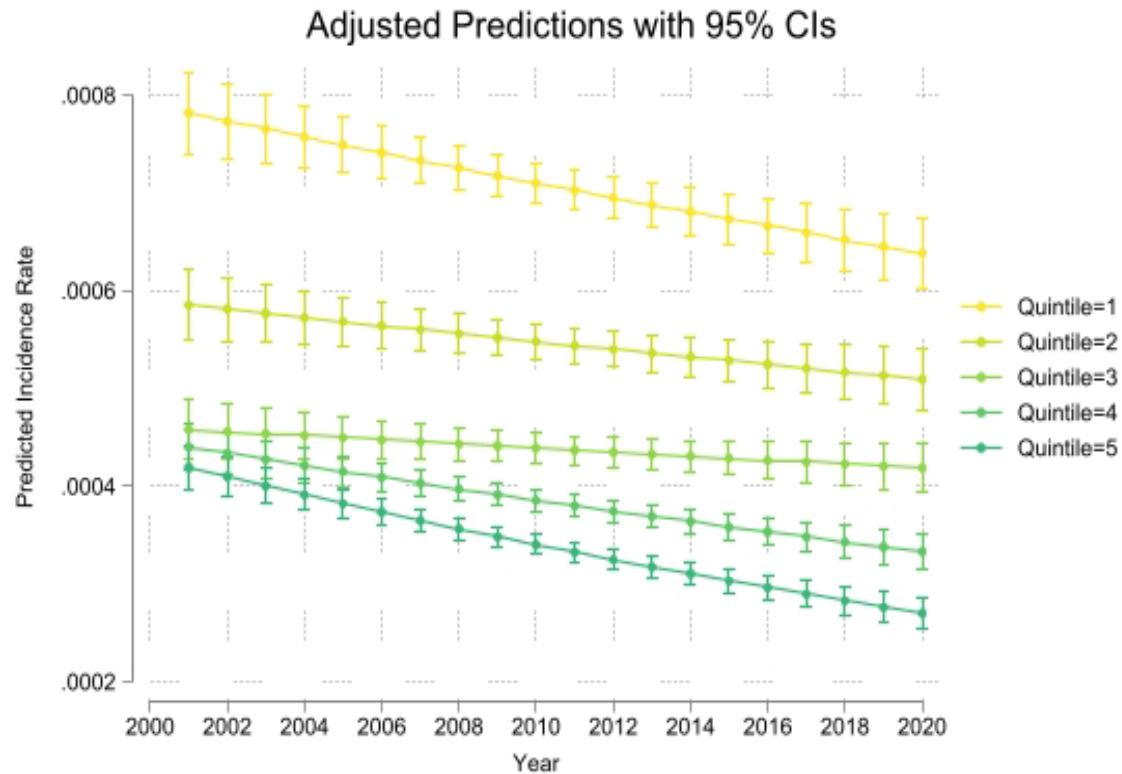
Chronic harms (women)



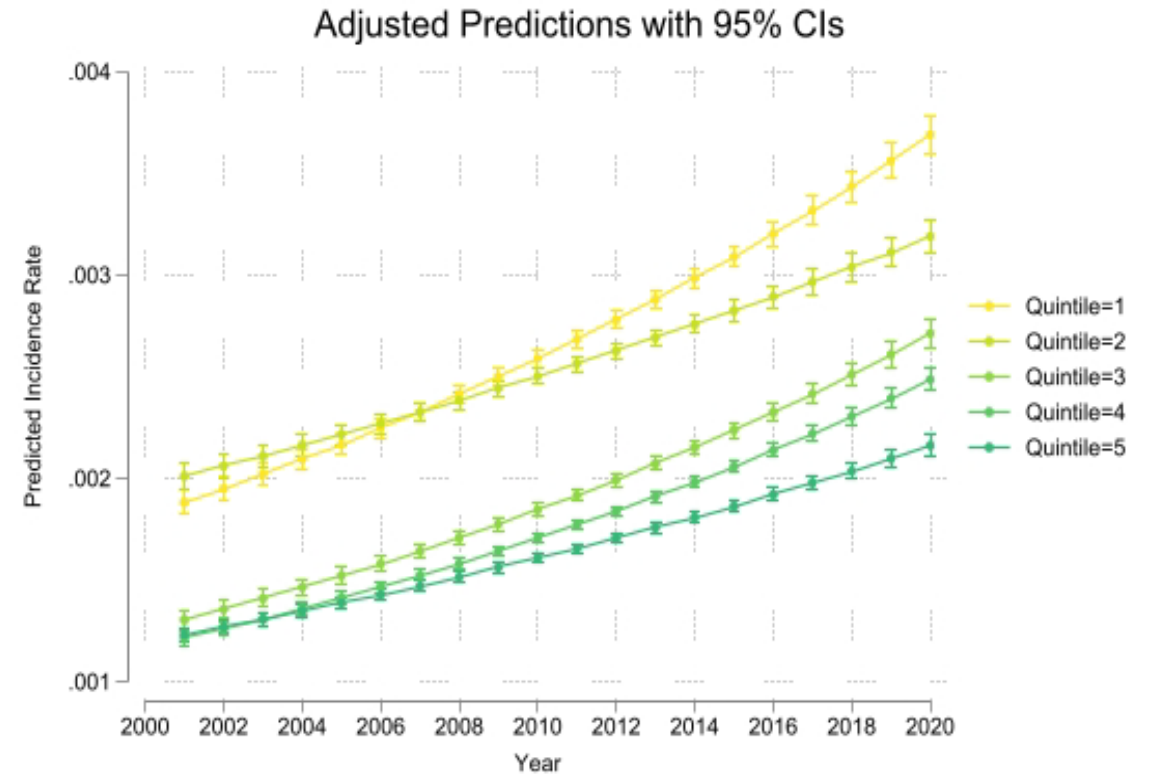
Results

- Statistically significant socio-economic gradients for all measures and for men and women
 - Generally steeper for men (e.g. alcohol-related liver disease rates in the most disadvantaged quintile ~twice as high as the least disadvantaged for men; ~20% higher for women)
- Some small indications that socio-economic gradient was getting wider, although results were inconsistent
 - Health inequalities clearly not narrowing

Fitted interaction models (men)



Liver disease (all ages)



ED presentations (all ages)

Discussion

- Australian data is broadly consistent with the international literature
 - Volume of drinking skews towards high SES groups, harm rates skew towards low SES groups
 - Lack of standard reporting and discussion of these disparities in Australia is striking – alcohol is clearly contributing substantially to health inequalities, but is not a strong focus of discussion in this area
- Broadly descriptive study, further work needed to develop appropriate interventions (see Boyd et al)

Thank you

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23 November 2024

Drug checking around Australia: A snapshot of services, recent findings, and insights for the festival season

2025 NDRI symposium

4 March 2025

Challenges and opportunities: reducing AOD-related harm in 2025 and beyond *(in-person and online)*

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