



Responding to the burden of alcohol-related injuries: a New Zealand NGO's perspective.

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Outline

- Who we are?
- Why we did what we did?
- What we did?
- What we found?
- Where to from here?

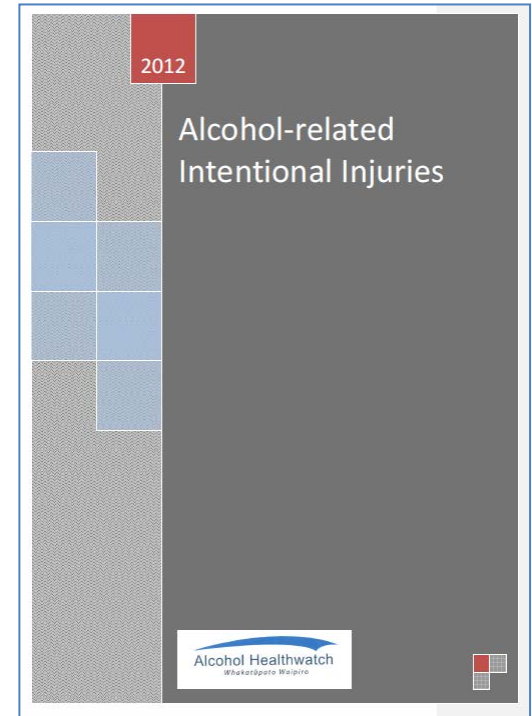
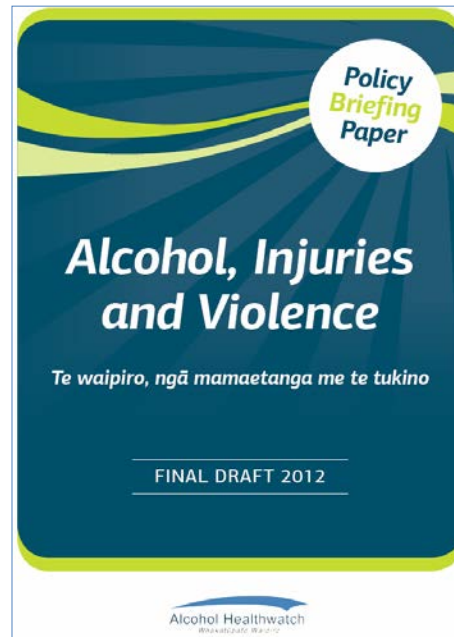
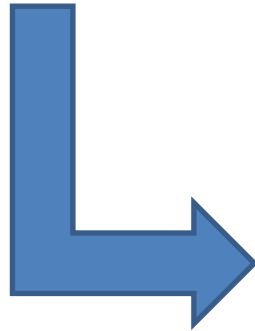
Who are we

- Alcohol Healthwatch is a charitable trust working towards reducing and preventing alcohol-related harm
- Based in Auckland, New Zealand
- A regional and national focus to our work
- An evidence based organisation
- Funded by Ministry of Health
- Team of 5 😊

Why we did what we did

- Better understand the extent of alcohol-related burden of injuries and violence
- Assess the burden of alcohol-related injuries and violence in New Zealand
- Better inform intervention and policy practice

What we did



2 Day National Symposium



Context

Injury

Intentional Injuries

- Road Traffic Injuries
- Falls
- Fires
- Drownings
- Poisoning
- Others:
 - Occupational/workplace
 - Sport
 - Cutting & Piercing
 - Child Injury

Unintentional Injuries

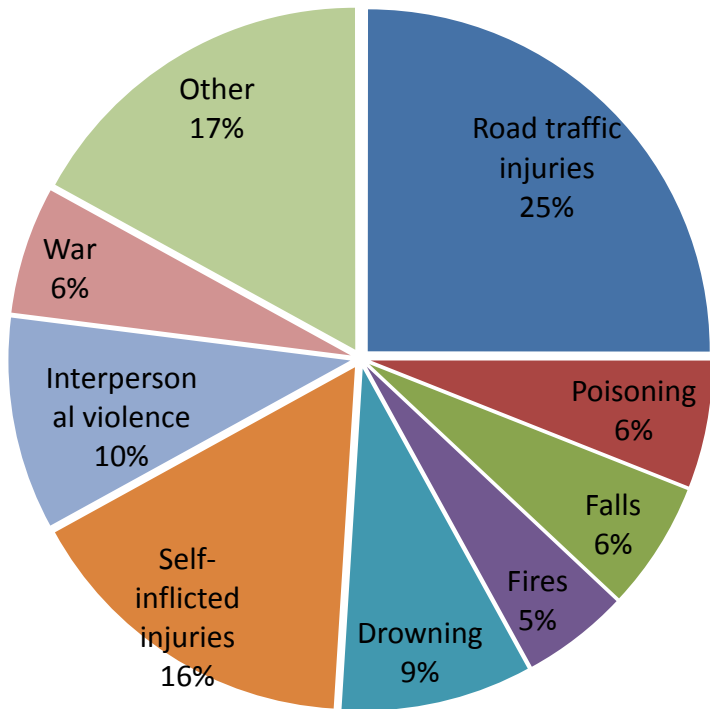
- Interpersonal Violence
 - Community Violence
 - Intimate Partner Violence
 - Child Abuse
 - Youth Violence
 - Elder Abuse
 - Sexual Violence
- Suicide & Self-inflicted Injuries
- Others

What we found

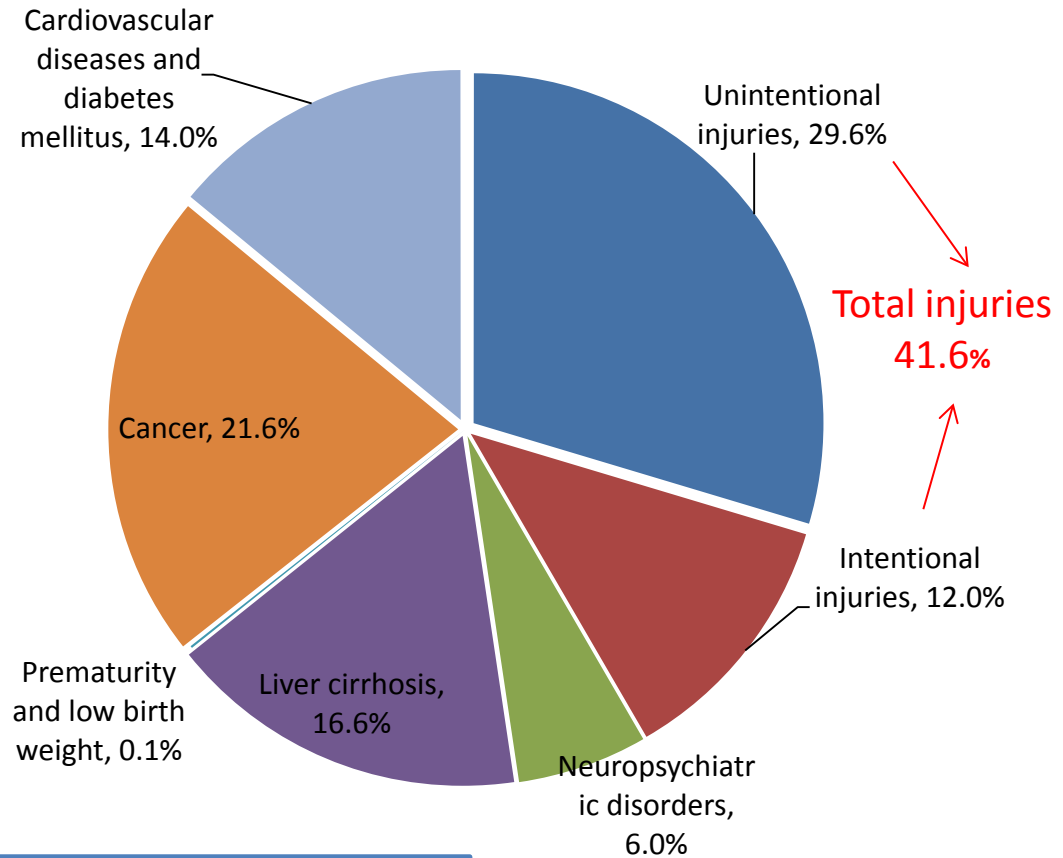
- Alcohol is a major risk factor for all unintentional and intentional injuries
- Key driver of both frequency and severity of injuries
- Dose response relationship is evident
- Both causal and contributing relationship has been established
- Alcohol is a multi-faceted & complex factor in violence
- Alcohol directly causes aggression

Global burden

Injury, mortality by cause 2000
(WHO 2002)



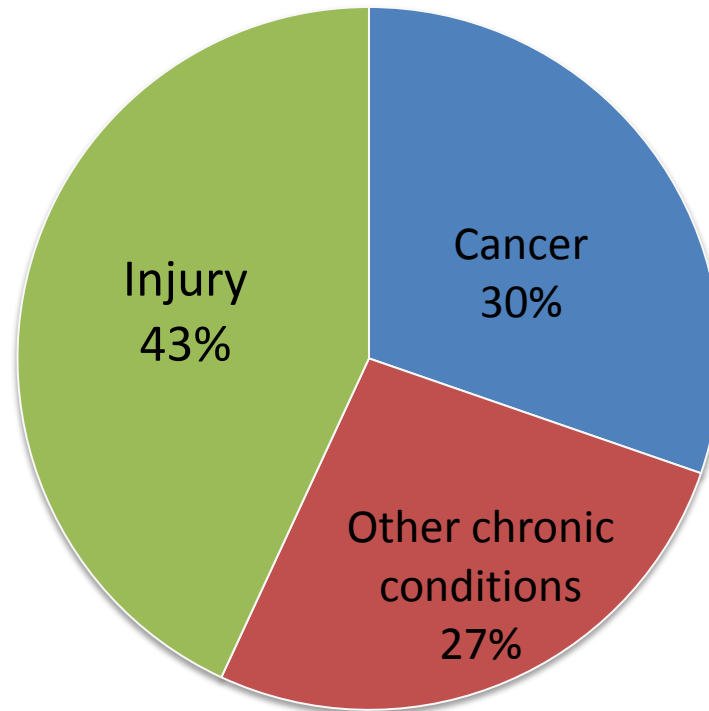
Alcohol-attributable deaths
by disease and injury, 2004 (WHO 2011)



- Every year more than 5 million people die of injuries.
- By 2020- 3rd leading cause of death and disability worldwide.

Source: WHO 2002, 2011

Alcohol-attributable deaths in NZ 2007



- 1 in 4 have potentially hazardous drinking problem
- 1 in 3 harmed by their own drinking in previous year
- Approx 1000 NZ'ers die each year from alcohol-related causes

Economic burden

- Alcohol-related social costs \$5.3b/yr
- Injury - > \$10.3 b/yr

Unintentional	Intentional
RTI- \$2.23b/2010	Family violence- \$8b/yr
Falls- \$1.85b/2010	Suicide & self-harm \$2.18b
Workplace-\$1.04b/2010	Child abuse-\$2b/yr
Drowning-\$313m/2010	Sexual violence-\$1.2b/yr
Other-\$2.4b/2010	Homicide-\$4m/each

Specific findings

Unintentional injuries

Road Traffic Injuries: 1/3 are alcohol-related

Falls: 1/5 in homes are linked to alcohol use in previous six hours

Drowning: ≈20 deaths/yr; drinking on boats ≈3 deaths/yr

Workplace: 20-25% of injuries are alcohol-related

Poisoning: 2005-2007=20.3% children & young people died of alcohol poisoning

Fire: 40-44% fatalities involve alcohol

Pedestrian:2006-2010 = 52 deaths

Emergency Departments: up to 35% ED presentations alcohol-related, increasing to >75% during weekends

Harm to others: significantly higher than previously thought, especially among children

Associated risks

Unintentional
RTI: BAC >0.08; 20-29 yrs- 50 times more likely to be involved in a fatal crash; Over 30yrs-16 times more likely to be involved in a fatal crash
Drowning: risk ↑ by 16 times. A 10-fold increase in reckless behaviour around water
Fire: alcohol-related burn victims 3 times more likely to die
Falls: 3 or more standard drinks in previous 6 hours increases the risk by 12 times
Cutting & piercing: risk ↑ by 3 times
Spinal Cord Injury: risk ↑ by 3 times
Traumatic Brain Injury: risk ↑ by 2-4 times
Fetal Alcohol Spectrum Disorders: linked to pre-natal alcohol exposure

Specific findings

Intentional Injuries
Community: 1/3 of all violent offenders are intoxicated
Interpersonal Violence: 1/3 of family violence incidents
Homicide: ½ of all homicides are alcohol-related
Sexual: ½ of all sexual assaults incidents are alcohol-related
Crime: ½ victims of crime in public places said offender was intoxicated >62,000 physical assaults/yr alcohol-related
Self-harm: Up to 50% men & 30% women had consumed alcohol in the previous 6 hrs of their attempt
Suicide: In 2010- 40% alcohol/drugs related
Child: 1 in 6 cases of child abuse are alcohol-related

Associated risks

Intentional
Community violence: pre loading 2.5 more likely to engage in fights/assaults
Drinking in the previous 24hr increases risk of perpetrating violence by 13 times
Alcohol increases risk of exposure to intimate partner violence by 8 times
Women affected by intimate partner violence- 6 times more likely to abuse alcohol
Alcohol most common date rape drug
Suicide: risk ↑ by 4-8 times
Child/elder abuse: risk ↑ if parent and/or caregiver abuse alcohol

Risk factors

- Drinking patterns
- Environmental factors
- Gender
- Age
- Geographic & socio-demographic variations

Challenges

- Planning vacuum
- Liberal alcohol policy
- New legislation
- Gaps in knowledge/data
- Underinvestment
- Political/commercial interests
- Less collaboration among sectors

Preventing alcohol-related injuries & violence

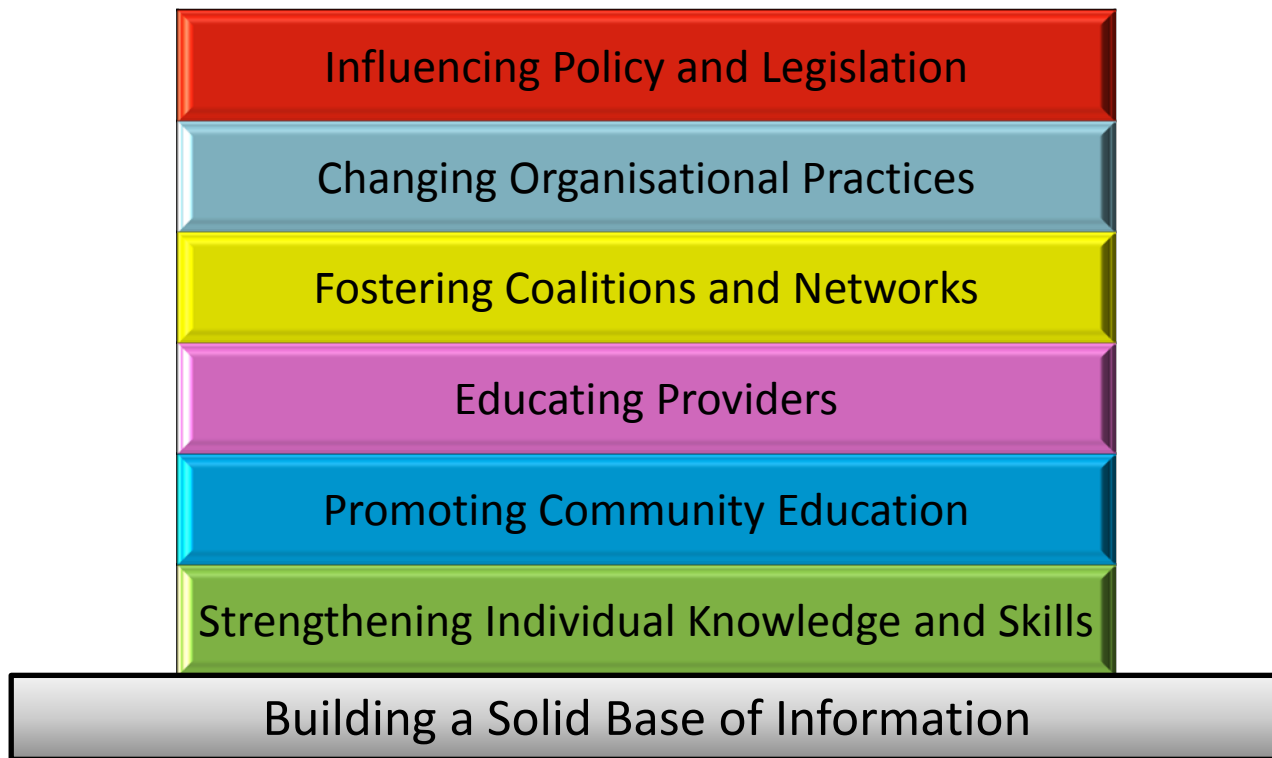
- The development of interventions to reduce alcohol-related injury and violence is in its formative years.
- There is strong evidence to guide alcohol-harm prevention that would reduce risk factors for alcohol-related injuries and violence
- The fields of alcohol harm prevention, injury and violence prevention working together
- Comprehensive & collaborative approach

Recommendations

1. Prioritise alcohol harm reduction
2. Develop effective policy interventions
3. Address social determinants contributing to alcohol harm
4. Co-ordinate alcohol-harm reduction within and between injury and violence prevention sectors
5. Greater recognition of and response to the harm experienced by those other than the drinker especially women and children
6. Enhance service delivery to Māori
7. Enhance service delivery to Pacific, Asian, New migrant and other communities experiencing alcohol harm
8. Enhance brief interventions and treatment services
9. Improve alcohol-related data collection
10. Empower communities

Where to from here

Spectrum of Prevention



Thank you

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Full list of references available in the briefing paper and literature reviews.