



Alcohol and Injury

Recent studies show that injury and death due to trauma are amongst the most important consequences of alcohol use. Examples of incidents include: vehicle, cycling and pedestrian-related accidents; falls; fires; drowning; sports and recreational injuries; alcohol poisoning, overdose, suffocation, and inhalation of vomit; assault and violence; intentional self-harm.

Types of injuries or death:

- from **accidents**, by the effects of alcohol on such abilities as reaction time, reasoning, co-ordination, care and judgement;
- from **violence**, by the effects of alcohol on factors such as self-control, impulsivity, and the capacity to resolve conflicts in non-violent ways; alcohol appears to be involved in about half of all violent crime and for men already inclined towards domestic violence, alcohol increases the likelihood of violence; and
- from **self-harm**, with heavy drinking as a major risk factor for suicide and suicidal behaviour among both young people and adults. About one third of all self-inflicted injuries and suicides are linked to alcohol. The association between alcohol consumed in a high-risk manner and suicide is particularly strong in teenagers and among Aboriginal and Torres Strait Islander people.

The likelihood of injury from alcohol

Risk of injury starts to increase at relatively low levels of alcohol intake and it increases as the level of intake increases (the risk increases significantly after three to four drinks).

- The more often you drink, the greater the risk of eventually experiencing an injury related to alcohol.
- More than four drinks in one drinking session significantly increases the risk of injury and death amongst the general population (less than four drinks could be risky in young people, those with health issues, the elderly, and those on medication).
- The risk increases more for people whose level of consumption varies significantly from time to time, and the risk is highest for those who occasionally drink much more than their usual amount.
- Young people have greater vulnerability to alcohol than adults do. As well as usually being physically smaller, they lack experience of drinking and its effects. Additionally, the advent of puberty and adolescence are often accompanied by taking on a range of risk-taking behaviours and/or potentially dangerous activities, both of which can considerably heighten the risk associated with drinking. The loss of inhibitions and decision-making skills place young people at particular risk of violence, accidents and sexual coercion. One in thirteen deaths in young people are attributable to alcohol at a rate of one per week (and sixty hospitalisations per week).
- In older people, the risk of falling increases with older age, while driving skills may be affected by problems such as visual loss and slowed reaction time. Alcohol can increase the risks in both of these areas.
- The risks associated with drinking depend not only on how much a person drinks, but also on the rate of drinking, the environment, the drinker's expectations of the effects of alcohol (e.g. including using alcohol as an excuse for unacceptable behaviour) and what the person is doing during and after drinking. Eating while drinking helps to reduce intoxication and, therefore, the risk of harm. The risk of injury, violence, depression and suicide attempts are all influenced by the setting in which people are drinking.

Rates of injury and harm from alcohol

- There is a three-fold increase of injury for males and eight-fold increase for females associated with drinking above low risk levels.
- The risk of injury under the influence is greatest amongst 18–24 year olds.
- Alcohol is associated with 44% of fire injuries, 34% of falls and drowning, 30% of car accidents, 47% of assaults, 34% of homicides, 32% of suicides, 16% of child abuse, and 7% of industrial machine accidents.
- Alcohol is the main cause of deaths on Australian roads. Road crash deaths and injuries are the second biggest source of alcohol-related death after liver cirrhosis. About one third of male motor vehicle deaths and over 10% of female deaths are due to alcohol. For pedestrians, alcohol accounts for around 40% of male and 17% of female deaths. Around half of these deaths are in those aged 15–24 years.

Recommended consumption levels for low-risk drinking

For healthy men and women, drinking **no more than two standard drinks on any day** reduces the **lifetime risk of harm** from alcohol-related disease or injury.

Drinking **no more than four standard drinks on a single occasion** reduces the risk of alcohol-related **injury** arising from that occasion.

For children and young people under 18 years of age, not drinking alcohol is the safest option.

For women who are pregnant, planning a pregnancy, or breastfeeding, not drinking is the safest option.

Further reductions in the lifetime risk of alcohol-related disease or injury can be achieved by reducing the number of occasions of drinking across a lifetime, for example through regular alcohol-free days.

Very low levels of alcohol can affect judgement and performance. Therefore, it is recommended that not drinking is the safest option to avoid the risk of endangering the lives of the drinker and/or others in situations where drinking increases the immediate risk of harm, including the supervision of children.

You can find more information on the recommended levels of alcohol consumption in the Guidelines for Alcohol Consumption Fact Sheet.

Adapted from

Australian Department of Health and Ageing. Australian Alcohol Guidelines Fact Sheets www.alcoholguidelines.gov.au

Guidelines source

National Health and Medical Research Council (NHMRC) (2009). *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*, Commonwealth of Australia, Canberra.

Other sources

Australian Bureau of Statistics (2006). *Alcohol Consumption in Australia: A snapshot, 2004–05*. Cat 4832.0.55.001

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Alcohol increases the risk of injury or death from accidents, assaults and self-harm.

YOUR HEALTH AND ALCOHOL