A study of hospitalisation and mortality due to alcohol use in the Pilbara region and Western Australia, 1989-1993

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Note

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1 Introduction

This report provides a summary of alcohol-caused health data for the Pilbara region and Western Australia, to assist local planners, health care providers, key departments and community-based groups to identify trends and features of alcohol-caused problems and to support initiatives encouraging less harmful alcohol use. It was commissioned following the success of a similar publication covering the Kimberley region.

2 Data sources and methodology

The numbers of deaths and episodes of hospitalisation attributable to alcohol use have been estimated using the aetiologic fractions method developed by Holman, Armstrong and colleagues in 1988² and revised by English, Holman and colleagues in 1995.3 The new aetiologic fractions used in this report were calculated for hazardous and harmful alcohol consumption⁴ relative to low alcohol consumption. The new fractions differ from the old version in that low alcohol consumption, not abstinence, is used as the reference category.

The aetiologic fractions method involves the application of fractions (probabilities) to estimate the contribution of the use of alcohol (and other drugs) to mortality and hospitalisation. Some conditions are wholly attributable to the use of alcohol, for example alcoholic liver cirrhosis. In these cases the probability (or aetiologic fraction) of the condition being caused by alcohol is 1.0 and mortality or hospitalisation is quantified simply by enumeration of all cases coded to that condition.

Most conditions, however, cannot be attributed wholly to the use of alcohol, so the impact of these conditions on mortality and hospitalisation cannot be measured directly. For these conditions, English, Holman and colleagues undertook a detailed meta-analysis of the scientific literature to determine the health effects of the use of alcohol and other drugs. By combining estimates of the comparative risks of users and non-users of alcohol developing a particular condition with estimates of the proportion of the population using alcohol, they developed sex- and age-specific estimates of the proportion of occurences of that condition which could be attributed to the use of alcohol. Thus, for causes of death or hospitalisation not wholly attributable to the use of alcohol, the aetiologic fractions method does not identify individual cases, but provides an indirect estimate of the number of deaths or episodes of hospitalisation attributable to the use of alcohol.

For example, their analysis concluded that for males aged 15 years and above 34 per cent of deaths from falls could be attributed to the use of alcohol. The application of the probability (or aetiologic fraction) of 0.34 to the number of male deaths resulting from falls (eg. 100) estimates that a number (in this case 34) of such deaths could be attributed to the use of alcohol.

Hospitalisation and mortality data for conditions known to be related to alcohol consumption for the period 1989-1993 were extracted from the Hospital Morbidity Data System (HMDS)⁵ and the mortality database, which are maintained by the Health Statistics Branch of the Health Department of Western Australia. Although the HMDS records the principal diagnosis and up to eighteen other diagnostic codes, in this report the principal diagnosis only was used.

The mortality and hospitalisation data were analysed to provide measures of the short- and long-term effects of alcohol use on the health of the residents of the Pilbara region and on the population of Western Australia. The short-term effects of alcohol use were determined by estimating the number of alcohol-caused injuries; longterm consequences were determined by enumeration of the number of cases due to conditions known to be wholly attributable to alcohol use (see Appendix 1 for the conditions and ICD9-CM codes). In addition, the numbers of deaths and hospital admissions due to all alcohol-caused conditions were estimated.

Aboriginal people account for more than ten per cent of the population of the Pilbara so comparisons have been made of the impact of alcohol use on Aboriginal and non-Aboriginal populations in the Pilbara region as well as Statewide. For hospitalisation age-standardised rates were calculated, but the numbers of deaths in the Pilbara region were too small to calculate rates.

Originally, it was intended to compare the east and west Pilbara districts, as was done for the Kimberley region in the report A study of hospitalisation and mortality due to alcohol use in the Kimberley Health Region of Western Australia, 1988-1992. However, changes in postcodes and health region boundaries⁷ over the last five years made it difficult to reconcile the population figures with the health data so the whole of the Pilbara⁸ was compared to the total State.

Trends in the incidence of alcohol-caused injuries and conditions were estimated by Poisson regression. Using the GLIM package, average year-to-year ratios were used to establish the nature and significance of trends in rates over the period studied. Age-specific rates were used as the dependent variable.

3 Results

3.1 Hospitalisation due to alcohol-caused injuries

3.1.1 Pilbara region

Over the period 1989-1993 an estimated 546 non-Aboriginals (423 males; 123 females) and 560 Aboriginals (228 males; 332 females) in the Pilbara region were admitted to hospital because of alcohol-caused injuries. For Aboriginals, assaults were the most common type of alcohol-caused injury, accounting for 58% of alcoholcaused injuries among males and 79% among females. Falls were the most common type of alcohol-caused injury among non-Aboriginals accounting for 38% of alcohol-caused injuries among males and 42% among females (Table 1).

Table 1: Estimated number of hospital admissions due to alcohol-caused injuries by Aboriginality, Pilbara region, 1989-1993

			Non-A	borigina	als				Abo	riginals		
	1989	1990	1991	1992	1993	1989-93	1989	1990	1991	1992	1993	1989-93
Males												
Road injuries	34	30	23	22	18	127	6	6	7	7	5	31
Machine injuries	3	3	4	3	2	15	1	1	1	1	0	4
Suicide	1	3	2	2	1	9	0	0	1	1	1	3
Assault	17	16	16	17	21	87	23	19	22	35	34	133
Falls	38	35	29	34	26	162	11	10	7	9	11	48
Other e-codes	11	4	5	1	2	23	1	3	0	1	4	9
All injuries	104	91	79	79	70	423	42	39	38	54	55	228
Females												
Road injuries	8	5	5	4	3	25	1	2	2	2	2	9
Machine injuries	1	0	0	1	0	2	0	0	1	0	0	1
Suicide	2	2	2	2	1	9	1	1	0	0	1	3
Assault	4	5	7	6	7	29	51	33	63	65	50	262
Falls	9	7	14	11	11	52	12	13	9	8	5	47
Other e-codes	0	3	1	0	2	6	2	2	1	1	4	10
All injuries	24	22	29	24	24	123	67	51	76	76	62	332
Persons												
Road injuries	42	35	28	26	21	152	7	8	9	9	7	40
Machine injuries	4	3	4	4	2	17	1	1	2	1	0	5
Suicide	3	5	4	4	2	18	1	1	1	1	2	6
Assault	21	21	23	23	28	116	74	52	85	100	84	395
Falls	47	42	43	45	37	214	23	23	16	17	16	95
Other e-codes	11	7	6	1	4	29	3	5	1	2	8	19
All injuries	128	113	108	103	94	546	109	90	114	130	117	560

Table 2: Age-standardised rates of hospital admissions due to alcohol-caused injuries by Aboriginality, Pilbara region, 1989-1993

		1989		1990		1991				1993	19	989-1993
	ASR	CI										
Non-Aboriginals												
Males	432	(314-550)	403	(291-514)	365	(249-481)	354	(251-456)	401	(195-607)	386	(332-441)
Females	121	(42-201)	105	(56-155)	161	(71-251)	121	(61-180)	142	(64-220)	130	(97-162)
Persons	300	(223-376)	273	(208-339)	269	(196-343)	246	(186-306)	263	(170-356)	270	(237-302)
Aboriginals												
Males	1456	(962-1950)	1312	(824-1801)	1531	(993-2069)	2072	(1488-2655)	1893	(1366-2419)	1658	(1422-1894)
Females	2422	(1811-3033)	1586	(1106-2065)	2685	(2044-3326)	2582	(1969-3195)	2010	(1473-2546)	2256	(1996-2516)
Persons	1975	(1571-2378)	1443	(1106-1781)	2125	(1704-2546)	2328	(1906-2750)	1942	(1568-2316)	1967	(1791-2143)

Note: ASR = the age-standardised rate per 100,000 person-years

CI = 95% confidence intervals

The age-standardised rates (ASRs) for alcohol-caused injuries were higher for Aboriginals than for non-Aboriginals - the ASRs for the period 1989-1993 were 1,967 hospital admissions per 100,000 person-years for Aboriginals and 270 for non-Aboriginals. Among non-Aboriginals the ASR for males was higher than that for females, but the ASR for Aboriginal females was higher than that for Aboriginal males (Table 2; Figures 1 and 2).

Aboriginal:non-Aboriginal rate ratios for alcohol-caused injuries were between 5.3 and 9.5 over the period 1989-1993, with the highest rate ratio occurring in 1992. Non-Aboriginal male:female rate ratios were greater than one, ranging from 2.3 to 3.8, but Aboriginal male: female rate ratios were less than one, ranging from 0.6 to 0.9 (Table 3).

Trend analysis of the hospitalisation rates for alcohol-caused injuries over the five-year period found a statistically significant increase (10.7%) in the rate for male Aboriginals (Table 4).

Table 3: Rate ratios of age-standardised hospitalisation rates for alcohol-caused injuries, Pilbara region, 1989-1993

Rate ratio	1989	1990	1991	1992	1993	1989-93
Aboriginal:non-Aboriginal	6.6	5.3	7.9	9.5	7.4	7.3
Non Aboriginal male:female	3.6	3.8	2.3	2.9	2.8	3.0
Aboriginal male:female	0.6	8.0	0.6	8.0	0.9	0.7

Table 4: Average annual percentage change in hospitalisation rates for alcoholcaused injuries, by Aboriginality, Pilbara region, 1989-1993

	Nor	n-Aboriginal	Aboriginal					
	%	Significance	%	Significance				
Males	-6.3	NS	10.7	S				
Females	3.1	NS	0.7	NS				
Persons	-4.9	NS	4.6	NS				

Note: The rate of change of ASRs is the average per year over the period 1989-93.

NS = not significant (p > 0.05); S = significant (p £ 0.05).

Figure 1: Age-standardised rates of male hospital admissions due to alcoholcaused injuries, by Aboriginality, Pilbara region, 1989-1993

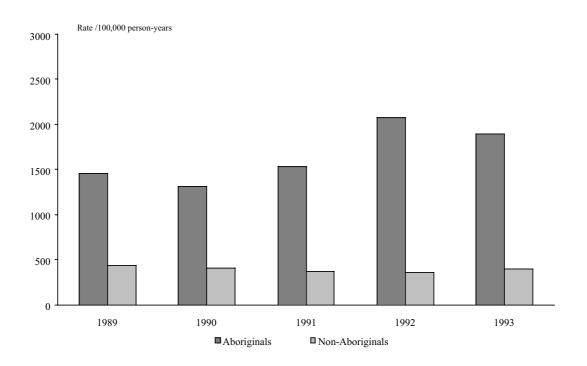
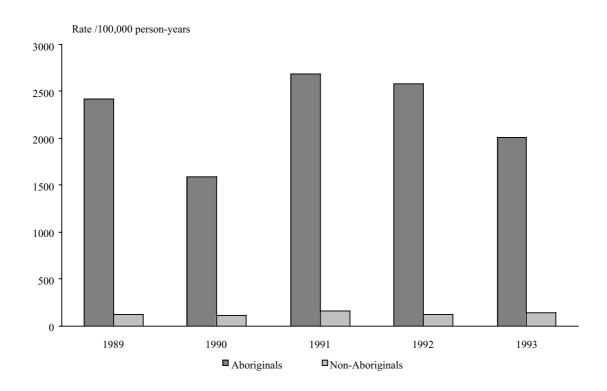


Figure 2: Age-standardised rates of female hospital admissions due to alcoholcaused injuries, by Aboriginality, Pilbara region, 1989-1993



3.1.2 Western Australia

Over the period 1989-1993 an estimated 20,859 non-Aboriginals (12,210 males; 8,649 females) and 3,581 Aboriginals (1,821 males; 1,760 females) in Western Australia were admitted to hospital because of alcoholcaused injuries. For Aboriginals, assaults were the most common type of alcohol-caused injury, accounting for 52% of alcohol-caused injuries among males and 70% among females. Falls were the most common type of alcohol-caused injury among non-Aboriginals accounting for 43% of alcohol-caused injuries among males and 76% among females (Table 5).

The age-standardised rates (ASRs) for alcohol-caused injuries were higher for Aboriginals than for non-Aboriginals - the ASRs for the period 1989-1993 were 1,686 hospital admissions per 100,000 person-years for Aboriginals and 223 for non-Aboriginals. The ASR for males was higher than that for females for both Aboriginals and non-Aboriginals (Table 6; Figures 3 and 4).

Aboriginal:non-Aboriginal rate ratios for alcohol-caused injuries were between 6.4 and 8.8 over the period 1989-1993, with the highest rate ratio occurring in 1993. Non-Aboriginal male:female rate ratios ranged from 1.7 to 1.9, and Aboriginal male: female rate ratios from 1.0 to 1.3 (Table 7).

Trend analysis of the hospitalisation rates for alcohol-caused injuries over the five-year period found statistically significant increases in the rates for Aboriginals (males 7.6%; females 7.0%; persons 7.3%) and a statistically significant decrease in the rate for non-Aboriginal males (4.3%) (Table 8).

Table 5: Estimated number of hospital admissions due to alcohol-caused injuries, by Aboriginality, Western Australia, 1989-1993

			Non-Ab	originals					Abori	ginals		
	1989	1990	1991	1992	1993	1989-93	1989	1990	1991	1992	1993	1989-93
Males												
Road injuries	736	673	620	596	607	3232	50	50	60	56	70	286
Machine injuries	95	85	82	98	111	471	5	4	5	4	6	24
Suicide	102	107	103	109	110	531	7	9	9	10	15	50
Assault	421	411	433	421	461	2147	137	156	172	212	272	949
Falls	1050	1073	998	1022	1097	5240	91	88	84	78	80	421
Other e-codes	148	133	111	96	101	589	15	22	18	16	20	91
All injuries	2552	2482	2347	2342	2487	12210	305	329	348	376	463	1821
Females												
Road injuries	216	170	175	148	187	896	16	13	19	16	25	89
Machine injuries	20	19	18	22	22	101	2	1	3	2	4	12
Suicide	84	82	84	90	90	430	8	8	8	7	7	38
Assault	97	102	89	100	116	504	188	187	237	278	334	1224
Falls	1218	1254	1265	1330	1464	6531	81	73	67	61	56	338
Other e-codes	30	41	47	32	37	187	14	13	11	12	9	59
All injuries	1665	1668	1678	1722	1916	8649	309	295	345	376	435	1760
Persons												
Road injuries	952	843	795	744	794	4128	66	63	79	72	95	375
Machine injuries	115	104	100	120	133	572	7	5	8	6	10	36
Suicide	186	189	187	199	200	961	15	17	17	17	22	88
Assault	518	513	522	521	577	2651	325	343	409	490	606	2173
Falls	2268	2327	2263	2352	2561	11771	172	161	151	139	136	759
Other e-codes	178	174	158	128	138	776	29	35	29	28	29	150
All injuries	4217	4150	4025	4064	4403	20859	614	624	693	752	898	3581

Table 6: Age-standardised rates of hospital admissions due to alcohol-caused injuries, by Aboriginality, Western Australia, 1989-1993

		1989		1990		1991		1992		1993	19	989-1993
	ASR	CI										
Non-Aboriginals												
Males	305	(293-316)	289	(277-300)	271	(260-282)	265	(254-276)	279	(268-290)	282	(277-287)
Females	163	(154-171)	155	(147-163)	152	(144-160)	150	(143-158)	165	(157-173)	157	(154-161)
Persons	238	(231-245)	226	(219-233)	215	(209-222)	212	(205-218)	226	(219-232)	223	(220-226)
Aboriginals												
Males	1558	(1366-1751)	1677	(1479-1874)	1700	(1505-1895)	1829	(1624-2033)	2202	(1984-2419)	1802	(1711-1892)
Females	1505	(1325-1685)	1331	(1167-1495)	1596	(1414-1779)	1634	(1457-1811)	1807	(1625-1988)	1580	(1500-1659)
Persons	1530	(1399-1661)	1496	(1369-1623)	1648	(1515-1781)	1724	(1590-1858)	1995	(1855-2136)	1686	(1626-1745)

ASR = the age-standardised rate per 100,000 person-years

CI = 95% confidence intervals

Figure 3: Age-standardised rates of male hospital admissions due to alcoholcaused injuries, by Aboriginality, Western Australia, 1989-1993

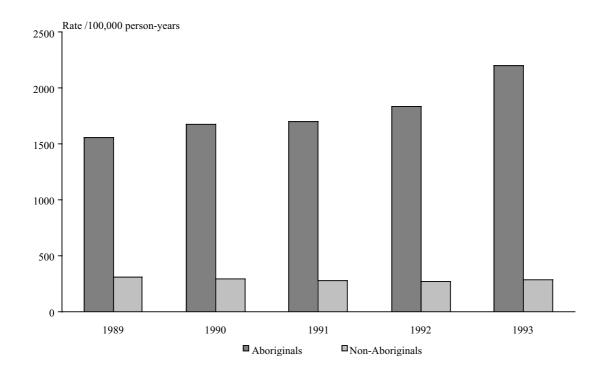


Figure 4: Age-standardised rates of female hospital admissions due to alcoholcaused injuries, by Aboriginality, Western Australia, 1989-1993

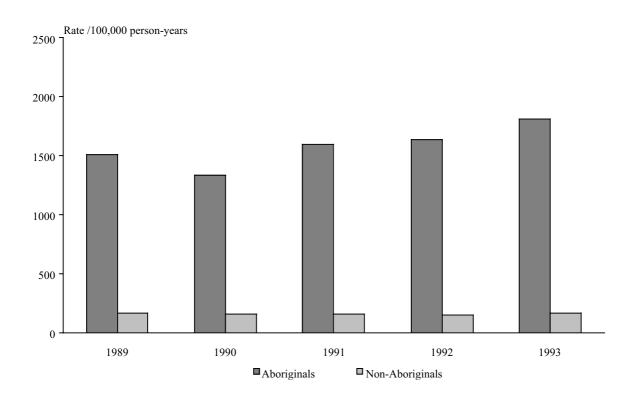


Table 7: Rate ratios of age-standardised hospitalisation rates for alcohol-caused injuries, Western Australia, 1989-1993

Rate ratio	1989	1990	1991	1992	1993	1989-93
Aboriginal:non-Aboriginal	6.4	6.6	7.7	8.1	8.8	7.6
Non Aboriginal male:female	1.9	1.9	1.8	1.8	1.7	1.8
Aboriginal male:female	1.0	1.3	1.1	1.1	1.2	1.1

Table 8: Average annual percentage change in hospitalisation rates for alcoholcaused injuries, by Aboriginality, Western Australia, 1989-1993

	Nor	n-Aboriginal	Aboriginal						
	%	Significance	%	Significance					
Males	-4.3	S	7.6	S					
Females	1.0	NS	7.0	S					
Persons	-0.9	NS	7.3	S					

Note: The rate of change of ASRs is the average per year over the period 1989-93. NS = not significant (p > 0.05); S = significant (p £ 0.05).

3.2 Hospitalisation due to conditions wholly attributable to alcohol 3.2.1 Pilbara region

Over the period 1989-1993, 224 non-Aboriginals (173 males; 51 females) and 237 Aboriginals (180 males; 57 females) in the Pilbara region were admitted to hospital because of conditions wholly attributable to alcohol. Of these conditions, alcoholic psychosis was the most common cause of admission for male Aboriginals, accounting for 42% of hospital admissions due to conditions wholly attributable to alcohol. Alcohol dependence was the most common cause of admission for female Aboriginals and male and female non-Aboriginals (28%, 51% and 53% of hospital admissions due to conditions wholly attributable to alcohol respectively) (Table 9).

The ASRs for conditions wholly attributable to alcohol were higher for Aboriginals than for non-Aboriginals the ASRs for the period 1989-1993 were 979 hospital admissions per 100,000 person-years for Aboriginals and 156 for non-Aboriginals. The ASR for males was higher than that for females for both Aboriginals and non-Aboriginals (Table 10; Figures 5 and 6).

Aboriginal:non-Aboriginal rate ratios for all conditions wholly attributable to alcohol were between 4.3 and 11.2 over the period 1989-1993, with the highest rate ratio occurring in 1993. Non-Aboriginal male: female rate ratios ranged from 1.7 to 4.5, and Aboriginal male: female rate ratios from 2.2 to 4.3 (Table 11).

Trend analysis of the hospitalisation rates for conditions wholly attributable to alcohol in the Pilbara region over the five-year period found statistically significant decreases in the rates for non-Aboriginal males (13.5%) and persons (12.5%) (Table 12).

Table 9: Estimated number of hospital admissions due to conditions wholly attributable to alcohol, by Aboriginality, Pilbara region, 1989-1993

			Non-Ab	originals					Abor	iginals		
	1989	1990	1991	1992	1993	1989-93	1989	1990	1991	1992	1993	1989-93
Males												
Alcoholic psychosis	7	4	2	1	7	21	13	14	18	16	15	76
Alcohol dependence	28	26	10	15	9	88	4	5	10	10	7	36
Alcohol non-dependent abuse	11	4	2	5	9	31	7	10	4	9	6	36
Alcoholic polyneuropathy	0	0	0	0	0	0	0	1	0	0	0	1
Alcoholic gastritis	1	3	12	3	1	20	4	1	6	8	6	25
Alcoholic liver cirrhosis	2	3	4	2	2	13	0	2	2	0	2	6
All wholly attributable	49	40	30	26	28	173	28	33	40	43	36	180
Females												
Alcoholic psychosis	3	1	1	1	1	7	2	3	0	1	3	9
Alcohol dependence	4	7	7	7	2	27	0	3	2	2	9	16
Alcohol non-dependent abuse	3	1	4	3	1	12	1	5	2	3	1	12
Alcoholic polyneuropathy	0	0	0	0	0	0	0	0	0	2	0	2
Alcoholic gastritis	0	2	1	0	0	3	5	1	2	2	2	12
Alcoholic liver cirrhosis	0	0	0	1	1	2	0	1	3	0	2	6
All wholly attributable	10	11	13	12	5	51	8	13	9	10	17	57
Persons												
Alcoholic psychosis	10	5	3	2	8	28	15	17	18	17	18	85
Alcohol dependence	32	33	17	22	11	115	4	8	12	12	16	52
Alcohol non-dependent abuse	14	5	6	8	10	43	8	15	6	12	7	48
Alcoholic polyneuropathy	0	0	0	0	0	0	0	1	0	2	0	3
Alcoholic gastritis	1	5	13	3	1	23	9	2	8	10	8	37
Alcoholic liver cirrhosis	2	3	4	3	3	15	0	3	5	0	4	12
All wholly attributable	59	51	43	38	33	224	36	46	49	53	53	237

Note: There were no hospital admissions from alcoholic cardiomyopathy, ethanol toxicity, or methanol toxicity in the Pilbara region during the period studied.

Table 10: Age-standardised rates of hospital admissions wholly attributable to alcohol, by Aboriginality, Pilbara region, 1989-1993

		1989		1990		1991		1992		1993	19	989-1993
	ASR	CI	ASR	CI	ASR	CI	ASR	CI	ASR	CI	ASR	CI
Non-Aboriginals												
Males	238	(150-326)	220	(124-316)	212	(108-315)	183	(82-283)	136	(80-191)	198	(157-239)
Females	72	(5.6-138)	82	(26-137)	113	(30-196)	106	(0.4-211)	30	(1.4-58)	80	(48-113)
Persons	174	(114-235)	167	(103-232)	176	(103-249)	172	(82-263)	94	(57-131)	156	(127-186)
Aboriginals												
Males	1178	(739-1617)	1416	(916-1916)	1761	(1199-2323)	1704	(1182-2226)	1483	(968-1997)	1507	(1279-1736)
Females	339	(96-581)	539	(240-838)	408	(133-683)	448	(157-739)	671	(337-1005)	484	(353-616)
Persons	756	(504-1009)	962	(678-1246)	1050	(746-1355)	1066	(768-1364)	1058	(758-1359)	979	(849-1108)

Note: ASR = the age-standardised rate per 100,000 person-years

CI = 95% confidence intervals

Figure 5: Age-standardised rates of male hospital admissions wholly attributable to alcohol, by Aboriginality, Pilbara region, 1989-1993

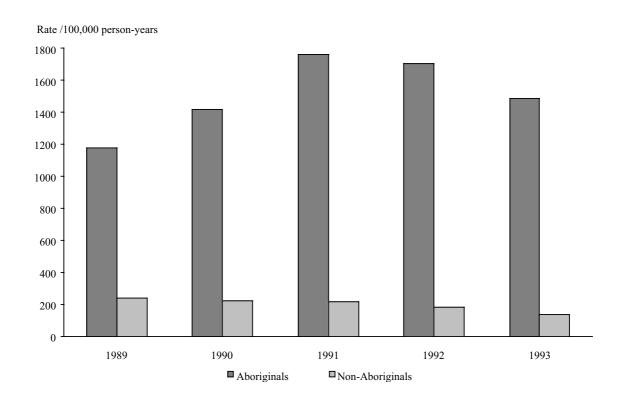


Figure 6: Age-standardised rates of female hospital admissions wholly attributable to alcohol, by Aboriginality, Pilbara region, 1989-1993

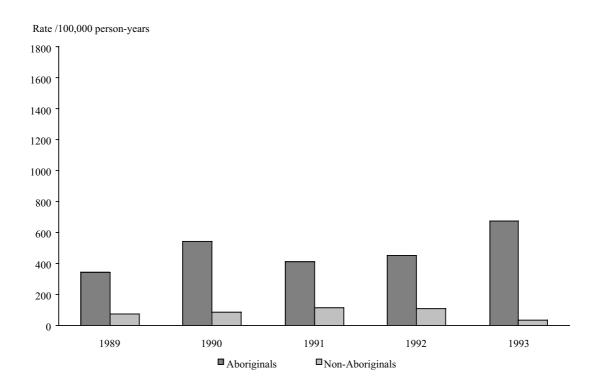


Table 11: Rate ratios of age-standardised hospitalisation rates for conditions wholly attributable to alcohol, Pilbara region, 1989-1993

1989	1990	1991	1992	1993	1989-93
4.3	5.8	6.0	6.2	11.2	6.3
3.3	2.7	1.9	1.7	4.5	2.5
3.5	2.6	4.3	3.8	2.2	3.1
	4.3	4.3 5.8 3.3 2.7	4.3 5.8 6.0 3.3 2.7 1.9	4.3 5.8 6.0 6.2 3.3 2.7 1.9 1.7	4.3 5.8 6.0 6.2 11.2 3.3 2.7 1.9 1.7 4.5

Table 12: Average annual percentage change in hospitalisation rates for conditions wholly attributable to alcohol, by Aboriginality, Pilbara region, 1989-1993

	Non	-Aboriginal	A	Aboriginal				
	%	Significance	%	Significance				
Males	-13.5	S	4.4	NS				
Females	-8.4	NS	11.0	NS				
Persons	-12.5	S	5.9	NS				

Note: The rate of change of ASRs is the average per year over the period 1989-93. NS = not significant (p > 0.05); S = significant (p £ 0.05).

3.2.2 Western Australia

Over the period 1989-1993, 7,495 non-Aboriginals (5,717 males; 1,778 females) and 2,433 Aboriginals (1,760 males; 673 females) in Western Australia were admitted to hospital because of conditions wholly attributable to alcohol. Of these conditions, alcohol dependence was the most common cause of admission for bothAboriginals and non-Aboriginals, although alcohol abuse accounted for as many admissions among Aboriginal females. Alcohol dependence accounted for 52% of hospital admissions due to conditions wholly attributable to alcohol in non-Aboriginal males and females and 29% and 33% for Aboriginal males and females respectively (Table 13).

The ASRs for conditions wholly attributable to alcohol were higher for Aboriginals than for non-Aboriginals the ASRs for the period 1989-1993 were 1,308 hospital admissions per 100,000 person-years for Aboriginals and 84 for non-Aboriginals. The ASR for males was higher than that for females for both Aboriginals and non-Aboriginals (Table 14; Figures 7 and 8).

Aboriginal:non-Aboriginal rate ratios for conditions wholly attributable to alcohol were between 13.1 and 19.1 over the period 1989-1993, with the highest rate ratio occurring in 1993. Male:female rate ratios ranged from 2.8 to 3.6 for non-Aboriginals, and from 2.4 to 3.1 for Aboriginals (Table 15).

Trend analysis of the hospitalisation rates for conditions wholly attributable to alcohol in Western Australia over the five-year period found statistically significant decreases in the rates for non-Aboriginals (males 8.1%; females 7.5%; persons 8.0%) (Table 16).

Table 13: Estimated number of hospital admissions due to conditions wholly attributable to alcohol, by Aboriginality, Western Australia, 1989-1993

			Non-Ab	originals					Abor	iginals		
	1989	1990	1991	1992	1993	1989-93	1989	1990	1991	1992	1993	1989-93
Males												
Alcoholic psychosis	143	129	127	155	191	745	90	68	94	122	124	498
Alcohol dependence	662	611	676	585	442	2976	85	104	95	108	112	504
Alcohol non-dependent abuse	205	214	165	120	124	828	83	71	75	62	45	336
Alcoholic polyneuropathy	5	6	5	3	5	24	1	2	0	3	1	7
Alcoholic cardiomyopathy	19	11	8	10	6	54	5	2	3	8	6	24
Alcoholic gastritis	40	37	53	65	31	226	50	38	69	72	54	283
Alcoholic liver cirrhosis	221	151	158	163	170	863	22	14	18	31	22	107
Ethanol toxicity	0	0	1	0	0	1	0	0	1	0	0	1
All wholly attributable	1295	1159	1193	1101	969	5717	336	299	355	406	364	1760
Females												
Alcoholic psychosis	36	35	35	41	42	189	9	16	17	17	21	80
Alcohol dependence	204	204	217	140	153	918	43	44	36	31	65	219
Alcohol non-dependent abuse	71	79	72	63	66	351	42	55	49	51	22	219
Alcoholic polyneuropathy	5	1	2	1	0	9	0	4	1	3	2	10
Alcoholic cardiomyopathy	0	1	1	0	0	2	1	1	1	0	1	4
Alcoholic gastritis	8	8	9	7	10	42	17	5	13	19	19	73
Alcoholic liver cirrhosis	47	77	41	46	54	265	10	6	9	19	24	68
Ethanol toxicity	1	0	1	0	0	2	0	0	0	0	0	0
All wholly attributable	372	405	378	298	325	1778	122	131	126	140	154	673
Persons												
Alcoholic psychosis	179	164	162	196	233	934	99	84	111	139	145	578
Alcohol dependence	866	815	893	725	595	3894	128	148	131	139	177	723
Alcohol non-dependent abuse	276	293	237	183	190	1179	125	126	124	113	67	555
Alcoholic polyneuropathy	10	7	7	4	5	33	1	6	1	6	3	17
Alcoholic cardiomyopathy	19	12	9	10	6	56	6	3	4	8	7	28
Alcoholic gastritis	48	45	62	72	41	268	67	43	82	91	73	356
Alcoholic liver cirrhosis	268	228	199	209	224	1128	32	20	27	50	46	175
Ethanol toxicity	1	0	2	0	0	3	0	0	1	0	0	1
All wholly attributable	1667	1564	1571	1399	1294	7495	458	430	481	546	518	2433

Note: There were no hospital admissions from methanol toxicity in Western Australia during the period studied.

Table 14: Age-standardised rates of hospital admissions due to conditions wholly attributable to alcohol, by Aboriginality, Western Australia, 1989-1993

		1989		1990		1991		1992		1993	19	989-1993
	ASR	CI										
Non-Aboriginals												
Males	152	(143-160)	133	(125-140)	133	(125-141)	119	(112-126)	103	(97-110)	128	(124-131)
Females	45	(40-50)	47	(42-52)	42	(38-47)	33	(29-37)	36	(32-40)	40	(38-42)
Persons	99	(94-104)	90	(86-95)	88	(84-93)	76	(72-80)	70	(66-74)	84	(82-86)
Aboriginals												
Males	1983	(1758-2208)	1695	(1489-1901)	1940	(1724-2156)	2245	(2009-2480)	1950	(1732-2167)	1966	(1867-2064)
Females	689	(559-819)	698	(571-825)	642	(521-762)	715	(587-842)	779	(649-909)	707	(650-764)
Persons	1309	(1182-1436)	1175	(1056-1293)	1262	(1141-1383)	1446	(1315-1576)	1336	(1213-1460)	1308	(1252-1364)

Note: ASR = the age-standardised rate per 100,000 person-years

CI = 95% confidence intervals

Table 15: Rate ratios of age-standardised hospitalisation rates for conditions wholly attributable to alcohol, Western Australia, 1989-1993

Rate ratio	1989	1990	1991	1992	1993	1989-93
Aboriginal:non-Aboriginal	13.2	13.1	14.3	19.0	19.1	15.6
Non Aboriginal male:female	3.4	2.8	3.2	3.6	2.9	3.2
Aboriginal male:female	2.9	2.4	3.0	3.1	2.5	2.8

Table 16: Average annual percentage change in hospitalisation rates for conditions wholly attributable to alcohol, by Aboriginality, Western Australia, 1989-1993

	Nor	n-Aboriginal	A	Aboriginal
	%	Significance	%	Significance
Males	-8.1	S	1.1	NS
Females	-7.5	S	2.1	NS
Persons	-8.0	S	1.4	NS

Note: The rate of change of ASRs is the average per year over the period 1989-93. NS = not significant (p > 0.05); S = significant (p £ 0.05).

Figure 7: Age-standardised rates of male hospital admissions wholly attributable to alcohol, by Aboriginality, Western Australia, 1989-1993

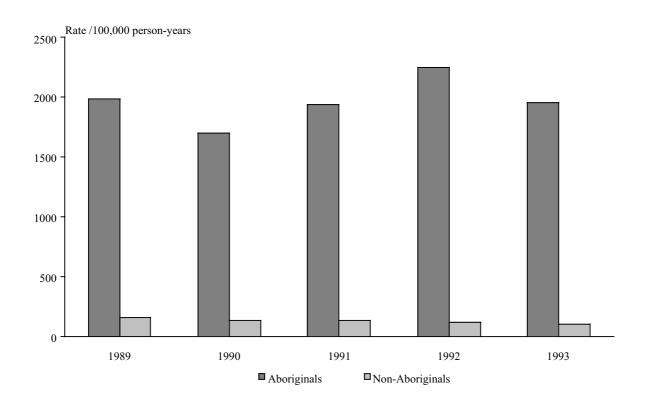
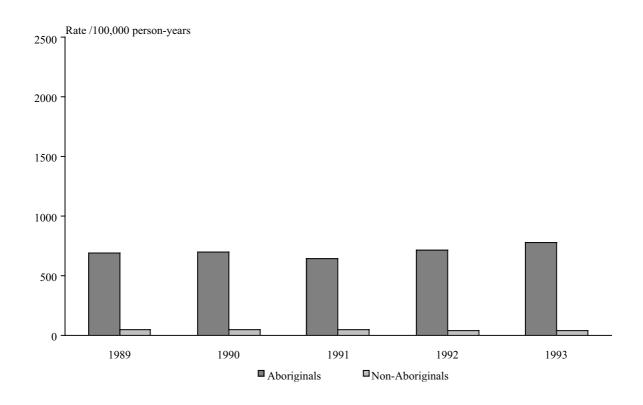


Figure 8: Age-standardised rates of female hospital admissions wholly attributable to alcohol, by Aboriginality, Western Australia, 1989-1993



3.3 Hospitalisation due to all alcohol-caused conditions

3.3.1 Pilbara region

Over the period 1989-1993, an estimated 828 non-Aboriginals (638 males; 190 females) and 846 Aboriginals (438 males; 408 females) in the Pilbara region were admitted to hospital due to alcohol-caused conditions (Table 17).

The ASRs for alcohol-caused conditions were higher for Aboriginals than for non-Aboriginals - the ASRs for the period 1989-1993 were 3,452 hospital admissions per 100,000 person-years for Aboriginals and 520 for non-Aboriginals. The ASR for males was higher than that for females for both Aboriginals and non-Aboriginals (Table 18; Figures 9 and 10).

Aboriginal:non-Aboriginal rate ratios for all conditions attributable to alcohol were between 5.6 and 8.6 over the period 1989-1993, with the highest rate ratio occurring in 1993. The male: female rate ratios ranged from 1.6 to 3.0 for non-Aboriginals and from 1.0 to 1.4 for Aboriginals (Table 19).

Trend analysis of the hospitalisation rates for conditions caused by alcohol over the five-year period found statistically significant decreases in the rates for non-Aboriginal males (7.0%) and persons (6.3%) (Table 20).

Table 17: Estimated number of hospital admissions for all alcohol-caused conditions, by Aboriginality, Pilbara region, 1989-1993

	Non-Aboriginals							Aboriginals						
	1989	1990	1991	1992	1993	1989-93	1989	1990	1991	1992	1993	198993		
Males	163	135	118	116	106	638	75	78	84	102	99	738		
Females	36	37	47	39	31	190	79	67	89	91	82	408		
Persons	199	172	165	155	137	828	154	145	173	193	181	846		

Table 18: Age-standardised rates of all alcohol-caused hospital admissions, by Aboriginality, Pilbara region, 1989-1993

		1989		1990		1991		1992		1993	19	989-1993
	ASR	CI										
Non-Aboriginals												
Males	714	(565-864)	743	(566-920)	710	(521-899)	664	(494-835)	610	(392-828)	684	(607-761)
Females	235	(126-343)	278	(146-409)	436	(243-630)	278	(135-421)	200	(112-287)	286	(224-348)
Persons	517	(418-616)	549	(430-668)	601	(461-742)	518	(393-644)	416	(311-521)	520	(467-572)
Aboriginals												
Males	3258	(2495-4022)	3415	(2616-4213)	3612	(2810-4414)	4146	(3335-4956)	4149	(3305-4993)	3719	(3359-4080)
Females	3119	(2412-3827)	2785	(2107-3463)	3550	(2800-4300)	3474	(2743-4204)	3073	(2395-3751)	3203	(2884-3521)
Persons	3218	(2691-3745)	3083	(2565-3600)	3574	(3027-4122)	3805	(3261-4349)	3558	(3028-4089)	3452	(3213-3691)

Note: ASR = the age-standardised rate per 100,000 person-years

CI = 95% confidence intervals

Table 19: Rate ratios of age-standardised hospitalisation rates for all alcohol-caused conditions, Pilbara region, 1989-1993

Rate ratio	1989	1990	1991	1992	1993	1989-93
Aboriginal:non-Aboriginal	6.2	5.6	5.9	7.3	8.6	6.6
Non Aboriginal male:female	3.0	2.7	1.6	2.4	3.0	2.4
Aboriginal male:female	1.0	1.2	1.0	1.2	1.4	1.2

Table 20: Average annual percentage change in hospitalisation rates for all alcoholcaused conditions, by Aboriginality, Pilbara region, 1989-1993

	Nor	n-Aboriginal	Aboriginal				
	%	Significance	%	Significance			
Males	-7.0	S	6.7	NS			
Females	-2.2	NS	1.9	NS			
Persons	-6.3	S	4.4	NS			

Note: The rate of change of ASRs is the average per year over the period 1989-93. NS = not significant (p > 0.05); S = significant (p £ 0.05).

Figure 9: Age-standardised rates of male hospital admissions due to alcoholcaused conditions, by Aboriginality, Pilbara region, 1989-1993

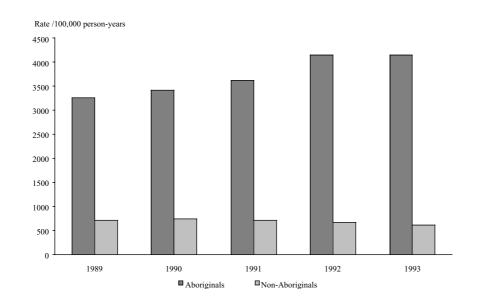
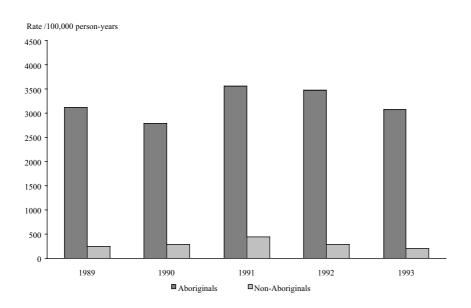


Figure 10: Age-standardised rates of female hospital admissions for all alcoholcaused conditions, by Aboriginality, Pilbara region, 1989-1993



3.3.2 Western Australia

Over the period 1989-1993, an estimated 32,222 non-Aboriginals (20,261 males; 11,961 females) and 6,762 Aboriginals 4,105 males; 2,657 females) in Western Australia were admitted to hospital for alcohol-caused conditions (Table 21).

The ASRs for alcohol-caused conditions were higher for Aboriginals than for non-Aboriginals - the ASRs for the period 1989-1993 were 3,492 hospital admissions per 100,000 person-years for Aboriginals and 350 for non-Aboriginals. The ASR for males was higher than that for females for both Aboriginals and non-Aboriginals (Table 22; Figures 11 and 12).

Aboriginal:non-Aboriginal rate ratios for all alcohol-caused conditions were between 8.7 and 11.5 over the period 1989-1993, with the highest rate ratio occurring in 1993. Male: female rate ratios ranged from 1.9 to 2.1 for non-Aboriginals and from 1.6 to 1.8 for Aboriginals (Table 23).

Trend analysis of the hospitalisation rates for all alcohol-caused conditions over the five-year period found statistically significant increases in the rates for Aboriginals (males 4.3%; females 4.6%; persons 4.4%) and statistically significant decreases in the rates for non-Aboriginal males and persons (3.9% and 2.8% respectively) (Table 24).

Table 21: Estimated number of hospital admissions for all alcohol-caused conditions, by Aboriginality, Western Australia, 1989-1993

	Non-Aboriginals						Aboriginals						
	1989	1990	1991	1992	1993	1989-93	1989	1990	1991	1992	1993	198993	
Males	4306	4097	4025	3922	3911	20261	738	712	802	904	949	4105	
Females	2344	2375	2361	2335	2546	11961	474	475	518	561	629	2657	
Persons	6650	6472	6386	6257	6457	32222	1212	1187	1320	1465	1578	6762	

Table 22: Age-standardised rates of all alcohol-caused hospital admissions, by Aboriginality, Western Australia, 1989-1993

		1989		1990		1991		1992		1993	19	989-1993
	ASR	CI										
Non-Aboriginals												
Males	510	(495-526)	474	(459-489)	459	(444-473)	436	(422-450)	431	(417-444)	462	(455-468)
Females	242	(231-252)	236	(226-246)	226	(216-236)	216	(206-225)	230	(220-239)	230	(225-234)
Persons	381	(371-390)	359	(350-368)	347	(338-356)	329	(321-338)	334	(326-343)	350	(346-354)
Aboriginals												
Males	4250	(3927-4573)	3924	(3618-4230)	4310	(3994-4626)	4862	(4526-5197)	4894	(4563-5225)	4462	(4317-4606)
Females	2499	(2260-2739)	2398	(2168-2627)	2588	(2350-2826)	2645	(2412-2878)	2864	(2627-3101)	2605	(2500-2711)
Persons	3337	(3139-3536)	3127	(2938-3316)	3414	(3218-3610)	3701	(3499-3902)	3830	(3629-4031)	3492	(3403-3580)

Note: ASR = the age-standardised rate per 100,000 person-years

CI = 95% confidence intervals

Table 23: Rate ratios of age-standardised hospitalisation rates for all alcohol-caused conditions, Western Australia, 1989-1993

Rate ratio	1989	1990	1991	1992	1993	1989-93
Aboriginal:non-Aboriginal	8.8	8.7	9.8	11.2	11.5	10.0
Non Aboriginal male:female	2.1	2.0	2.0	2.0	1.9	2.0
Aboriginal male:female	1.7	1.6	1.7	1.8	1.7	1.7

Table 24: Average annual percentage change in hospitalisation rates for all alcoholcaused conditions, by Aboriginality, Western Australia, 1989-1993

	Nor	n-Aboriginal	A	Aboriginal
	%	Significance	%	Significance
Males	-3.9	S	4.3	S
Females	-0.8	NS	4.6	S
Persons	-2.8	S	4.4	S

Note: The rate of change of ASRs is the average per year over the period 1989-93. NS = not significant (p > 0.05); S = significant (p £ 0.05).

Figure 11: Age-standardised rates of male hospital admissions due to alcoholcaused conditions, by Aboriginality, Western Australia, 1989-1993

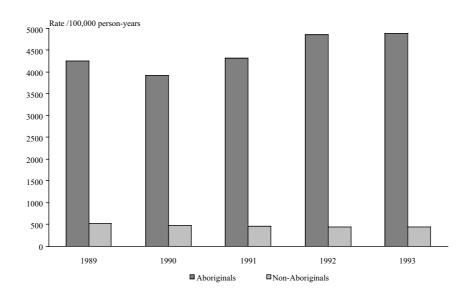
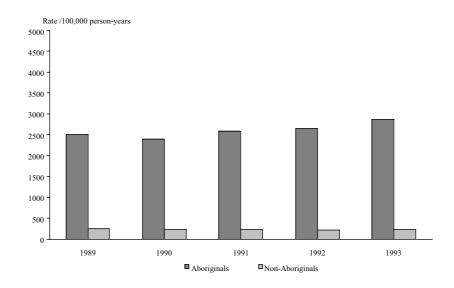


Figure 12: Age-standardised rates of female hospital admissions for all alcoholcaused conditions, by Aboriginality, Western Australia, 1989-1993



3.4 Alcohol-caused mortality

3.4.1 Pilbara region

Fatal alcohol-caused injuries

Over the period 1989-1993, an estimated 16 deaths (13 males; 3 females) in the Pilbara region were due to alcohol-caused injuries. Four of these deaths involved Aboriginals (3 males; 1 female), and 12 involved non-Aboriginals (10 males; 2 females) (Table 25).

The most common cause of death due to alcohol-caused injuries was road injuries, which claimed 13 lives (3 Aboriginals; 10 non-Aboriginals). There were two deaths due to suicides (both non-Aboriginal males) and one death due to assault (a female Aboriginal).

Conditions wholly attributable to alcohol

Over the period 1989-1993, there were a total of 14 deaths (10 males; 4 females) in the Pilbara region due to conditions wholly attributable to alcohol. Five deaths involved Aboriginals (2 males; 3 females), and nine involved non-Aboriginals (8 males; 1 female) (Table 26).

Two conditions were responsible for most of these deaths: alcoholic liver cirrhosis claimed seven lives (1 Aboriginal; 6 non-Aboriginals), and alcohol dependence claimed six lives (4Aboriginals; 2 non-Aboriginals). In addition, one non-Aboriginal male died from alcoholic cardiomyopathy.

All alcohol-caused conditions

Over the period 1989-1993, an estimated 41 deaths (29 males; 12 females) in the Pilbara region were due to alcohol-caused conditions. Fifteen of these deaths involved Aboriginals (8 males; 7 females), and 26 involved non-Aboriginals (21 males; 5 females) (Table 27).

3.4.2 Western Australia

Fatal alcohol-caused injuries

Over the period 1989-1993, an estimated 703 deaths (516 males; 187 females) in Western Australia were due to alcohol-caused injuries. Sixty-four of these deaths involved Aboriginals (51 males; 13 females), and 639 involved non-Aboriginals (465 males; 174 females) (Table 28).

The most common cause of death due to alcohol-caused injuries was road injuries, which claimed 301 lives (28 Aboriginals; 273 non-Aboriginals). The next most common causes of death due to alcohol-caused injuries were suicides, 113 deaths (5 Aboriginals; 108 non-Aboriginals) and falls, 111 deaths (2 Aboriginals; 109 non-Aboriginals).

Conditions wholly attributable to alcohol

Over the period 1989-1993, there were a total of 480 deaths (371 males; 109 females) in Western Australia due to conditions wholly attributable to alcohol. Eighty-nine deaths involved Aboriginals (60 males; 29 females), and 391 involved non-Aboriginals (311 males; 80 females) (Table 29).

Two conditions were responsible for most of these deaths: alcoholic liver cirrhosis claimed 312 lives (42 Aboriginals; 270 non-Aboriginals), and alcohol dependence claimed 90 lives (33 Aboriginals; 57 non-Aboriginals).

All alcohol-caused conditions

Over the period 1989-1993, an estimated 1,616 deaths (1,112 males; 504 females) in Western Australia were due to alcohol-caused conditions. One hundred and eighty-one of these deaths involved Aboriginals (126 males; 55 females), and 1,435 involved non-Aboriginals (986 males; 449 females) (Table 30).

Table 25: Estimated number of deaths due to alcohol-caused injuries, by Aboriginality, Pilbara region, 1989-1993

			Non-Ab	originals					Abori	ginals		
	1989	1990	1991	1992	1993	1989-93	1989	1990	1991	1992	1993	1989-93
Males												
Road injuries	2	1	2	2	1	8	1	0	1	1	0	3
Machine injuries	0	0	0	0	0	0	0	0	0	0	0	0
Suicide	0	1	0	1	0	2	0	0	0	0	0	0
Assault	0	0	0	0	0	0	0	0	0	0	0	0
Falls	0	0	0	0	0	0	0	0	0	0	0	0
Other e-codes	0	0	0	0	0	0	0	0	0	0	0	0
All injuries	2	2	2	3	1	10	1	0	1	1	0	3
Females												
Road injuries	1	0	0	0	1	2	0	0	0	0	0	0
Machine injuries	0	0	0	0	0	0	0	0	0	0	0	0
Suicide	0	0	0	0	0	0	0	0	0	0	0	0
Assault	0	0	0	0	0	0	0	0	0	1	0	1
Falls	0	0	0	0	0	0	0	0	0	0	0	0
Other e-codes	0	0	0	0	0	0	0	0	0	0	0	0
All injuries	1	0	0	0	1	2	0	0	0	1	0	1
Persons												
Road injuries	3	1	2	2	2	10	1	0	1	1	0	3
Machine injuries	0	0	0	0	0	0	0	0	0	0	0	0
Suicide	0	1	0	1	0	2	0	0	0	0	0	0
Assault	0	0	0	0	0	0	0	0	0	1	0	1
Falls	0	0	0	0	0	0	0	0	0	0	0	0
Other e-codes	0	0	0	0	0	0	0	0	0	0	0	0
All injuries	3	2	2	3	2	12	1	0	1	2	0	4

Table 26: Estimated number of deaths due to conditions wholly attributable to alcohol by Aboriginality, Pilbara region, 1989-1993

			Non-Ab	originals					Abor	iginals		
	1989	1990	1991	1992	1993	1989-93	1989	1990	1991	1992	1993	1989-93
Males												
Alcoholic psychosis	0	0	0	0	0	0	0	0	0	0	0	0
Alcohol dependence	0	0	0	2	0	2	1	0	0	0	1	2
Alcohol non-dependent abuse	0	0	0	0	0	0	0	0	0	0	0	0
Alcoholic cardiomyopathy	0	0	1	0	0	1	0	0	0	0	0	0
Alcoholic liver cirrhosis	1	0	2	1	1	5	0	0	0	0	0	0
Ethanol toxicity	0	0	0	0	0	0	0	0	0	0	0	0
All wholly attributable	1	0	3	3	1	8	1	0	0	0	1	2
Females												
Alcoholic psychosis	0	0	0	0	0	0	0	0	0	0	0	0
Alcohol dependence	0	0	0	0	0	0	0	0	1	0	1	2
Alcohol non-dependent abuse	0	0	0	0	0	0	0	0	0	0	0	0
Alcoholic cardiomyopathy	0	0	0	0	0	0	0	0	0	0	0	0
Alcoholic liver cirrhosis	0	1	0	0	0	1	0	1	0	0	0	1
Ethanol toxicity	0	0	0	0	0	0	0	0	0	0	0	0
All wholly attributable	0	1	0	0	0	1	0	1	1	0	1	3
Persons												
Alcoholic psychosis	0	0	0	0	0	0	0	0	0	0	0	0
Alcohol dependence	0	0	0	2	0	2	1	0	1	0	2	4
Alcohol non-dependent abuse	0	0	0	0	0	0	0	0	0	0	0	0
Alcoholic cardiomyopathy	0	0	1	0	0	1	0	0	0	0	0	0
Alcoholic liver cirrhosis	1	1	2	1	1	6	0	1	0	0	0	1
Ethanol toxicity	0	0	0	0	0	0	0	0	0	0	0	0
All wholly attributable	1	1	3	3	1	9	1	1	1	0	2	5

Note: There were no deaths from alcoholic polyneuropathy, alcoholic gastritis, or methanol toxicity in the Pilbara region during the period studied.

Table 27: Estimated number of deaths from all alcohol-caused conditions, by Aboriginality, Pilbara region, 1989-1993

			Non-Abo	riginals			Aboriginals							
	1989	1990	1991	1992	1993	1989-93	1989	1990	1991	1992	1993	198993		
Males	4	2	5	6	4	21	3	-	2	2	1	8		
Females	1	2	-	1	1	5	-	2	2	1	2	7		
Persons	5	4	5	7	5	26	3	2	4	3	3	15		

Table 28: Estimated number of deaths due to alcohol-caused injuries, by Aboriginality, Western Australia, 1989-1993

			Non-Ab	originals					Abori	ginals		
	1989	1990	1991	1992	1993	1989-93	1989	1990	1991	1992	1993	1989-93
Males												
Road injuries	53	47	44	41	42	227	4	3	7	3	7	24
Machine injuries	1	1	1	0	0	3	0	0	0	0	0	0
Suicide	17	19	19	20	19	94	1	1	1	1	1	5
Assault	6	5	4	5	7	27	2	1	1	2	3	9
Falls	10	13	8	10	9	50	0	0	0	0	1	1
Other e-codes	18	16	10	9	11	64	2	6	3	1	0	12
All injuries	105	101	86	85	88	465	9	11	12	7	12	51
Females												
Road injuries	10	9	8	12	7	46	0	1	1	1	1	4
Machine injuries	0	0	0	0	0	0	0	0	0	0	0	0
Suicide	2	3	3	3	3	14	0	0	0	0	0	0
Assault	3	4	5	5	5	22	0	3	2	2	1	8
Falls	11	15	10	11	12	59	1	0	0	0	0	1
Other e-codes	6	8	10	4	5	33	0	0	0	0	0	0
All injuries	32	39	36	35	32	174	1	4	3	3	2	13
Persons												
Road injuries	63	56	52	53	49	273	4	4	8	4	8	28
Machine injuries	1	1	1	0	0	3	0	0	0	0	0	0
Suicide	19	22	22	23	22	108	1	1	1	1	1	5
Assault	9	9	9	10	12	49	2	4	3	4	4	17
Falls	21	28	18	21	21	109	1	0	0	0	1	2
Other e-codes	24	24	20	13	16	97	2	6	3	1	0	12
All injuries	137	140	122	120	120	639	10	15	15	10	14	64

Table 29: Estimated number of deaths due to conditions wholly attributable to alcohol, by Aboriginality, Western Australia, 1989-1993

			Non-Ab	originals					Abor	ginals		
	1989	1990	1991	1992	1993	1989-93	1989	1990	1991	1992	1993	1989-93
Males												
Alcoholic psychosis	3	1	1	4	2	11	1	0	0	1	0	2
Alcohol dependence	4	7	10	13	14	48	3	5	4	4	4	20
Alcohol non-dependent abuse	1	0	1	0	2	4	0	0	0	0	0	0
Alcoholic cardiomyopathy	8	6	7	8	7	36	2	1	3	1	1	8
Alcoholic liver cirrhosis	59	34	39	46	31	209	11	3	4	6	6	30
Ethanol toxicity	0	3	0	0	0	3	0	0	0	0	0	0
All wholly attributable	75	51	58	71	56	311	17	9	11	12	11	60
Females												
Alcoholic psychosis	1	0	1	0	2	4	0	0	0	0	0	0
Alcohol dependence	1	1	2	0	5	9	1	2	5	1	4	13
Alcohol non-dependent abuse	0	0	0	0	0	0	0	0	1	1	0	2
Alcoholic cardiomyopathy	1	0	1	1	1	4	0	1	0	0	0	1
Alcoholic liver cirrhosis	10	15	10	14	12	61	4	2	1	3	2	12
Ethanol toxicity	0	0	1	1	0	2	0	0	0	1	0	1
All wholly attributable	13	16	15	16	20	80	5	5	7	6	6	29
Persons												
Alcoholic psychosis	4	1	2	4	4	15	1	0	0	1	0	2
Alcohol dependence	5	8	12	13	19	57	4	7	9	5	8	33
Alcohol non-dependent abuse	1	0	1	0	2	4	0	0	1	1	0	2
Alcoholic cardiomyopathy	9	6	8	9	8	40	2	2	3	1	1	9
Alcoholic liver cirrhosis	69	49	49	60	43	270	15	5	5	9	8	42
Ethanol toxicity	0	3	1	1	0	5	0	0	0	1	0	1
All wholly attributable	88	67	73	87	76	391	22	14	18	18	17	89

Note: There were no deaths from alcoholic polyneuropathy, alcoholic gastritis, or methanol toxicity in Western Australia during the period studied.

Table 30: Estimated number of deaths from all alcohol-caused conditions, by Aboriginality, Western Australia, 1989-1993

			Non-Abo	riginals			Aboriginals						
	1989	1990	1991	1992	1993	1989-93	1989	1990	1991	1992	1993	198993	
Males	222	191	182	200	191	986	30	22	25	23	26	126	
iviales	222	191	102	200	191	900	30	22	25	23	20	120	
Females	87	92	88	92	90	449	8	11	13	12	11	55	
Persons	309	283	270	292	281	1435	38	33	38	35	37	181	

4 Summary of results

In the Pilbara Statistical Division 17.06 litres of absolute alcohol per adult was consumed in the 1992-1993 financial year. 10 Although this was a reduction of four per cent from the 1991-1992 financial year, it was still much greater than the State average per capita consumption of 10.92 litres and the third highest per capita consumption (after the Kimberley and South Eastern Statistical Divisions). The high level of alcohol consumption in the Pilbara region has resulted in higher rates of alcohol-caused conditions compared with the total population of Western Australia.

4.1 Hospitalisation due to alcohol-caused injuries

The ASR for non-Aboriginals in the Pilbara for the period 1989-1993 for hospitalisation due to alcohol-caused injuries was 270 hospital admissions per 100,000 person-years, compared with 223 in Western Australia over the same period. The higher rate in the Pilbara region was due to non-Aboriginal males having a higher ASR than non-Aboriginal males Statewide.

The ASR for Aboriginals in the Pilbara region for the period 1989-1993 was 1,967 hospital admissions per 100,000 person-years, compared with 1,686 in Western Australia for the same period. The higher rate in the Pilbara region was due to Aboriginal females having a much higher ASR than Aboriginal females Statewide: in fact, the ASR for Aboriginal females in the Pilbara was higher than that for Aboriginal males, resulting in a male: female ratio of less than 1.0.

In both the Pilbara and Western Australia as a whole, assaults were the most common type of alcohol-caused injuries for Aboriginals and falls were the most common among non-Aboriginals.

In the Pilbara region the hospitalisation rate for alcohol-caused injuries among male Aboriginals increased significantly by 10.7% over the period 1989-1993. For the State, rates for Aboriginal males and females increased significantly over the same period (by 7.6% and 7.0% respectively) and rates for non-Aboriginal males showed a significant decrease of 4.3%.

4.2 Hospitalisation due to conditions wholly attributable to alcohol use

The ASR for non-Aboriginals in the Pilbara for the period 1989-1993 for hospitalisation due to conditions wholly attributable to alcohol use was 156 hospital admissions per 100,000 person-years, nearly double the rate for Western Australia (ASR 84) for the same period. Both male and female non-Aboriginals in the Pilbara region had higher ASRs than their counterparts Statewide.

The ASR for Aboriginals in the Pilbara for the period 1989-1993 was 979 hospital admissions per 100,000 person-years, compared with 1,308 in Western Australia for the same period. Both male and female Aboriginals in the Pilbara region had lower ASRs than their counterparts Statewide.

Of the conditions wholly attributable to alcohol use, alcohol dependence was responsible for the most hospital admissions among non-Aboriginals in the Pilbara and the State. For Aboriginals Statewide, alcohol dependence was also the most common condition wholly attributable to alcohol (although alcohol abuse was equally common for Aboriginal females). For Aboriginals in the Pilbara region, alcoholic psychosis was the most common condition wholly attributable to alcohol for males and alcohol dependence for females.

In the Pilbara region, the hospitalisation rates for conditions wholly attributable to alcohol among non-Aboriginal males decreased significantly by 13.5% over the period 1989-1993. For the State, rates for non-Aboriginal males and females decreased significantly over the same period by 8.1% and 7.5%. Aboriginal hospitalisation rates for conditions wholly attributable to alcohol showed no significant trends.

4.3 Hospitalisation due to all conditions attributable to alcohol use

The ASR for non-Aboriginals in the Pilbara for the period 1989-1993 for hospitalisation due to alcohol-caused conditions was 520 hospital admissions per 100,000 person-years, higher than the rate for Western Australia (ASR 350) for the same period. Both male and female non-Aboriginals in the Pilbara region had higher ASRs than their counterparts Statewide.

The ASR for Aboriginals in the Pilbara for the period 1989-1993 was 3,452 hospital admissions per 100,000 person-years, similar to the rate for Western Australia over the same period (ASR 3,492). Aboriginal males in the Pilbara region had lower ASRs than Aboriginal males Statewide, but Aboriginal females in the Pilbara had higher ASRs than their counterparts Statewide.

In the Pilbara region, the hospitalisation rate for alcohol-caused conditions among non-Aboriginal males and persons decreased significantly by 7.0% over the period 1989-1993. Statewide, the rate for non-Aboriginal males decreased significantly by 3.9%, but rates for Aboriginal males and females increased significantly over the same period by 4.3% and 4.6%.

References

- Swensen G, Unwin E (1994). A study of hospitalisation and mortality due to alcohol use in the Kimberley Health Region of Western Australia, 1988-1992. Occasional Paper No. 57, Health Department of Western Australia, Perth.
- Holman CDJ, Armstrong BK, Arias LN, Martin CA, Hatton WM, Hayward LD, Salmon MA, Shean RE, Waddell VP (1988). The quantification of drug caused morbidity and mortality in Australia. Commonwealth Department of Community Services and Health, Canberra.
- English DR, Holman CDJ, Milne E, Winter MG, Hulse GK, Codde JP, Bower CI, Corti B, de Klerk N, Knuiman MW, Kurinczuk JJ, Lewin GF, Ryan GA (1995). The quantification of drug caused morbidity and mortality in Australia, 1995 edition. Commonwealth Department of Human Services and Health, Canberra.
- As defined by the National Health and Medical Research Council.
- The HMDS covers all public and private hospitals in Western Australia, including the detoxification program run by the Alcohol and Drug Authority, but excluding psychiatric hospitals. Only episodes of treatment requiring an inpatient stay are captured on the HMDS, therefore alcohol-caused conditions which received outpatient treatment are not included in this report.
- A program called the Health Statistics Calculator (written by Dr J Codde, Health Statistics Branch, Health Department of Western Australia, 1993) was used to calculate the age standardised rates (ASRs).
- Roberts M (1994). Health Authority boundaries, 1994-1995. Health Department of Western Australia, Perth.
- ⁸ The postcodes constituting the Pilbara region are 6711-6716, 6718, 6720-6724, 6751-6755, 6758, 6760-6762.
- ⁹ Payne CD (ed) (1985). The Generalised Linear Interactive Modelling System, release 3.77. Numerical Algorithms Group, Oxford
- ¹⁰ Daly A, Philp A (1995). Alcohol consumption in Western Australia, July 1991 to June 1993. Occasional Paper No. 66, Health Department of Western Australia, Perth.

¹¹ For the full list of alcohol-related conditions and the age- and sex-specific aetiologic fractions see: English DR, Holman CDJ, Milne E, Winter MG, Hulse GK, Codde JP, Bower CI, Corti B, de Klerk N, Knuiman MW, Kurinczuk JJ, Lewin GF, Ryan GA (1995). The quantification of drug caused morbidity and mortality in Australia, 1995 edition. Commonwealth Department of Human Services and Health, Canberra. ¹² Injuries marked with an asterix are grouped under 'other e-codes'.

Appendix 1

ICD9-CM codes for alcohol-caused injuries and conditions wholly attributable to alcohol¹¹

Injuries¹²

E810-E819 Road injuries

Alcohol and ethanol poisoning* E860.0, E860.1, E860.2

E880-E888 Fall injuries E890-E899 Fire injuries* Drowning* E910 Aspiration* E911 Machine injuries E919-E920

Suicide E950-E959 E960,E965,E966,E968,E969 Assault Child abuse* E967

Conditions wholly attributable to alcohol use

291 Alcoholic psychosis 303 Alcohol dependence

305 Alcohol non-dependent abuse Alcoholic polyneuropathy 357.5 425.5 Alcoholic cardiomyopathy

Alcoholic gastritis 535.3 Alcoholic liver cirrhosis 571.0-571.3

980.0 Ethanol toxicity 980.1 Methanol toxicity