

Mount Alexander Shire Council

Community Alcohol Profile 2023

Alcohol related harm

Working together for a healthy, connected shire



Acknowledgement of Country

Mount Alexander Shire Council acknowledges that the traditional custodians of this land, the Dja Dja Wurrung and Taungurung peoples, proudly survive. We acknowledge their continued practise of custom and their close cultural, spiritual, physical, social, historical and economic relationship with the land and waters that make up their country, which includes Mount Alexander Shire.

Council recognises the Victorian Government's Recognition and Settlement with both the Dja Dja Wurrung Clans Aboriginal Corporation and the Taungurung Land and Waters Council.



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Introduction

At a National, State and Local level the normalisation of excessive Alcohol consumption has been a significant issue and deterrent to the health and wellbeing of all communities. This has seen all Victorian local government authorities having to construct localised responses in partnership with agencies, local business and community groups.

Mount Alexander Shire Council (MASC) has incorporated alcohol harm prevention into its Municipal Public Health and Wellbeing Plan 2021-2025 (MPHWP), and is part of the Healthy Loddon Campaspe and Sports Focus initiatives, aimed at improving health outcomes for its community.

The prioritisation of alcohol harm prevention will allow MASC to achieve the goal of a healthier community by increasing community awareness of the risks of alcohol use, and ensure harm minimisation of the effects of alcohol on individuals and its community.

Council received VicHealth funding to explore the depth of alcohol related harm impacting its community, by collecting relevant health data and engaging with key stakeholders in Mount Alexander Shire (MAS) about what impacts they observe.

This research has culminated in this Mount Alexander Community Alcohol Profile and subsequent Action Plan to address these impacts.

Throughout this project, Council engaged with many local stakeholders and Council staff, including, but not limited to:

- Victoria Police
- Castlemaine Secondary College
- Dhelkaya Health
- The Salvation Army
- Murray Primary Health Network
- Shedshaker Brewery
- Business Mount Alexander
- The Bridge Hotel
- Alcohol and Drug Foundation
- Healthy Hearts of Victoria
- Mount Alexander Shire Council teams
 - Parks, Recreation and Community Safety
 - Events and Venues
 - Economy and Culture
 - Community Partnerships
 - Youth
 - Local Laws

Abbreviations

Abbreviation	Name
AIHW	Australian Institute of Health and Welfare
ALC	Active Living Census
ADF	Alcohol and Drug Foundation
AOD	Alcohol and other drugs
ASCO	Australian Community Support Organisation
CSC	Castlemaine Secondary College
MAS	Mount Alexander Shire
MASC	Mount Alexander Shire Council
MPHWP	Municipal Public Health and Wellbeing Plan
MPHN	Murray Primary Health Network
NDSHS	National Drug Strategy Household Survey
VP	Victoria Police

Mount Alexander shire demography

Mount Alexander Shire is an area of 1,529 square kilometres, located approximately 120km NW of Melbourne in Victoria and located in the Loddon Campaspe region.

The Dja Dja Wurrung people are recognised as the first peoples of Mount Alexander Shire. As Traditional Owners, the Dja Dja Wurrung have been custodians of the land and waters for many centuries and continue to perform age old ceremonies of celebration, initiation and renewal.

The Primary Health Network for the shire is Murray Primary Health Network (MPHN) and the Public Health Unit is Bendigo Health.

MAS is home to approximately 20,000 residents, and is expected to increase to approximately 22,000 by 2031*.

(Remplan Mount Alexander Community Profile 2021).

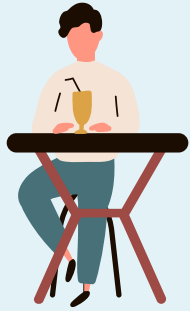
In 2021 the median age was 51. Young people between the ages of 10-24 years represent approximately 13% of the population in the shire. (ABS 2021)

In relation the general socio-economic status of the residents within MAS, according to the SEIFA (Social Economic Indices for Area) index, the SEIFA score for Mount Alexander in 2021 was 1007. Across Australia's local government areas SEIFA scores range from 143 (most disadvantaged) to 1207 (least disadvantaged). (Remplan Mount Alexander Community Profile 2021).

To provide context on the issues impacting MAS in relation to alcohol harm, the profile will now review key National, State, regional and local data and trends.

 **1,529** ^{KM²} total area





51 median age



13% ages 10-24 years



1007 SEIFA score



\$674 median weekly income



22,200 2031 expected population

20,253 current population



Section 1: National data trends



Alcohol consumption

Drinking patterns and trends

“The National Drug Strategy Household Survey (NDSHS) collects information on alcohol and tobacco consumption, and illicit drug use among the general population in Australia. It also surveys people’s attitudes and perceptions relating to tobacco, alcohol and other drug use. The 2019 NDSHS collected information from almost 23,000 people aged 14 and over across Australia.” (The National Drug Strategy Household Survey 2019)

The NDSHS found that just over 5% of Australians aged 14 years or more were daily drinkers and 40% consumed alcohol on a daily or weekly basis.

Among both females and males, the prevalence of daily alcohol consumption rises steeply with age to its peak among people over 70. Rates of both daily and weekly alcohol consumption though, had declined markedly since 2001.

The NDSHS also found that the volume of alcohol consumed in a single episode (binge drinking) tended to be higher among males and among younger people.

For example, on average, males aged 14-29 years consumed 2.6 standard drinks on such an occasion, compared with 1.1 among women aged 50 years or more.

The NDSHS revealed that nearly 18% of Australians aged 14 years or more were at risk of long-term harm owing to their levels and frequency of alcohol consumption.

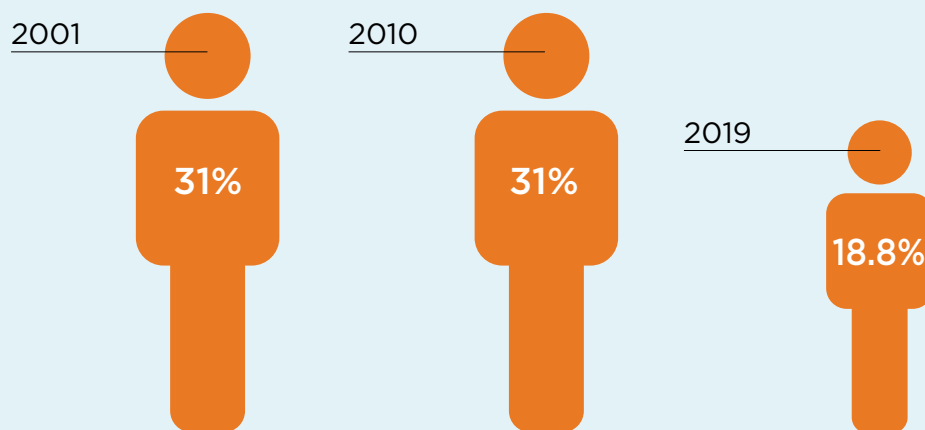
Notably, males were more than twice as likely to be exposed to such risk among most age groups, with 26% risking long-term harm, compared with approximately 10% of females.



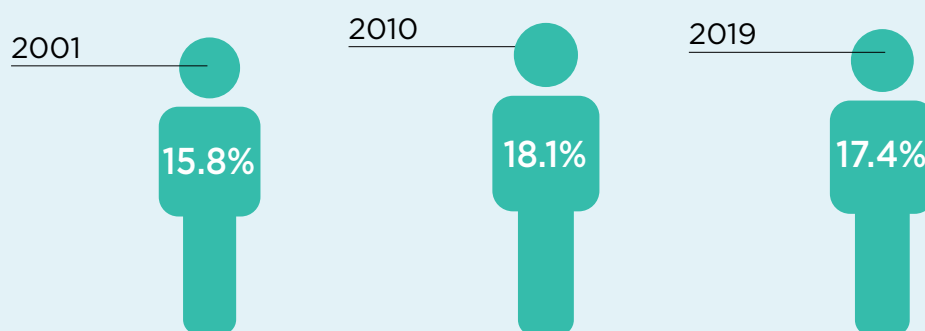
The NDSHS found that just over 5% of Australians aged 14 years or more were daily drinkers and 40% consumed alcohol on a daily or weekly basis.

Lifetime Risk

The proportion of people exceeding the lifetime risk guidelines has remained stable for older age groups since 2001, while for younger age groups, it declined.



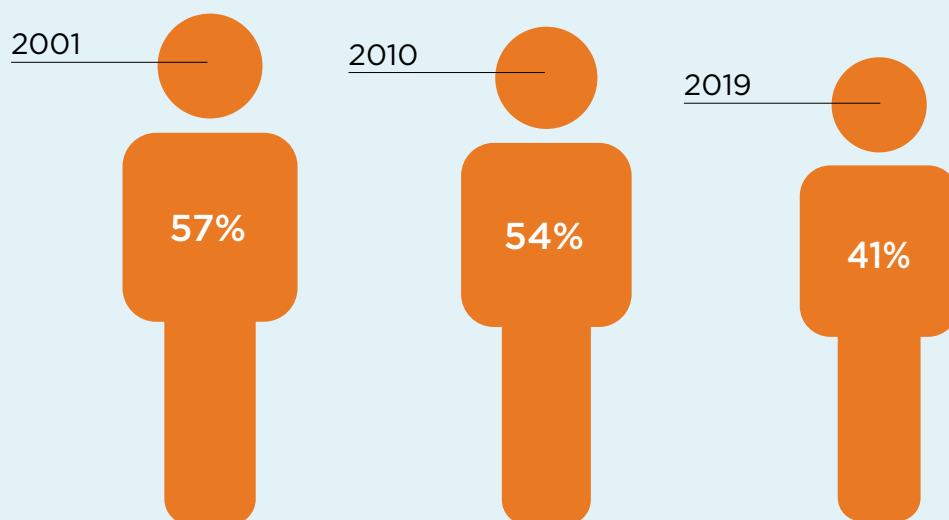
Lifetime risk among 18 - 24 year olds



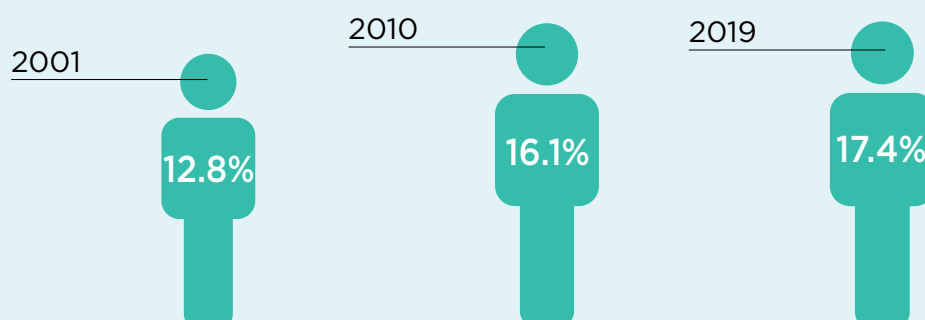
Lifetime risk among 60 - 69 year olds

Single occasion risky drinking

Trends in single occasion risky drinking since 2001 have followed a similar pattern to lifetime risk, with risky drinking declining among younger age groups but increasing among older age groups.



Single occasion (monthly) among 18 - 24 year olds



Single occasion (monthly) among 60 - 69 year olds

Source: NDSHS 2019

Alcohol Guidelines

Australian guidelines to reduce health risks from drinking alcohol.

Healthy adults

Drink no more than **10** standard drinks a week



And no more than **4** standard drinks in any one day



to reduce the risk of harm from alcohol

The less you drink, the lower your risk of harm

Children and people under 18 years of age

Should not drink alcohol



to reduce the risk of harm from alcohol

Women who are pregnant or breastfeeding

Should not drink alcohol



to prevent harm from alcohol to their unborn child or baby

Source: National Health Medical Research Council

Guidelines

The National Health Medical Research Council (NHMRC) published the following evidence based guidelines to reduce the health risks from drinking alcohol.

It states that the less you drink, the lower your risk of harm from alcohol. This guideline aims to reduce the risk of alcohol-related harm, injury, illness or death for healthy adult men and women.

It is not a recommendation for minimum consumption. If you are a non-drinker, the guideline does not suggest that you can benefit from drinking alcohol (2020).

Alcohol Guidelines to reduce health risks from drinking alcohol state that:

1. Healthy adults should drink no more than 10 standard drinks per week and no more than 4 standard drinks on any one day
2. Children and people under the age of 18 should not drink alcohol
3. And women who are pregnant or breastfeeding should not drink alcohol

Standard drinks

The qualification of the number of safe drinks a person should consume has evolved over time, this is due to the sectors growing understanding about the various impacts of short, medium and long term alcohol consumption.

Below is a chart that outlines the current definition of a standard drink.

What is a standard drink?



Light beer
425ml | 2.7% alc/vol



Mid strength beer
375ml | 3.5% alc/vol



Full strength beer
285ml | 4.9% alc/vol



Regular cider
285ml | 4.9% alc/vol



Sparkling wine
100ml | 13% alc/vol



Wine
100ml | 13% alc/vol



Fortified wine
60ml | 20% alc/vol

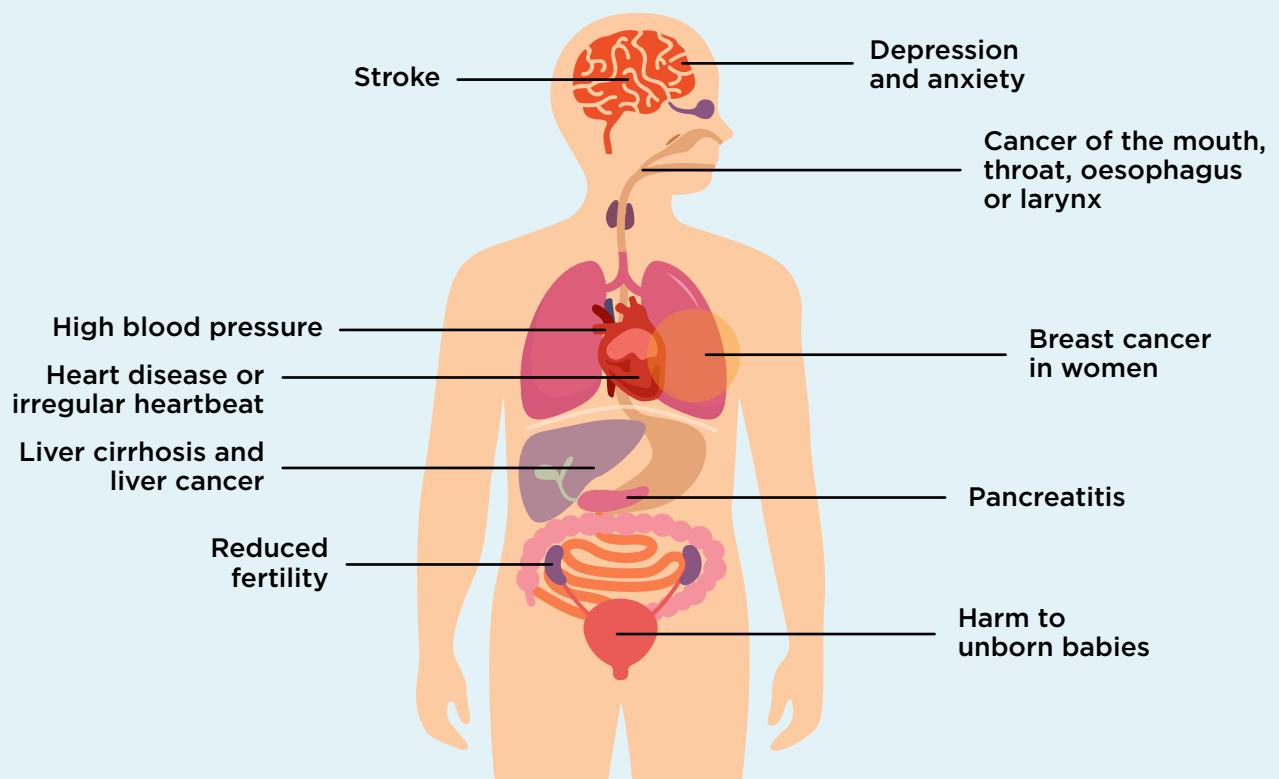


Spirits
30ml | 40% alc/vol

The standard drink is defined in the Australia and New Zealand Food Standards Code
Source: National Health Medical Research Council

Health impacts of alcohol consumption

General population



Excessive alcohol consumption can lead to a range of health issues, including:

Liver Problems: Alcohol can damage the liver, leading to conditions such as fatty liver, alcoholic hepatitis, fibrosis, and cirrhosis.

Cardiovascular Issues: Heavy drinking can contribute to high blood pressure, heart disease, and an increased risk of stroke.

Cancer: Alcohol consumption is linked to an increased risk of developing certain types of cancer, including breast, liver, esophageal, and throat cancer.

Mental Health: Alcohol can worsen existing mental health conditions and lead to the development of disorders like depression, anxiety and substance use disorders.

Addiction: Prolonged and excessive alcohol consumption can lead to alcohol addiction or alcoholism, a chronic disease that requires medical treatment.

Accidents and Injuries: Alcohol impairs judgment and coordination, increasing the risk of accidents, falls, and injuries.

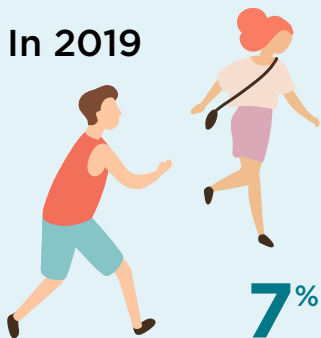
Social and Behavioral Issues: Alcohol misuse can lead to relationship problems, loss of employment, and legal issues.

Short-term effects of alcohol such as a sense of relaxation and reduced inhibitions, may add to the appeal and normality of its consumption. Whilst there is a short-term elevated mood associated with alcohol, there is also short term and long-term impacts on mental health and the function of the brain.

This is the case for moderate ongoing use which also has links to anxiety, depression and psychosis. This contradicts traditional thinking that it is only through long term use that these types of conditions evolve.

Source: AIHW

In 2019

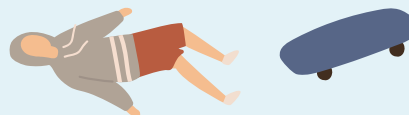


1 in 3 people aged 18–24 had been the victim of any alcohol-related incident in the previous 12 months

7% attended the emergency department for an alcohol related injury



83% of risky drinkers aged 14–19 years reported that they were injured as a result of their drinking in the past 12 months



Young people

Alcohol consumption during adolescence can have significant and lasting effects on brain development. The adolescent brain is still developing, and exposure to alcohol during this crucial period can interfere with this process. Here are some ways in which alcohol consumption can impact adolescent brain development:

Impaired Cognitive Functions: Alcohol can impair cognitive functions such as attention, memory, and decision-making, which are still developing during adolescence.

Altered Brain Structure: Heavy alcohol use during adolescence can lead to changes in the structure and size of the brain. Specifically, the hippocampus, which is involved in learning and memory, can be affected.

Increased Risk of Addiction: Adolescents are more vulnerable to developing addiction compared to adults. Early exposure to alcohol increases the risk of developing alcohol use disorders later in life.

Emotional Impact: Alcohol use during adolescence can affect emotional regulation and increase the risk of mood disorders such as depression and anxiety. It can also lead to impulsive behaviour and poor emotional control.

Risk-Taking Behaviour: Alcohol can impair the ability to assess risks and make sound judgments. This can lead to risky behaviours, such as unsafe sexual practices or driving under the influence, which can have serious consequences.

Long-term Impacts: Research suggests that alcohol use during adolescence may have long-term effects on brain function, even if drinking stops in adulthood. These effects can impact educational attainment, employment opportunities, and overall quality of life.

It's important for parents, educators, and healthcare providers to educate adolescents about the risks associated with alcohol consumption and promote a supportive environment where they feel comfortable discussing these issues. Prevention programs, early intervention, and parental involvement play crucial roles in reducing alcohol-related harm among adolescents.

The Australian guidelines to reduce health risks from drinking alcohol advise that for anyone aged under 18, not drinking alcohol is the safest option, with those under 15 at the greatest risk of harm (National Health and Medical Research Council 2009).

Younger people are also more likely to be victims of alcohol-related incidents. In 2019, 1 in 3 (34%) people aged 18–24 had been the victim of any alcohol-related incident (including physical and verbal abuse and being put in fear) in the previous 12 months. This was higher than for any other age group (Australian Institute of Health and Welfare 2020).

Furthermore, 83% of risky drinkers aged 14–19 years reported that they were injured as a result of their drinking in the past 12 months and 7% attended the emergency department for an alcohol related injury (Lam et al. 2017).

Other impacts of alcohol

Alcohol consumption can lead to various social and economic costs in Australia, as it does in many other countries.

Social costs:

Healthcare Costs: Excessive alcohol consumption leads to a range of health issues, including liver diseases, cancer, mental health disorders, and injuries. Treating these conditions places a burden on the healthcare system.

Public Safety: Alcohol-related accidents, violence, and antisocial behaviour contribute to the social costs. This includes the costs associated with law enforcement, emergency medical services, and rehabilitation programs.

Family and Relationships: Alcohol abuse can strain relationships, contribute to domestic violence, and lead to family breakdowns, causing emotional and psychological distress to individuals and their families.

Economic costs:

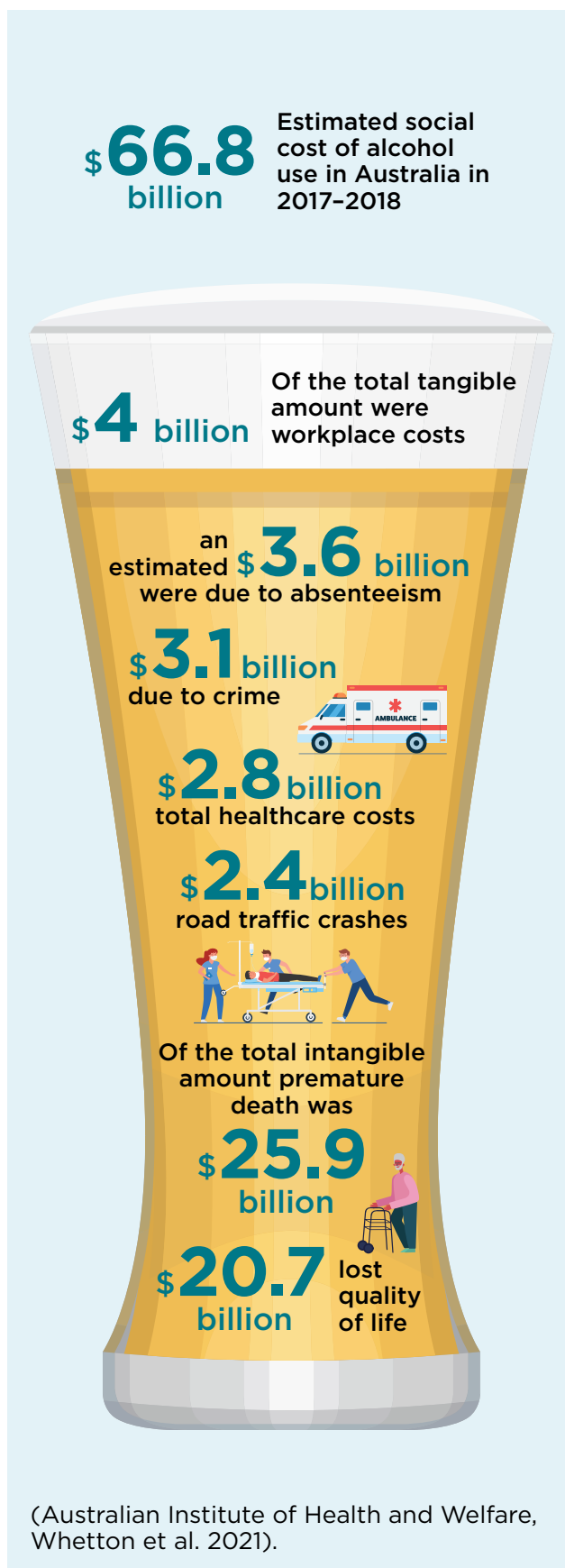
Lost Productivity: Alcohol-related illnesses, injuries, and absenteeism result in lost productivity in the workplace, affecting economic output.

Criminal Justice System: Costs associated with law enforcement, court proceedings, and incarceration related to alcohol-related crimes.

Road Accidents: Alcohol-impaired driving contributes to road accidents, resulting in economic costs related to emergency response, healthcare, legal procedures, and property damage.

Social Services: Government spending on social services, such as rehabilitation and counselling programs for individuals affected by alcohol abuse.

Intangible Costs: These include the pain and suffering experienced by individuals and their families due to alcohol-related issues, which are challenging to quantify but are significant in terms of overall societal well-being.



Section 2: Mount Alexander Shire data trends



Harm from alcohol consumption in Mount Alexander Shire

Overview

The 2019 Active Living Census (ALC) was conducted by the Healthy Heart of Victoria initiative as a region-wide evaluation and measurement tool to improve the understanding of people's health and wellbeing.

Within the Mount Alexander Shire, the Census was completed by almost 2,329 residents, which equated to 12.7% of the local government area population.

In the ALC survey, 44.4% of the shire's population reported to be in 'excellent or very good health', with 36.7% reporting 'good health', with 18.9% reporting to be in 'fair or poor health'.

In general, the MAS fares well in overall health behaviours, compared to the Victorian average, with exception of alcohol consumption.

As an example, healthy eating is an area that the residents of the shire exceeds the State average with 10.7% of the population meeting Department of Health vegetable guidelines, compared to 5.4% as the State average. And fruit consumption by local residents is at 49.2% compared to 43.2% as the State average.

Further to this, according to the ALC, 61.5% of MAS residents met physical activity guidelines, however 23% self-reported as being obese, which is similar to the State average of 19.3% (in 2017).

In relation to alcohol consumption, the shire performs relatively poorly, compared to the State average.

Below is a summary of findings from the ALC for alcohol consumption in Mount Alexander:

Frequency of alcohol consumption

9.8% drink every day



Males consume alcohol more frequently and in higher amounts than females

43.1% drink alcohol weekly



There is a correlation with current smokers and ex-smokers and gambling



Males aged **50-69** and **70+** were more likely to consume alcohol daily than those aged 18-34

Single occasion risky drinking

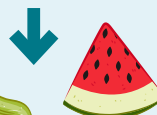
53.5% of the population drink at potentially dangerous levels at least once a year (more than 4 or more standard drinks in a day aka binge drinking) compared to 58.1% in Loddon Campaspe region and 41.8% across Victoria



Males more likely to be at risk of alcohol related injury on a single occasion



Males and females **18-69** are more at risk of alcohol related injury on a single occasion than 70+



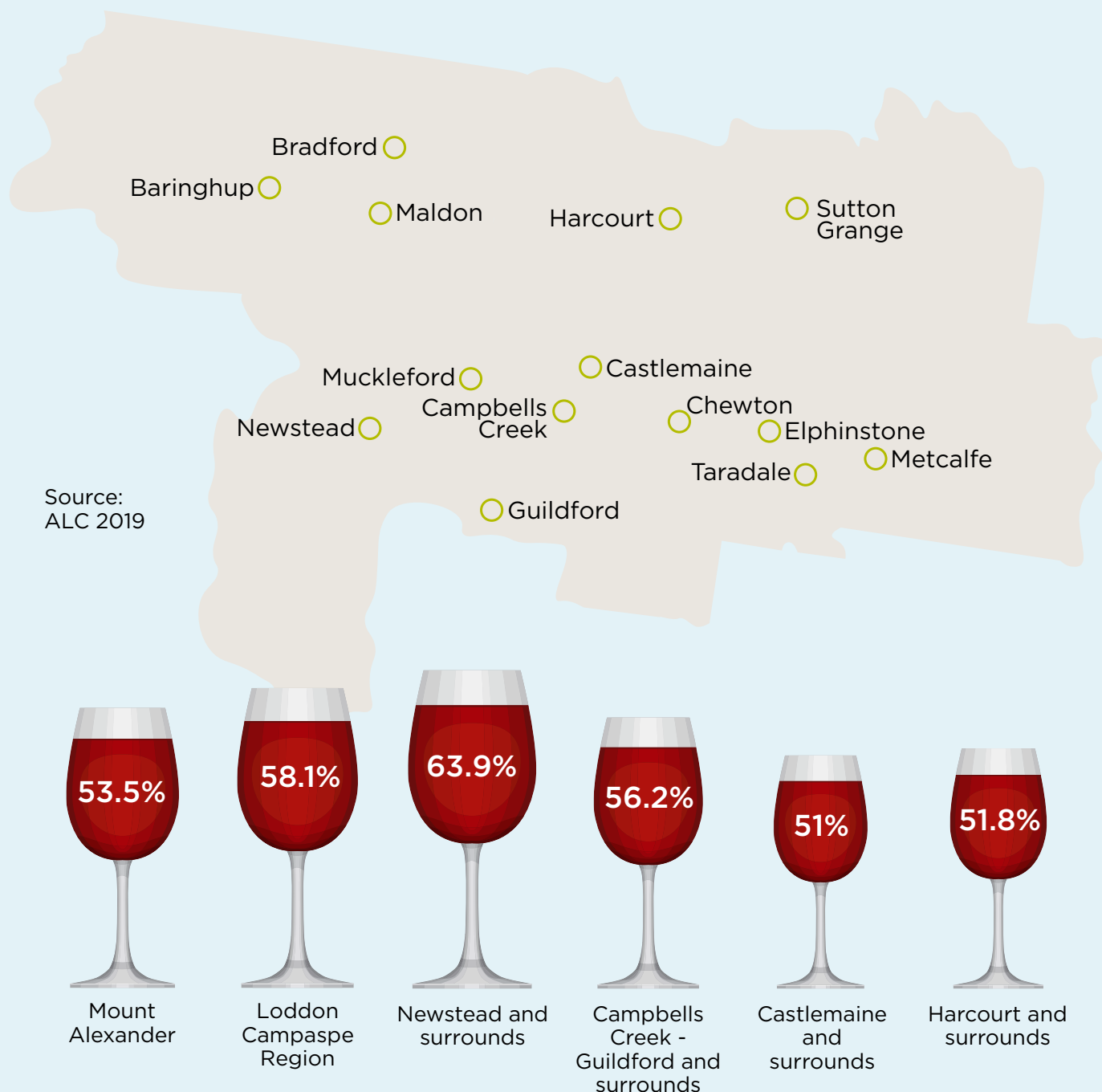
There is some correlation to obesity, smoking, lower consumption of fruit and vegetables.

Alcohol binge drinking

Binge drinking (at risk of alcohol related injury on a single occasion) is more prevalent in Newstead (63.9%) and Campbells Creek (56.2%) compared to other areas in Mount Alexander Shire.

Below is a pictorial representation of the differing amounts of alcohol consumption within MAS.

Prevalence of binge drinking within the shire



Alcohol related hospitalisations

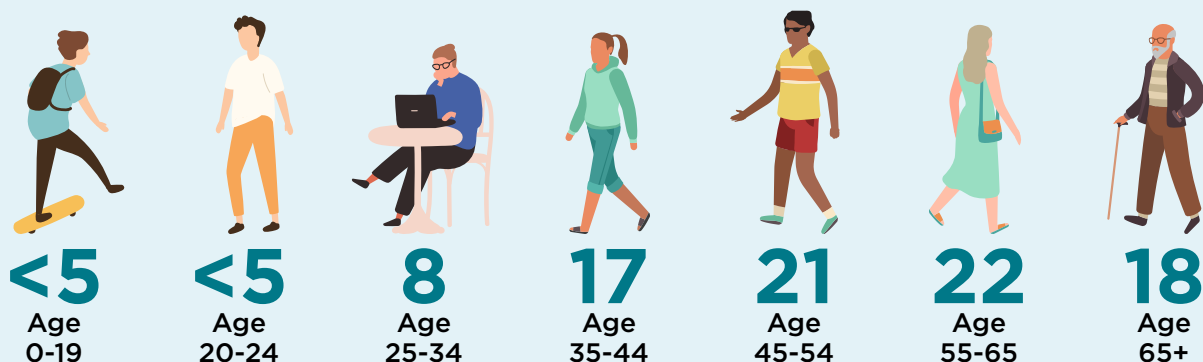
Total alcohol related hospitalisations (admission to a hospital ward) recorded in MAS in 2021 was 91. This is a reduction compared to 2020 (100) and 2019 (155).

This data does not include people in Mount Alexander Shire who are admitted to hospitals outside of our region.

Males are impacted greater than females across the State including in MAS.

This matches the Australian population trend that people between 45 and 64 are the most impacted by alcohol harm.

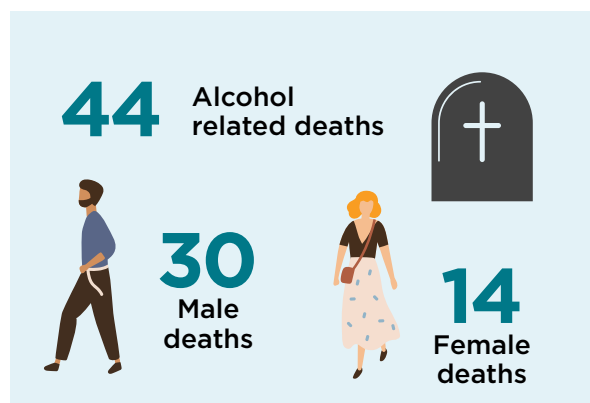
Number of alcohol related hospitalisations per age group 2021



Alcohol related deaths 2020

In 2020, MAS recorded a total of 44 alcohol related deaths, 30 males and 14 females. The majority of these fell into the 55-64 year old and 65+ age group.

MAS has a higher rate (per 100,000 population) of death compared to the State and City of Greater Bendigo.



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Alcohol related ambulance call outs

Alcohol related ambulance call outs 2021

There were 39 alcohol related ambulance call outs recorded in 2021. MAS has a lower rate (per 100,000 population) of alcohol related ambulance call outs compared to the State and other neighbouring shires.

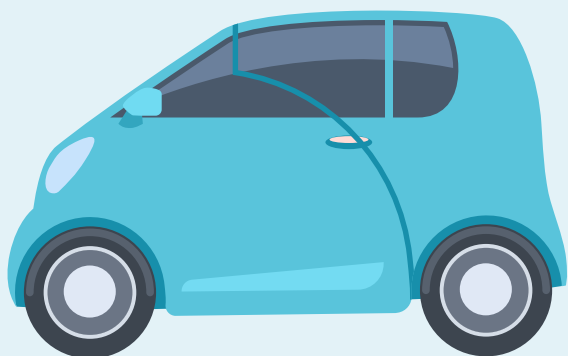
*This does not account for residents of MAS who call an ambulance and are taken to Bendigo or Melbourne.

Alcohol related road trauma

MAS recorded 5 incidents of serious injuries involving vehicle crashes during high alcohol hours.

MAS has a higher rate (per 100,000 population) of road trauma involving alcohol than Hepburn Shire and City of Greater Bendigo, and a similar rate to the State.

“AOD Turning Point data states that alcohol involvement is not directly measured for some datasets, therefore an alternative surrogate measure of applying alcohol hours is used.” (AOD Turning Point)



For regional areas the alcohol hours are:

Sunday 6:00pm – Monday 6:00am

Monday 8:00pm – Tuesday 4:00am

Tuesday 6:00pm – Wednesday 4:00am

Wednesday 6:00pm – Thursday 4:00am

Thursday 6:00pm – Friday 6:00am

Friday 6pm – Saturday 8am

Saturday 4pm – Sunday 10am

Alcohol related family violence 2020

MAS recorded 30 incidents of family violence attributed to definite or possible alcohol consumption in 2020.

We have a higher rate (per 100,000 population) of alcohol related family violence than the State.

“Alcohol consumption in family violence incidents is not directly measured and therefore deemed definite or possible (as determined by Police). The Victoria Police collate statistics on the number of reported incidents recorded for a variety of offence types on the Law Enforcement Assistance Program (LEAP), a computerised database established in

1993. Reported incidents of assault and family incidents (a measure of domestic violence) are recorded along with information on the location of the assault.” (AOD Turning Point)

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Alcohol related incidents of family violence



Source: AOD Stats by Turning Point

Referrals to alcohol treatment 2021

Data from ASCO (Australian Community Support Organisation) in 2022 reported 38 people either self referred, or were referred by a GP or by other referral agencies. Referrals were all for issues with alcohol only.

In 2021, 25 Alcohol and drug-related episodes of care (treatment) in Victoria were recorded for alcohol only from MAS.

MAS has a much lower rate of treatment referrals than the State and all other neighbouring shires. This could be related

to the lack of appropriate local services, or people requesting to be treated outside of the shire.

Source: AOD Stats by Turning Point and ASCO

38 referrals for issues with alcohol



Liquor Licenses and alcohol sales 2022

There are 132 liquor licenses in MAS in 2022.

Currently, Mount Alexander equates to 13% of the combined population of City of Greater Bendigo, Mount Alexander Shire, Hepburn Shire, Central Goldfields Shire and Macedon Shire, however it represents 20% of alcohol sales across this region.

This equates to \$20M in liquor sales annually. This suggests there is a higher than average level of consumption throughout the Shire that is not reflected

in other statistical data Council has collected through this project.

Source: AOD Stats by Turning Point and Department of Justice website

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Liquor licenses in MAS in 2022



We have a higher rate (per 100,000 population) of alcohol related family violence than the State.

Young people in Mount Alexander Shire

In 2020, MASC conducted a youth survey at Castlemaine Secondary College (CSC) which confirmed that Alcohol and other drugs (AOD) issues rated in the top 3 across all age groups.

The Resilience Survey by Resilient Youth Australia in 2020 captured data from Years 7 to 11 students at CSC and showed that:

- 65% (compared to 45% nationally) of Year 11 Females drink alcohol
- and 46% (compared to 35% nationally) of Year 10 Males, drink alcohol.

As identified in the MAS Youth Survey 2020 data, a significant portion of this cohort feel that there are barriers to seeking assistance when it comes to mental health and/or drug and alcohol support, which further increases the risk of poor health outcomes.

In a youth meeting held in March 2021 and attended by representatives from MASC, CSC, the Castlemaine Police, and Dhelkaya Health (formerly CHIRP Castlemaine Community Health), the main issues identified were as follows;

- A core group of young people at the

CSC FLO/VCAL campus (year 9-12) are regularly engaging in harmful substance abuse.

- There has been a sharp increase in the number of students who are concerned about the prevalence of substance abuse around them. (i.e. they have noticed that it's abnormally high compared to previous years)
- Increased reports of older predatory males starting to hang out with the young people, and there was a recent sexual assault of young person.



“

...a significant portion of this cohort feel that there are barriers to seeking assistance when it comes to mental health and/or drug and alcohol support, which further increases the risk of poor health outcomes.

Stakeholder consultation

To gather the data and anecdotal evidence, Council engaged and consulted with various local key stakeholders around alcohol consumption in our shire including internal council staff.

At a workshop held on 24 October 2023 in Castlemaine, the local data was presented to a group of key stakeholders. The data was tested and gaps and priority issues were identified. A draft action plan was developed and shared with the stakeholders for final review and confirmation.

The purpose of this Action Plan is to articulate the key interventions most appropriate for the MAS community at this time.

Based upon the data and opinion gathered through the consultation process the Action Plan looks at three streams of focus:

1. **Health Promotion** – Upstream intervention-based activities suited to the place based issues of MAS.
2. **Systems change** – quality improvement activities to support community access an efficient service system.
3. **Advocacy** – Bringing attention to key issues that require intervention in some form from parties outside of the Mount Alexander community.

References

2019 National Drug Strategy Household Survey

AOD Stats – Turning Point
www.aodstats.org.au

Australia Bureau of Statistics (ABS) 2021

Alcohol and Drug Foundation

Australian Institute of Health and Welfare 2020

Department of Justice www.justice.vic.gov.au/data-and-research/victorian-wholesale-liquor-sales-data

Dibley G 2007, 'Local Government Reducing Harm from Alcohol Consumption', Australian Drug Foundation Prevention Research Quarterly, ADF, Melbourne

Healthy Heart of Victoria Active Living Census 2019

Lam et al. 2017

Mount Alexander Community Profile 2021, Remplan

Mount Alexander Shire Youth Survey 2020

National Health and Medical Research Council
www.nhmrc.gov.au/health-advice/alcohol

Resilience Survey 2020, Resilient Youth Australia

Whetton et al. 2021

Victoria Police

Mount Alexander Shire Council
Cnr Lyttleton and Lloyd streets
Castlemaine VIC 3450

Phone: (03) 5471 1700

Email: info@mountalexander.vic.gov.au

