

# Alcohol-induced deaths in Australia

**JANUARY 2023**

## Key points

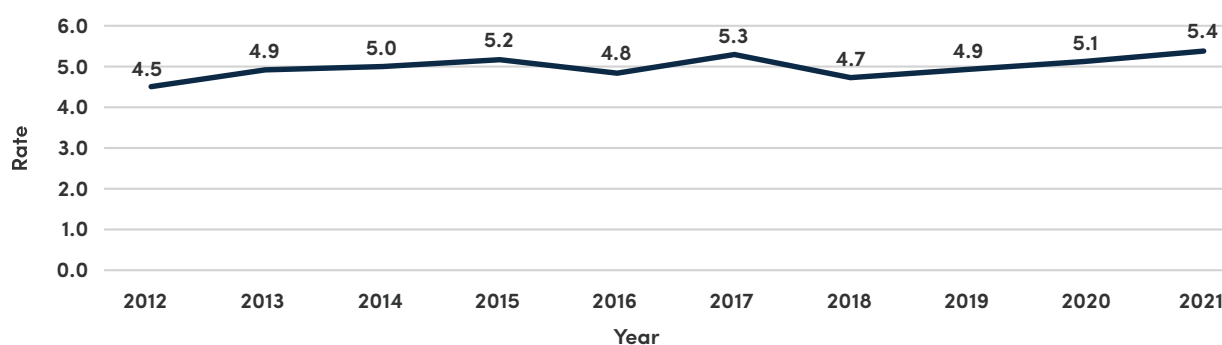
- There were 1,559 alcohol-induced deaths recorded in 2021, a rate of 5.4 deaths for every 100,000 people living in Australia.
- This rate of deaths is the highest in 10 years.
- Between 2020 and 2021, there was a 5.8 per cent increase in the rate of deaths from 5.1 deaths per 100,000 to 5.4 deaths per 100,000. This equates to an additional 107 deaths.
- The rate of alcohol-induced deaths is higher for men, for people in the lowest socio-economic quintile and people living outside of capital cities.
- The Northern Territory, Queensland, South Australia and Tasmania reported higher alcohol-induced death rates than the national death rate.

## Findings

The Australian Bureau of Statistics (ABS) Causes of Death report shows that in 2021, 1,559 people in Australia died of an alcohol-induced death, such as chronic conditions like liver cirrhosis or acute conditions such as alcohol poisoning.

In 2021, the rate of alcohol-induced deaths was 5.4 per 100,000 people – the highest it has been in the past decade (Figure 1).

**FIGURE 1: ALCOHOL-INDUCED DEATHS (AGE-STANDARDISED RATE PER 100,000)**



Alcoholic liver disease was the highest underlying cause that contributed to alcohol-induced deaths (1,008 deaths) in 2021 (Table 1). This is followed by mental and behavioral disorders due to alcohol use (327 deaths), accidental poisoning by and exposure to alcohol (118 deaths), and exposure to alcohol, undetermined intent (3 deaths) and intentional self-poisoning by and exposure to alcohol (1 death). The remaining 102 alcohol-induced deaths have resulted from cardiomyopathy, degeneration of nervous system, acute pancreatitis, chronic pancreatitis, myopathy, polyneuropathy, gastritis and Cushing’s syndrome.

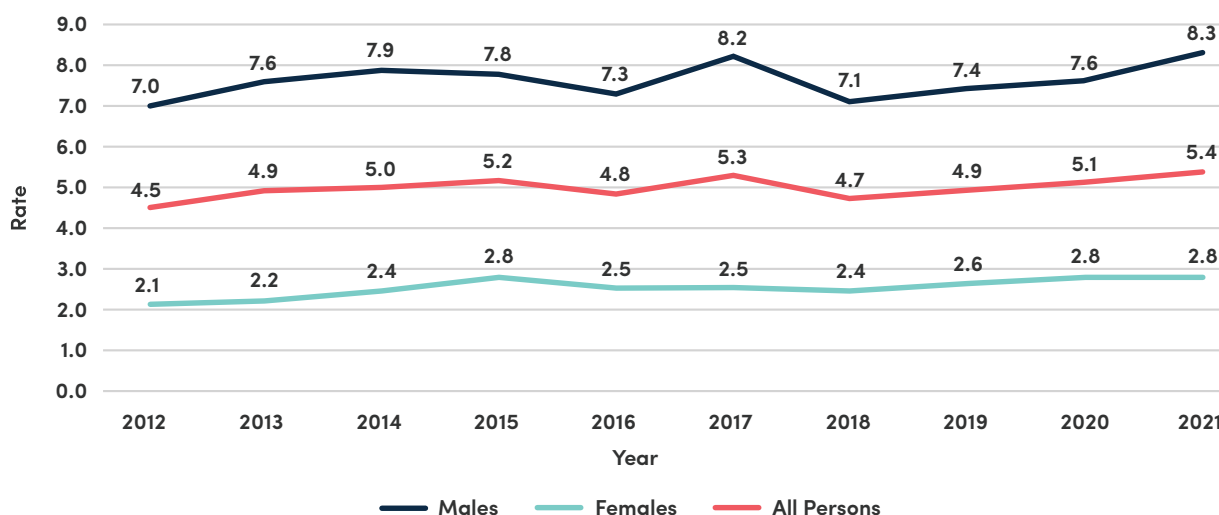
**TABLE 1: UNDERLYING CAUSES OF ALCOHOL-INDUCED DEATHS IN 2021**

UNDERLYING CAUSE	NUMBER OF DEATHS
Alcoholic liver disease (K70)	1,008
Mental and behavioural disorders due to use of alcohol (F10)	327
Accidental poisoning by and exposure to alcohol (X45)	118
Other underlying causes (E24.4, G31.2, G62.1, G72.1, I42.6, K29.2, K85.2, K86.0)*	102
Poisoning by and exposure to alcohol, undetermined intent (Y15)	3
Intentional self-poisoning by and exposure to alcohol (X65)	1

Other underlying causes include Alcoholic cardiomyopathy (I42.6), Degeneration of nervous system due to alcohol use (G31.2), Alcoholic-induced acute pancreatitis (K85.2), Alcohol-induced chronic pancreatitis (K86.0), Alcoholic myopathy (G72.1), Alcoholic polyneuropathy (G62.1), Alcoholic gastritis (K29.2), Alcohol-induced pseudo-Cushing’s syndrome (E24.2)

Men (8.3 deaths per 100,000) are nearly three times as likely to die from alcohol, compared to women (2.8 deaths per 100,000) (Figure 2).

**FIGURE 2: ALCOHOL-INDUCED DEATHS, BY GENDER (AGE-STANDARDISED RATE PER 100,000)**



Looking at specific age groups, people aged 55 to 64 years have the highest death rate at 15.5, followed by people aged 45 to 54 and people aged 65 years and over (11.8 and 11.2 respectively). People aged 15 to 34 years have the lowest death rate at 0.7 (Table 2).

**TABLE 2: AGE-SPECIFIC ALCOHOL-INDUCED DEATH RATES IN 2021**

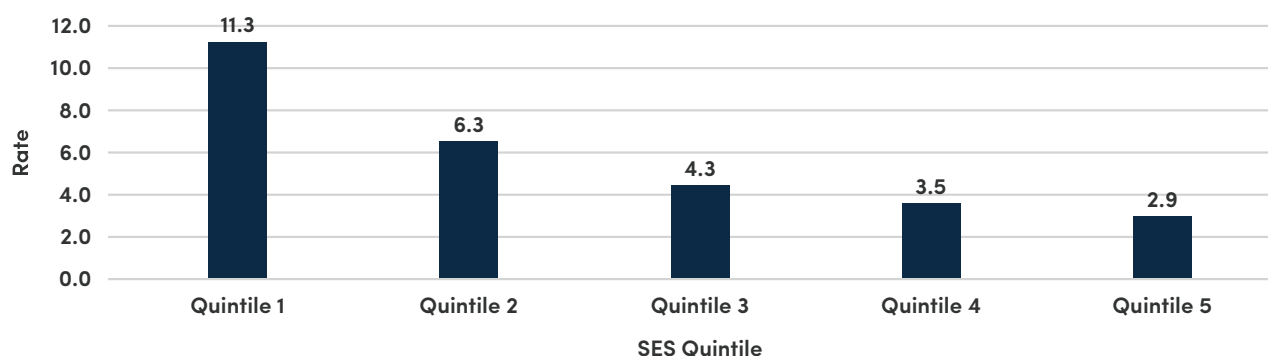
AGE GROUPS	ALCOHOL-INDUCED DEATH RATES
15-34 years	0.7
35-44 years	4.9
45-54 years	11.8
55-64 years	15.5
65 years and over	11.2
All ages	6.1

\*Note these are age-specific death rates and differ to broader age-standardisation death rates for the full population.

The more socioeconomically advantaged a person is in Australia, the less likely they are to die from an alcohol-induced death (Figure 3).

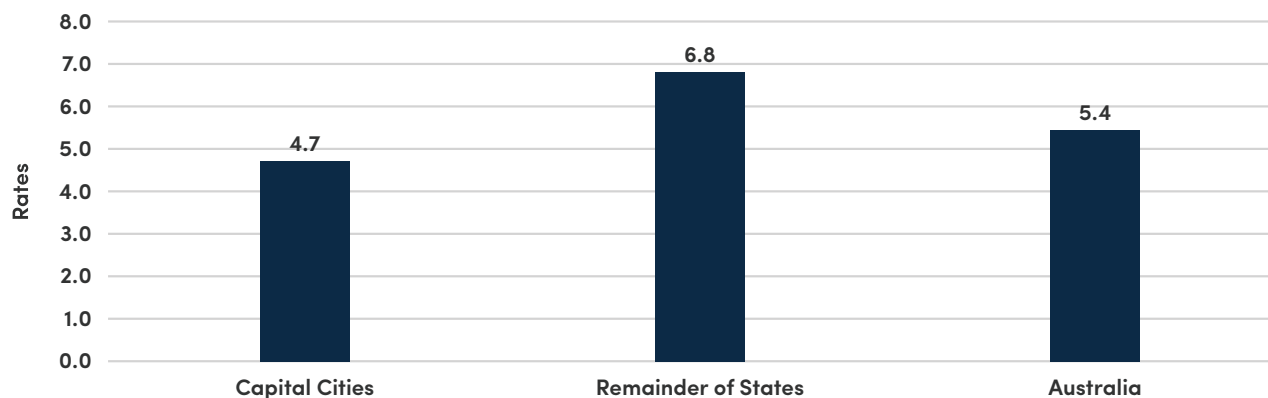
The least socioeconomically advantaged quintile in Australia (Q1, 11.3 deaths per 100,000) is nearly four times as likely to die from alcohol, compared to the most advantaged (Q5, 2.9 deaths per 100,000).

**FIGURE 3: ALCOHOL-INDUCED DEATHS, BY SOCIOECONOMIC STATUS (AGE-STANDARDISED RATE PER 100,000)**



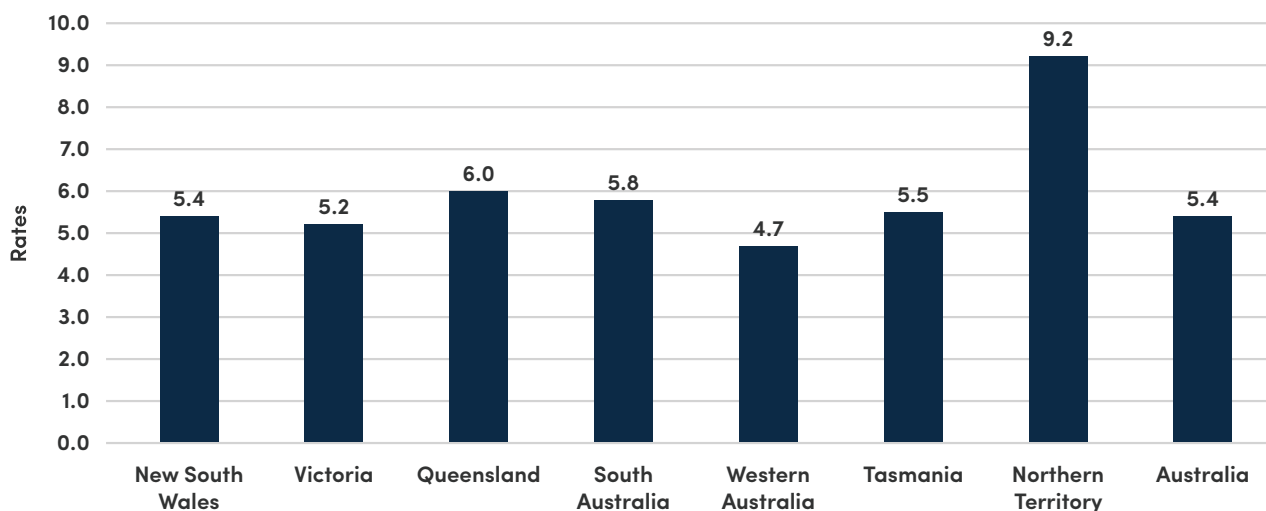
The rate of alcohol-induced deaths was higher in areas other than capital cities in Australia (6.8, 691 deaths), compared to capital cities (4.7, 859 deaths) (Figure 4). In areas outside of capital cities, the rate is higher than the national alcohol-induced death rate (5.4).

**FIGURE 4: ALCOHOL-INDUCED DEATHS, BY PLACE OF RESIDENCE (AGE-STANDARDISED RATE PER 100,000)**



The Northern Territory reported the highest rate of alcohol-induced deaths (9.2, 22 deaths) (Figure 5) followed by Queensland (6.0, 354 deaths), South Australia (5.8, 116 deaths), Tasmania (5.5, 39 deaths), New South Wales (5.4, 497 deaths), Victoria (5.2, 369 deaths) and Western Australia (4.7, 143 deaths). The Northern Territory, Queensland, South Australia and Tasmania reported higher alcohol-induced death rates than the national death rate.

**FIGURE 5: ALCOHOL-INDUCED DEATHS, BY STATE AND TERRITORY (AGE-STANDARDISED RATE PER 100,000)**



\*Note that the alcohol-induced rate for the Australian Capital Territory (ACT) is not available for publication but included in totals where applicable, unless otherwise indicated.

## About the data

The Australian Bureau of Statistics regularly releases *Causes of Death* data. This is a collection of statistics on the number of deaths by specific causes, as classified in the International Classification of Diseases (ICD). FARE's report draws upon the ABS data release on 19 October 2022, which included data for the full 2021 calendar year. A list of current and past data releases from the ABS Cause of Death series can be found here - [www.abs.gov.au/statistics/health/causes-death/causes-death-australia](http://www.abs.gov.au/statistics/health/causes-death/causes-death-australia).

Alcohol-induced deaths are those where the underlying cause can be directly attributable to alcohol use, determined by toxicology and pathology reports. Such deaths can be directly related to alcohol use and result in a chronic condition, such as alcoholic liver cirrhosis. It can also be related to harmful alcohol use and result in an acute condition, such as alcohol poisoning.

## About FARE

The Foundation for Alcohol Research and Education (FARE) is the leading not-for-profit organisation working towards an Australia free from alcohol harms. We approach this through developing evidence-informed policy, enabling people-powered advocacy and delivering health promotion programs.

FARE has been working with communities across the country to improve the health and wellbeing of Australians for 20 years. To learn more about us and our work visit [www.fare.org.au](http://www.fare.org.au).