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Australian Institute of Health and Welfare
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Reduce your impact on the environment and your paper trail by switching to our online version of AIHW access. Register online at www.aihw.gov.au/access/subscribe.cfm.

Hello, and welcome to AIHW Access. The first half of 2014 has been an exciting time for the AIHW, with quite a few big changes for the Institute and the release of a huge number of new reports, many of which are highlighted in this issue.

Australia's health 2014, the AIHW's biggest flagship publication, and its companion report *Australia's health 2014—in brief*, kept many of us busy right up until their release in June.

The AIHW is required to compile this report card on the nation's health every 2 years, and it is then tabled in our national Parliament. *Australia's health 2014* is the 14th report in this series.

This year, both the format and delivery of *Australia's health* are new. Each chapter comprises a series of stand-alone, but topically related analytical feature articles and short snapshots that provide essential facts and figures on a range of health conditions and issues.

New topics include the health of the working-age population, and reasons for the health gap between Indigenous and non-Indigenous Australians.

Work has also been started on our next biennial publication, *Australia's welfare 2015*. A large number of our annual reports and one-off publications have also been released in the past few months.

The Institute published key findings from the AIHW's 2013 *National Drug Strategy Household Survey* ahead of the detailed report which will follow later this year.

The AIHW conducts the National Drug Strategy Household Survey every 2–3 years, with the 2013 survey collecting data from nearly 24,000 people across Australia.

The results show some very positive outcomes—that smoking rates continue to fall and fewer young people are drinking alcohol. While the use of some illicit drugs has decreased, other areas, such as the misuse of pharmaceuticals, are on the rise.

Another significant release was the Institute's annual report on child protection. An expansion of the data collected for this year's report allowed for more detailed analysis and reporting in this important area.

And while the significant numbers of new reports have kept us on our toes, staff have been busily settling into our new premises at 1 Thynne Street in Bruce, we've launched a new intranet and have welcomed a new Board Chair to the AIHW.

Welcome Dr Mukesh Haikerwal AO

Eminent doctor and leader in the medical profession Dr Mukesh Haikerwal AO commenced his position in July as the new Chairperson of the AIHW.

In announcing the appointment, the Minister for Health, Peter Dutton, said 'Dr Haikerwal AO is highly respected in medical circles and is also an extremely experienced administrator.'

'He will be a great asset to the AIHW, Australia's premier source of data on health and welfare,' Mr Dutton said.

Dr Haikerwal AO is a former national president of the AMA and current Chairperson of the World Medical Association Council.

He is also Chairperson of the Beyondblue National Doctors' Mental Health Programme and a member of the CSIRO Australian E-Health Research Committee.

Dr Haikerwal AO was awarded the Order of Australia in 2011 for distinguished service to medical administration, to the promotion of public health through leadership roles with professional organisations, to the reform of the Australian health system through the optimisation of information technology, and as a general practitioner.

We look forward to working with Dr Haikerwal AO in the coming months.



David Kalisch
Director (CEO), AIHW



Australia's health 2014

Australians are living longer, but chronic diseases are taking a toll



Australia's health 2014, the AIHW's 14th biennial health report, shows Australia has much to be proud of in many areas of health, but lifestyle-related chronic diseases are taking an increasing toll.

The report was launched at an event in Canberra at the AIHW's new premises in Bruce by the then AIHW Board Chair, Dr Andrew Refshauge. AIHW Director and CEO David Kalisch said, 'On the positive side our report shows that we have increasingly longer life expectancy, lower death rates for cancer and many other diseases, and a health system that people say they are mostly happy with.'

'On the "room for improvement" side, we see that Australians are increasingly living with ongoing or "chronic" diseases and their risk factors—which are related to our ageing population as well as to lifestyles and health habits.'

'Chronic diseases are the leading cause of illness, disability and death in Australia, accounting for 90% of all deaths in 2011.'

'Chronic diseases have often been called "Australia's greatest health challenge"—and

while not solely related to behavioural factors in all cases, can be heavily linked to smoking, physical inactivity, poor nutrition and the harmful use of alcohol. This can lead to obesity, high blood pressure, and high cholesterol, which in turn can lead to cardiovascular disease, diabetes, cancer and mental health issues.'

Mr Kalisch said another issue raised by the report was that, in Australia, as in many developed nations, the costs of health care kept rising.

'They have risen faster than inflation and the economy as a whole for many years, and in recent years have outpaced government revenues from taxation and other sources.'

'We find that health spending is taking up a greater proportion of government revenue than it used to—26% in 2011–12, or 6 percentage points higher than before the Global Financial Crisis.'

The report also shows that life expectancy, the 'universal health indicator', places Australia among the top nations in the world—sixth for men and seventh for women—but very close to the first-placed nations in 2011 (Iceland for males, Japan for females).



Australia's health 2014 and
Australia's health 2014: in brief

We are living 25 years longer on average than a century ago, so that a boy born today can expect to live to 79.9 years, and a girl to 84.

'An extra piece of good news is that almost all of the extra 4 years gained since the late 1990s have been disability-free years,' Mr Kalisch said.

Most Australians also rate themselves highly in the health stakes. In 2011–12, 85% of people aged 15 and over considered themselves to be in good to excellent health. This perception did not reduce much with age, with an estimated 67%–76% of people aged 65 and over considering themselves to have good to excellent health.

'In addition to our successes we also have health worries,' Mr Kalisch said. 'The rise of chronic diseases is the most pervasive.

'We know that across all ages, changes in health behaviours can reduce the impact of chronic diseases—the World Health Organization estimates that, worldwide, up to 80% of heart disease, stroke and type 2 diabetes, and up to one-third of cancers, could be prevented by eliminating smoking, unhealthy diet, physical inactivity and the harmful use of alcohol.

'Although daily smoking rates are low by world standards, at 16% for adults, in some areas of Australia (principally high socioeconomic status areas) the rate is 10%, meaning that further improvements are possible,' Mr Kalisch said.

In Australia over 3 in 5 adults (63%) are overweight or obese. Nearly 3 in 5 (57%) do not exercise enough for good health, and in 2011–12 only 8% of adults were eating enough vegetables and 49% were eating enough fruit for optimum nutrition.

Among young adults, between 2007 and 2010 almost 1 in 2 were at risk from harm (drinking 4 standard drinks or more) from a single drinking occasion at least monthly.

Download *Australia's health 2014* at
<<http://www.aihw.gov.au/publication-detail/?id=60129547205>>.

Some positive news

- From 2001–2011, the proportion of students aged 12–15 who had never smoked rose from 53% to 77%.
- Five-year survival from cancers was 66% in 2006–2010, compared with 47% in the mid-1980s. Among people surviving 5 years in 2006–2010, the chance of surviving at least another 5 years was 91%.
- There has been a 20% fall in heart attack rates between 2007 and 2011, and stroke event rates fell 25% between 1997 and 2009.
- Injury death rates fell by about 3%–5% each year for causes such as transport injury, thermal injury (exposure to fire, heat, smoke and hot substances), drowning, suicide and homicide.

Room for improvement

- Across all age groups, Indigenous Australians have higher death rates than non-Indigenous Australians—in the 35–44 age group, the rate is 5 times that of non-Indigenous Australians—and Indigenous children aged 0–4 died at more than twice the rate of non-Indigenous children in 2012.
- People living in rural and remote areas have less access to health services, travel greater distances to seek medical attention, and generally have higher rates of ill health and mortality than people living in larger cities.
- In 2011–12, 63% of Australian adults were overweight or obese (70% of men and 56% of women). This has increased from 57% in 1995.
- The rate of self-reported diabetes has more than doubled, from 1.5% to 4.2% of all Australians between 1989–90 and 2011–12.

A step towards improved and expanded national child protection reporting

More than 135,000 Australian children, or about 26 in every 1,000 children, received child protection services in 2012–13.

In Australia, statutory child protection is the responsibility of state and territory governments. Each state and territory department responsible for child protection provides assistance to vulnerable children who have been, or are at risk of being, abused, neglected, or otherwise harmed, or whose parents are unable to provide adequate care or protection.

The AIHW's latest report on child protection, *Child protection Australia 2012–13*, represents a major step towards improving and expanding on national reporting for child protection.

The report uses a new child protection national minimum data set which, for the first time, allows for analysis at the child level (unit record).

'The establishment of a national unit record data collection is a significant milestone substantially improving the quality of information available on child protection, which will benefit national reporting and research,' said Head of the AIHW's Continuing and Specialised Care Group, Dr Pamela Kinnear.



'It provides a more comprehensive and accurate picture of children within the statutory child protection system in Australia than has been previously available.'

The implementation of the child protection national minimum data set marks a large step towards improving the comparability of child protection data across jurisdictions, and positions Australia alongside only a handful of other countries with this type of national resource to support the monitoring of child protection programs and policies.

'For the first time, this report contains data on the total number of children receiving child protection services in each jurisdiction, where previously we could only report children according to each type of intervention, and were not able to identify children receiving multiple services,' Dr Kinnear said.

Data on the number of substantiations per child, types of abuse and neglect that often occur together, socioeconomic status, and measures of how many children were receiving services on an 'average day' are also included for the first time.



Children who received child protection services were those who were the subject of an investigation; on a care and protection order; and/or in out-of-home care.

The report shows that in 2012–13, more than half (56%) of children who received child protection services were subject only to an investigation (that is, they were not subsequently placed on a care and protection order or in out-of-home care). One quarter (26%) of children were both on an order and in out-of-home care. Overall, 8% of children were involved in all 3 components of the system.

'Overall, Indigenous children were 8 times as likely as non-Indigenous children to be receiving child protection services (150.9 per 1,000 children compared with 18.5 for non-Indigenous children),' Dr Kinnear said.

After investigation, a notification to a department is considered 'substantiated' when it is concluded that the child has been, is being, or is likely to be, abused, neglected, or otherwise harmed.

'Between 2010–11 and 2012–13, there was a 29% increase in the number of children who were the subject of substantiations, rising from 31,527 to 40,571,' Dr Kinnear said.

Neglect and emotional abuse were the most common primary types of substantiated abuse.

Many children (42%) who were the subjects of substantiations were from areas of lowest socioeconomic status, and 1 in 5 children were the subject of more than 1 substantiation in 2012–13.

In situations where further intervention is required, the state/territory department may apply to the relevant court to place the child on a care and protection order and/or in out-of-home care.

From 30 June 2009 to 30 June 2013, the rate of children on care and protection orders rose from 7.0 to 8.2 per 1,000 children. The rate of children in out-of-home care at 30 June also rose between 2009 and 2013—from 6.7 to 7.8 per 1,000 children.

On an average day in 2012–13, there were 23,354 households authorised to provide out-of-home care placements. Most of these households were authorised to provide foster or relative/kinship care.

Download *Child protection Australia 2012–13* at <http://www.aihw.gov.au/publication-detail/?id=60129547965>.



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Heart disease death rates fall, but improvements slowing for younger and middle age groups

A new AIHW report shows that while death rates for coronary heart disease (CHD) have fallen over the last few decades, the degree of improvement has slowed for younger and middle age groups.

The report, *Trends in coronary heart disease mortality: age groups and populations*, shows that, overall, CHD death rates fell by over 70% between 1979 and 2010 for Australians aged 25 and over.

'In 1979, 29% of all deaths in Australia were from CHD, but by 2010 this proportion had fallen to 15%,' said Head of the AIHW's Cardiovascular, Diabetes and Kidney Unit, Sushma Mathur.

The annual number of CHD deaths fell from around 31,000 to 21,700 between 1979 and 2010.

Improvements not as pronounced for some

'While these overall improvements are great news, the rate of improvement is starting to slow down for people from their mid to late 20s to their late 60s,' Ms Mathur said.

Between 1979 and 1993, for example, the average annual fall in CHD death rates for men aged 40–54 was 6.6%, slowing to 3.2% between 2000 and 2010. For women the corresponding annual declines were 7.4% between 1979 and 1997, which then slowed to 2.7% between 1997 and 2010.

'Unfavourable trends in some key risk factors for cardiovascular diseases, such as obesity, diet and lack of exercise, are thought to be behind the slowing of the decline in CHD deaths among these younger age groups,' Ms Mathur said.

'For men and women aged 70 years and over, who are most at risk of CHD death, mortality declines have continued to improve and are currently falling at a much higher rate of 5.1% per year.'



Variation seen among population groups

CHD mortality rates for Aboriginal and Torres Strait Islander people remain higher than for other Australians, but the levels of improvement are comparable or better.

Over the decade 2001–2002 to 2009–2010, Indigenous women had greater declines in CHD mortality than other Australian women (an average annual decline of 4.1% compared to 3.5%). The mortality decline among Indigenous men was similar to that for other Australian men.

'Among geographic areas, Major cities generally experienced the greatest improvements compared with other areas, and lower socioeconomic status (SES) groups achieved less favourable results than higher SES groups,' Ms Mathur said.

Download *Trends in coronary heart disease mortality: age groups and populations* at <http://www.aihw.gov.au/publication-detail/?id=60129547046>.

Bowel cancer screening saves lives, but participation slightly lower than previous year

Despite evidence that bowel cancer screening saves lives, participation rates in the National Bowel Cancer Screening Program were slightly lower than the previous year, a new AIHW report shows.

The report, *National Bowel Cancer Screening Program monitoring report: 2012–13*, was launched by Minister for Health Peter Dutton at an event at the Australian National University in June.

The report provides information on the National Bowel Cancer Screening Program (NBCSP), which aims to reduce the number of cases of bowel cancer and related deaths in Australia through screening to detect cancers and pre-cancerous lesions in their early stages, when treatment is most effective.

'The good news is that since the program started in 2006, over 3,000 suspected or confirmed cancers have been detected, showing its effectiveness in detecting and preventing bowel cancer,' said Head of the AIHW's Cancer and Screening Unit, Justin Harvey.

Participation rates down...

About 33.5% of the 964,000 people invited to participate from July 2012 to June 2013 returned a completed bowel cancer screening kit for analysis.

However, the report also shows that the participation rate in the program in 2012–13 was slightly lower than in the previous year, with small decreases seen in all 3 target age groups (people turning 50, 55 or 65 years).

...but variation seen among population groups

'As in previous years, women were more likely to screen than men; conversely, men had higher rates of screen detected bowel cancers, and overall bowel cancer incidence and mortality,' Mr Harvey said.

'There were also differences in participation rates across jurisdictions, with invitees from South Australia, Tasmania, the Australian Capital Territory and Western Australia participating at higher rates than those in other jurisdictions.'

Aboriginal and Torres Strait Islander participants, participants who lived in *Regional* and *Remote* regions, and participants who lived in areas of lower socioeconomic status, had higher rates of positive screening results, yet lower rates of follow-up colonoscopies than other participants.

Screening led to 23,500 follow-up recommendations

In 2012–13, about 23,500 participants (7.5%) who returned a valid screening test had a positive screening result. These people were encouraged to follow up this result by visiting their primary health-care practitioner for referral to further testing by colonoscopy. Seventy per cent of those with a positive screening result were recorded as having a colonoscopy.

'One participant in every 32 who underwent a colonoscopy following a positive screening result was diagnosed with a confirmed or suspected cancer, a total of 404 people in 2012–13,' Mr Harvey said.

Advanced adenomas, which are benign growths that have the potential to become cancerous, were found in a further 728 people.

Download *National Bowel Cancer Screening Program monitoring report: 2012–13* at <http://www.aihw.gov.au/publication-detail/?id=60129547721>.



Likelihood of hospitalised injury rises with older age



The likelihood of older Australians being hospitalised after suffering injury increased in line with increasing age, an AIHW report released in July shows.

The report, *Hospitalised injuries in older Australians: 2011–12*, shows that there were about 126,000 Australians aged 65 and over admitted to hospital due to injury in 2011–12, accounting for over one-quarter of all injury hospitalisations.

The rate of injury hospitalisations for older Australians rose from about 1,700 cases per 100,000 people for those aged 65–69 to 11,400 cases per 100,000 people for those aged 85 or over.

Differences between men and women

‘The rate of injury hospitalisations for women (4,300 cases per 100,000 women) was nearly one-third higher than the rate for men (3,200 cases per 100,000 men), after allowing for the greater number of women than men who survive to old age,’ said AIHW spokesperson Professor James Harrison.

Women also generally had longer hospital stays. The average length of stay in hospital was 7.6 days for older Australian women compared with 6.8 days for men. This average rose with increasing age for both men and women, from nearly 5 days at ages 65–69 to over 8 days at age 85 and over.

Most unintentional injuries caused by falls

The leading causes of unintentional injury in 2011–12 were falls (77%). There were about 96,000 cases of hospitalised falls injury in 2011–12.

‘Again, the rate rose with increasing age, with the highest number of hospitalisations recorded among people aged 85 and older (41,267),’ Professor Harrison said.

Other causes of injury less common—but likelihood varies by sex

Injury by inanimate mechanical forces (injuries involving an object) (6%), transport crashes (5%), animate mechanical forces (injuries due to contact with animals or people, excluding assault) or venomous bites and stings (2%) and poisoning by pharmaceuticals (1%) accounted for most of the remaining unintentional injury.

Roughly equal numbers of older men (3,228) and women (2,941) sustained a transport-related injury. Women were more likely than men to have been injured while in a car, as a pedestrian, or on a bus, and less likely than men to have been injured while using a motorcycle or a pedal cycle.

Striking or being struck by an object was the most common cause of hospitalised injury due to inanimate mechanical forces, followed by contact with tools and machinery. For the latter group, more than half of the injury cases in men were due to powered hand tools.

Bites or being struck by dogs, cats, cattle, and horses were the most common causes of hospitalisation among older Australians due to animate mechanical forces.

Medications used to treat diabetes and manage pain were the most common drugs reported in cases of unintentional poisoning by pharmaceuticals for older Australians in 2011–12. Pharmaceutical drugs were also involved in about 77% of hospitalisations for intentional self-harm among older Australians in 2011–12.

Download *Hospitalised injuries in older Australians: 2011–12* at <http://www.aihw.gov.au/publication-detail/?id=60129547875>.

Disability support services used by over 300,000 Australians



A new AIHW report shows that an estimated 312,539 Australians accessed disability support services in 2012–13. These services included community support services (45% of service users), employment services (41%), community access services (18%), accommodation support services (14%) and respite services (12%).

The report, *Disability support services: services provided under the National Disability Agreement 2012–13*, shows the number of service users generally increased over the 5 years to 2012–13—by 12% between 2008–09 and 2012–13.

‘However, we’ve seen growth in the use of services slow recently, with a slight drop of 2% in the number of service users between 2011–12 and 2012–13,’ said Head of the AIHW’s Continuing and Specialised Care Group, Dr Pamela Kinnear.

Users of disability support services are diverse. In 2012–13, 59% were male, 87% were Australian-born, 6% were Indigenous Australians, and 54% lived with their families.

The most commonly reported disability groups were intellectual (32%), physical (30%) and psychiatric (27%), though the proportion of service users with an intellectual disability dropped slightly over the 5 years to 2012–13.

Most service users required at least some assistance in 1 or more of 3 broad life areas—the activities of independent living (64%); the activities of work, education and community living (61%) and the activities of daily living (55%).

The report also shows that spending on disability support services rose to \$7.2 billion in 2012–13. This has risen in recent years—by 4% between 2011–12 and 2012–13, and by 23% since 2008–09, after adjusting for inflation.

‘This report provides important contextual and baseline information as the disability policy and service delivery environment continues to evolve, particularly with the implementation of the National Disability Insurance Scheme (NDIS) in 2013–14,’ Dr Kinnear said.

Download *Disability support services: services provided under the National Disability Agreement 2012–13* at <<http://www.aihw.gov.au/publication-detail/?id=60129547855>>.

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Fall in rate of young people under youth justice supervision

On an average day in 2012–13, there were 6,329 young people under youth justice supervision due to their involvement, or alleged involvement, in crime.

In Australia, the state and territory governments are responsible for dealing with children and young people who are involved in crime. Although each state and territory has its own legislation, policies and practices, the general processes by which young people are charged and sentenced and the types of legal orders available to the courts are similar.

In all states and territories, children and young people aged 10 and older can be charged with a criminal offence, however separate jurisdictional justice systems exist for these young people.

Each year, around 2% of the Australian population aged 10–17 are proceeded against by police, just over 1% will have a case finalised in a children's court, around 0.5% will be supervised by a youth justice agency in the community, and less than 0.3% will be subject to a custodial order.

The AIHW's latest report on the youth justice system shows the number and rate of young people under youth justice supervision has dropped in recent years.

'There was a drop of 1,000 young people from a peak of 7,332 young people under youth justice supervision on an average day in 2010–11 (down 14%),' said Head of the AIHW's Child Welfare and Prisoner Health Unit, Tim Beard.

'Similarly, in 2012–13 the rate of young people under supervision dropped to 23.8 per 10,000 (or 1 in 420) young people—down from a high of around 27.6 (or 1 in 360) in 2010–11.

'This decrease was mainly due to a fall in the number and rate of young people under community-based supervision and young males under supervision.

'These are the predominant groups under supervision—on an average day about 85% of young people were under community-based



supervision (as opposed to detention), and over 4 in 5 were male.'

In contrast, the number and rate of young people in detention remained relatively stable during this time, as did the rate of females under supervision overall.

'Of ongoing concern is the continuing over-representation of Aboriginal and Torres Strait Islander young people who are under supervision,' Mr Beard said.

'Despite the number of Indigenous young people under supervision falling by 5% over the past 5 years, in 2012–13 these young people were 17 times as likely as non-Indigenous young people to have been under supervision.'

Indigenous young people under supervision were also, on average, younger, more likely to complete multiple periods in supervision and spent longer, in total, under supervision during the year than non-Indigenous young people.

This over-representation was also evident when considering where young people lived prior to their supervision, with those from *Very remote* areas about 6 times as likely as those from *Major cities* to be under youth justice supervision on an average day in 2012–13.

Download *Youth justice in Australia 2012–13* at <<http://www.aihw.gov.au/publication-detail/?id=60129546738>>.

Smoking rates down, fewer young people drinking alcohol and mixed results on illicit use of drugs

The first results from the AIHW's 2013 National Drug Strategy Household Survey, released in July, show changing patterns of drug use among Australians, with particularly notable changes seen in young people.

The survey uses data collected from nearly 24,000 people across Australia from 31 July to 1 December 2013.

Smoking rates down... and smokers cutting down

The results show that between 2010 and 2013, the daily smoking rate fell from 15.1% to 12.8% among people aged 14 or older.

'This means the daily smoking rate has halved since 1991,' said Head of the AIHW's Housing, Homelessness and Drugs Group, Geoff Neideck.

'Smokers have also reduced the average number of cigarettes they smoke per week—down from 111 cigarettes in 2010 to 96 cigarettes in 2013.'

Fewer young smokers...

The results also show younger people are delaying starting smoking—the proportion of 12–17 year olds who had never smoked remained high in 2013 at 95%, and the proportion of 18–24 year olds who had never smoked rose significantly between 2010 and 2013 (from 72% to 77%).

The age at which 14 to 24 year olds smoked their first full cigarette was almost 16, rising from 14.2 to 15.9 years of age between 1995 and 2013.

...and drinkers

The results also show younger people are also continuing to delay their first alcoholic drink. The age at which 14 to 24 year olds first tried alcohol rose from 14.4 to 15.7 years of age between 1998 and 2013.



Overall, fewer younger people aged 12 to 17 are drinking alcohol, with the proportion abstaining from alcohol rising from 64% to 72% between 2010 and 2013.

More responsible alcohol consumption, but violence still an issue

'More good news is that compared to 2010, fewer people overall drank alcohol in quantities that exceeded the lifetime risk and single occasion risk guidelines in 2013,' Mr Neideck said.

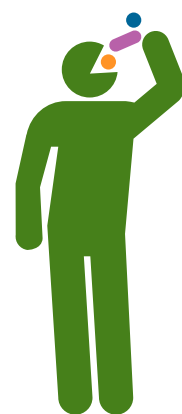
However, almost 5 million people in Australia aged 14 or older (26%) reported being a victim of an alcohol-related incident in 2013—a decline from 29% in 2010.

Declines in use of some drugs, but more people misusing pharmaceuticals

'In this survey, we've also seen declines in the use of ecstasy (from 3.0% to 2.5%), heroin (from 0.2% to 0.1%) and GHB (from 0.1% to less than 0.1%) in 2013, but the misuse of pharmaceuticals is on the rise (from 4.2% in 2010 to 4.7% in 2013),' Mr Neideck said.

'While the use of meth/amphetamine remained at a similar level to 2010, there was a major shift in the main form of meth/amphetamine used. Use of powder dropped significantly while the use of ice (or crystal methamphetamine) more than doubled between 2010 and 2013.'

View the web release at <<http://www.aihw.gov.au/alcohol-and-other-drugs/ndshs/>>.



Higher death rates among males, people in remote areas and Indigenous Australians

One of the AIHW's latest reports shows that when it comes to longevity, Australians are not all equal, with simply being male or Indigenous or living in *Very remote* areas being significant factors influencing death rates.

The report, *Mortality inequalities in Australia: 2009–2011*, shows that there are significant inequalities when it comes to dying early or from potentially avoidable causes.

'Our report shows many factors affect death rates, with particular population groups more disadvantaged than others,' said Head of the AIHW Population Health and Primary Care Unit, Louise York.

'We also found that the Australians who had the worst death rates tended to experience deaths from causes that, in many cases, can be considered to be preventable or treatable. These are often referred to as *potentially avoidable deaths*.'

The report shows that the death rate for males is 1.5 times as high as the rate for females. If males had the same death rate as females, there would have been 71,400 fewer male deaths over the 2009–11 period.

The death rate among Indigenous Australians was nearly twice that of non-Indigenous Australians. This was even more pronounced among Indigenous people aged 35–44 years, with a death rate 5 times as high as their non-Indigenous counterparts: 480 deaths per 100,000 Indigenous people aged 35–44 compared with 98 deaths per 100,000 non-Indigenous people aged 35–44.

People living in *Remote* and *Very remote* areas had death rates 1.4 times as high as those for people living in *Major cities*, and higher rates of death due to diabetes (3 times as high) and land transport accidents (4.7 times as high).



'For people living in areas of lowest socioeconomic status, the death rate was 1.3 times as high as for those living in areas of the highest socioeconomic status, with death rates from diabetes and chronic obstructive pulmonary disease (COPD) notably higher, at 1.8 times as high and 1.7 times as high, respectively,' Ms York said.

Overseas-born Australian residents had lower death rates than those who were born in Australia. For example, Asian-born Australian residents had a death rate that was 36% lower than the rate for Australian-born residents.

'Many of these patterns for 2009–11 were similar to patterns from 10 years earlier, showing that mortality inequalities are long standing in Australia,' Ms York said.

Download *Mortality inequalities in Australia: 2009–2011* at <<http://www.aihw.gov.au/publication-detail/?id=60129548021>>.

Further information

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new releases



Maternal deaths in Australia 2006–2010

Although maternal deaths are rare in Australia, they are catastrophic events when they do occur and require monitoring and investigation. The report includes information about the women, pregnancy, and cause of death as well as good practice guidance points for clinicians to inform practice improvement.

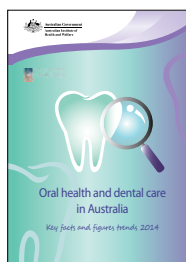
Published 19 August 2014.



Oral health and dental care in Australia: key facts and figures trends 2014

Highlights key trends in oral health and dental care, which suggest there have been improvements over the long term but there is some cause for concern in recent years.

Published 18 August 2014.



Health-care expenditure on arthritis and other musculoskeletal conditions 2008–09

Arthritis and other musculoskeletal conditions are substantial contributors to health-care expenditure in Australia. In 2008–09, estimated health-care expenditure allocated to these conditions totalled \$5,690 million—the 4th most expensive disease group, accounting for 8.7% of total health-care expenditure allocated to disease groups.

Published 15 August 2014.

Mortality from asthma and COPD in Australia

Asthma death rates in Australia are high compared with many other countries and chronic obstructive pulmonary disease (COPD) is a leading cause of deaths in Australia and internationally. This report provides current information about mortality due to these conditions in Australia, examining trends over time, seasonal variation, international comparison and variation by age, sex, remoteness, Indigenous status, country of birth and socioeconomic disadvantage.

Published 13 August 2014.

Alcohol and other drug treatment services in Australia 2012–13

Over 700 agencies provided over 160,000 treatment episodes for alcohol and other drug issues to an estimated 108,000 clients in Australia in 2012–13. Most episodes were for clients receiving treatment for their own drug use, and these clients tended to be male and in their 20s and 30s. Alcohol was the most common principal drug of concern, accounting for almost half of these closed episodes, and counselling was the most common type of treatment.

Published 12 August 2014.

Patterns in use of aged care: 2002–03 to 2010–11

While permanent care in a residential care facility remains a key service for many older Australians, in recent years greater emphasis has been placed on the provision of home-based support. This report examines how this shift has affected the way that people use aged care programs, and investigates the initial take-up of care.

Published 6 August 2014.

Birthweight of babies born to Indigenous mothers

Provides an overview of the birthweight of babies born to Indigenous mothers, including recent trends and information on factors associated with birthweight

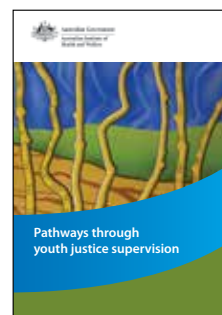
variation. Between 2000 and 2011, there was a statistically significant decline in the low birthweight rate among Indigenous mothers, and the gap in birthweight between babies born to Indigenous and non-Indigenous mothers declined significantly over this period.

Published 5 August 2014.

Pathways through youth justice supervision

Explores the types of youth justice supervision experienced by particular cohorts of young people based on data available from the Juvenile Justice National Minimum Data Set (JJ NMDS) from 2000–01 to 2012–13. It shows young males, young Indigenous people, those aged 10–14 at first supervision and those experiencing sentenced detention at some point were more likely than their counterparts to have more complex and varied pathways through supervision.

Published 30 July 2014.



Housing assistance for Indigenous Australians

Provides information on support provided to Indigenous households through a range of housing assistance programs. The data suggest that Indigenous households were 6 times as likely as other Australian households to live in social housing, with an estimated 31% of Indigenous households living in such housing in 2013. Overall, Indigenous households were more than twice as likely as other households to receive assistance from at least 1 of the major housing assistance programs.

Published 28 July 2014.

The AIHW has ***moved***

New address

1 Thynne Street, Bruce ACT 2617

GPO Box, telephone and facsimile numbers and email addresses remain unchanged



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