



Inquiry into Health Impacts of Alcohol and Other Drug Use in Australia

House of Representatives Standing Committee on Health, Aged Care and Sport

Dementia Australia Submission – September 2024

Dementia Australia

Dementia Australia is the peak dementia advocacy organisation in Australia.

Our organisation engages with people with dementia, their families and carers in our activities, planning, policy and decision-making, ensuring we capture the diversity of the living experience of dementia across Australia.

Our advocacy amplifies the voices of people living with dementia by sharing their stories and helping inform and inspire others. As the trusted source of information, education and support services, we advocate for positive change for people living with dementia, their families and carers, and support vital research across a range of dementia-related fields.

Dementia prevalence in Australia

Dementia is the term used to describe the symptoms of a large group of neurocognitive conditions which cause progressive decline in a person's functioning.

Dementia is not just memory loss - symptoms can also include changes in speech, reasoning, visuospatial abilities, emotional responses, social skills and physical functioning. There are many types of dementia, including Alzheimer's disease, vascular dementia, frontotemporal dementia and Lewy body disease.

In 2024, it is estimated there are more than 421,000 people living with all forms of dementia. This figure is projected to increase to more than 812,500 by 2054.¹

¹ Dementia Australia (2023) **Dementia Prevalence Data 2024-2054, commissioned research undertaken by the Australian Institute of Health and Welfare**

Dementia's public health impact

Dementia Australia is pleased to provide a Submission to the Inquiry in relation to the impact of alcohol and tobacco use on dementia incidence.

Dementia is major public health concern and a leading cause of disease burden among Australians aged 65 and over.² It is the second leading cause of death for Australians and the leading cause of death for women.³ In 2023, there were an equivalent of 15 people with dementia per 1,000 Australians.⁴

Some population groups have a higher risk of dementia, including First Nations people. Studies suggest that the prevalence of dementia in First Nations people is around 3 to 5 times higher than in the general population. The burden of disease due to dementia in First Nations people is more than twice as high than for the general population, and the rate of death is 57 per cent higher.⁵

Dementia has broad social impacts, including being a key factor in the demand for primary health care and aged care services. People with dementia use more primary health care services than the general population, have a higher rate of hospital admissions than others with similar illnesses, and experience longer and more frequent admissions and readmissions.⁶

Hospitalisation in people living with dementia is associated with high economic costs, with health care expenditure for people with moderate to severe dementia double that of people without dementia.⁷ Around half of people living in permanent residential aged care have dementia, and this is associated with need for high levels of care and higher funding levels.⁸

Caring for someone living with dementia also impacts on family members such as spouses or children, contributing to decreased economic participation and increasing the use of health services by carers.⁹

Alcohol and tobacco consumption are risk factors for dementia

Alcohol and tobacco use are modifiable risk factors for dementia. They are among fourteen evidence-based modifiable risk factors which account for around 45 per cent of dementia cases globally. Smoking accounts for 2 per cent of cases while excessive alcohol consumption accounts for 1 per cent.¹⁰ Traumatic brain injury is also a modifiable risk factor for dementia accounting for 3 per cent of cases, for which alcohol is a common contributory factor.¹¹

² Australian Institute of Health and Welfare (2024) [Dementia in Australia](#).

³ Australian Institute of Health and Welfare (2024) [Dementia in Australia](#).

⁴ Australian Institute of Health and Welfare (2024) [Dementia in Australia](#).

⁵ Australian Institute of Health and Welfare (2024) [Population health impacts of dementia among First Nations people](#).

⁶ Livingston et.al. (2020) [Dementia prevention, intervention, and care: 2020 Report of the Lancet Commission](#), Vol 396, Issue 10248.

⁷ Livingston et.al. (2020) [Dementia prevention, intervention, and care: 2020 Report of the Lancet Commission](#), Vol 396, Issue 10248.

⁸ Australian Institute of Health and Welfare (2024) [Dementia in Australia](#).

⁹ Livingston et.al. (2020) [Dementia prevention, intervention, and care: 2020 Report of the Lancet Commission](#), Vol 396, Issue 10248.

¹⁰ Livingston et. al. (2024) [Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission](#).

¹¹ Livingston et. al. (2024) [Dementia prevention, intervention, and care: 2024 report of the Lancet Standing Commission](#).

Similarly in Australia, six modifiable risk factors are estimated to account for 43 per cent of dementia cases. These are tobacco use, overweight and obesity, physical inactivity, high blood pressure in midlife high, high blood plasma glucose and impaired kidney function.¹²

People with healthy lifestyles, including non-smoking and avoidance of excessive alcohol consumption, have been shown not only to have a lower risk of dementia but to delay onset, resulting in fewer years of illness.¹³

Excessive alcohol use is associated with reduced brain volume¹⁴. Prolonged consumption of harmful levels of alcohol can result in alcohol-related brain injury (ARBI). This is an umbrella term for a range of conditions resulting in neurodegenerative changes and cognitive impairment including Wernicke's encephalopathy, Korsakoff's syndrome, Wernicke-Korsakoff syndrome, traumatic brain injury, and alcohol-related stroke.¹⁵

ARBI can affect memory, executive functioning and judgement, learning, thinking, personality, mood and social skills.¹⁶ ARBI is more common among men, and usually occurs in midlife.¹⁷ ARBI is an under-recognised condition.¹⁸ Further public health effort is required to more accurately understand the causes and presentation of ARBI and to improve access to treatment.

While ARBI causes neurodegenerative changes, there is also evidence that treatment can prevent further damage to the brain and support recovery.¹⁹ In many cases, symptoms may stabilise with abstinence, treatment, nutritional therapy and rehabilitation.²⁰

Similarly, smoking cessation reduces the risk of dementia, especially if quitting occurs in midlife.²¹

Population risk reduction

A 2024 Lancet Review report into dementia prevention, intervention and care called for ambitious prevention activity to mitigate the risk of dementia over the life course. Both public health programs and individually tailored interventions are required. Preventive health approaches should address high-risk population groups and aim to decrease risk factors early and across the life course.²²

Alongside other strategies to improve cognitive and cardiovascular health in the population, the 2024 Lancet review recommended specific prevention strategies to reduce risk from alcohol and tobacco consumption. These are:

¹² Australian Institute of Health and Welfare, (2024) [Dementia burden due to risk factors](#).

¹³ Livingston et. al. (2024) [Dementia prevention, intervention, and care: 2024 report of the Lancet Standing Commission](#).

¹⁴ Livingston et. al. (2024) [Dementia prevention, intervention, and care: 2024 report of the Lancet Standing Commission](#).

¹⁵ Dementia Australia (2024) [Alcohol Related Brain Injury](#). Alzheimer's Society (2024) [Alcohol-related brain damage: what is it and who gets it?](#)

¹⁶ Dementia Australia (2024) [Alcohol Related Brain Injury](#). Rao and Draper (2015) [Alcohol-related brain damage in older people](#), Lancet Psychiatry, Vol 2, Issue 8, p674-675.

¹⁷ Dementia Australia (2024) [Alcohol Related Brain Injury](#). Alzheimer's Society (2024) [Alcohol-related brain damage: what is it and who gets it?](#)

¹⁸ Thompson et al (2020) [Alcohol-related brain injury: an unrecognised problem in acute medicine](#), Alcohol Vol 88, p49-53.

¹⁹ Thompson et al (2020) [Alcohol-related brain injury: an unrecognised problem in acute medicine](#), Alcohol Vol 88, p49-53.

²⁰ Rao and Draper (2015) [Alcohol-related brain damage in older people](#).

²¹ Livingston et. al. (2024) [Dementia prevention, intervention, and care: 2024 report of the Lancet Standing Commission](#).

²² Livingston et. al. (2024) [Dementia prevention, intervention, and care: 2024 report of the Lancet Standing Commission](#).

- Reducing high alcohol consumption through price control and increased awareness of risks and guidelines for consumption.
- Reducing tobacco smoking through education, price control, smoking cessation treatment and restriction of smoking in public places.

Reducing incidence of dementia, delaying onset and improving treatment outcomes are key public health challenges for Australia as we face a near doubling of cases over the next thirty years. Successful preventive health measures for dementia will improve population quality of life, decrease disease burden and reduce impact on health, hospital and aged care systems.

The significance of dementia as a public health issue means that a comprehensive dementia risk reduction campaign is urgently needed. Increased attention to alcohol and tobacco prevention and treatment is warranted, given the significant association of use of these drugs with dementia incidence. There is a compelling case for greater investment in research and development of preventive strategies across the Western Pacific region to address the predicted surge of dementia cases in the future.²³

Dementia Australia would be pleased to provide further information to the Standing Committee, or to present at a Hearing during the Inquiry.

The Dementia Australia Policy team can be contacted at policyteam@dementia.org.au.

²³ Lancet Series (2024) [Dementia in the Western Pacific region: from risk reduction to care.](#)