A point-prevalence survey of alcohol-related presentations to Australasian emergency departments

Diana Egerton-Warburton, Andrew Gosbell, Angela Wadsworth, Drew Richardson, Daniel M. Fatovich

1. School of Clinical Science at Monash Health, Monash University, Victoria
2. Australasian College for Emergency Medicine, Victoria
3. Road Trauma and Emergency Medicine, Australian National University Medical School, The Canberra Hospital, Australian Capital Territory
4. Centre for Clinical Research in Emergency Medicine, Royal Perth Hospital, University of Western Australia

We report the results from our second point-prevalence survey of alcohol harm in Australasian emergency departments (EDs). This was conducted as part of the Australasian College for Emergency Medicine (ACEM) Alcohol Harm in EDs project. The project’s aim was to quantify the amount of alcohol harm in unaccredited EDs. This was conducted as part of the ACEM Alcohol Harm in Emergency Departments (AHED) Project.1 The authors conducted the first large-scale, bi-national point-prevalence survey of alcohol harm in 106 Australasian EDs (92 Australia, 14 New Zealand). Table 1 demonstrates the results by regions. The results from the 2014 snapshot survey are consistent with data collected from the 2013 snapshot survey, and also a seven-day survey the authors conducted in 2014. In the seven-day survey, all patients attending seven EDs over a seven-day period were prospectively screened for an alcohol-related presentation.5 The seven-day study and this snapshot survey were run concurrently at seven sites (five in Australia and two in New Zealand), with an independent clinician at the seven-day study sites completing the snapshot survey at 2.00 am for validation purposes. Forty patients were identified as alcohol positive at the seven-day study sites, while data returned for the snapshot survey by the independent clinician at these same seven sites shows 41 people were in the ED because of alcohol. This indicates that the point-prevalence survey method is accurate and validates its measurement method. The snapshot survey methodology is an inexpensive and pragmatic approach to providing an estimate of the number of alcohol-related presentations to Australasian EDs at a point in time. Given our high response rate across regions and types of ED, and validation with our prospective study, we believe our results are both reliable and a broadly representative estimate of alcohol-related presentations in Australasian EDs at high alcohol times.

Our work confirms that alcohol-related presentations to EDs continue to be under-reported, and presents a strong case for government regulation to address alcohol availability, cost and promotion. Screening and collection of alcohol-related presentation data varies across Australasian EDs. While the New Zealand Ministry of Health will commence routine data collection of alcohol-related presentations in 2017, this data is not included in current Australian minimum patient data sets. Routine collection of alcohol-related ED presentation data would not only allow quantification of the scale of the public health burden of these presentations, but provide a powerful measure of the impact of policy change and population-based interventions to reduce alcohol harm.

References

3. Lesjak MS, McNahon GJ, Zanette L. Alcohol harm and cost at a community level: Data from police and health. Rural Remote Health. 2008;8:878

Correspondence to: Associate Professor Diana Egerton-Warburton; Monash Health, Monash Medical Centre, 246 Clayton Rd, Clayton, VIC 3168; e-mail: dianaew@me.com

Table 1: All results by Country, State (for Australia) and ACEM hospital role delineation.

<table>
<thead>
<tr>
<th></th>
<th>AUS</th>
<th>MR</th>
<th>UD</th>
<th>RR</th>
<th>NA</th>
<th>All AUSS</th>
<th>ACT</th>
<th>NSW</th>
<th>NT</th>
<th>QLD</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
<th>WA</th>
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<tbody>
<tr>
<td>No. of Alcohol-affected patients</td>
<td>57</td>
<td>33</td>
<td>8</td>
<td>10</td>
<td>6</td>
<td>287</td>
<td>16</td>
<td>81</td>
<td>21</td>
<td>66</td>
<td>21</td>
<td>7</td>
<td>26</td>
<td>49</td>
</tr>
<tr>
<td>Total no. of patients in ED</td>
<td>415</td>
<td>226</td>
<td>66</td>
<td>75</td>
<td>48</td>
<td>2281</td>
<td>87</td>
<td>809</td>
<td>65</td>
<td>458</td>
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<td>388</td>
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