



Australasian College for Emergency Medicine

Alcohol and Methamphetamine Harm in Emergency Departments 2019 Snapshot Survey Summary



The Australasian College for Emergency has conducted an Alcohol Harm Snapshot Survey on a weekend night in December every year since 2013

Background

The Alcohol Harm Snapshot Survey (AHSS) aims to quantify alcohol's burden on emergency departments (EDs) and further understand its contribution to the ED workload. Since 2018, the AHSS has also examined the burden of methamphetamine-related presentations on EDs and the ED workload.

This summary provides data from the 2019 AHSS – conducted on Saturday 21 December 2019 at 2.00am local time – and presents this data in the context of alcohol-related findings since 2016 and methamphetamine-related presentations in 2018. The full report is available [online](#)

Of the 167 EDs deemed eligible to participate in the snapshot survey, 113 of 147 in Australia (77%) and 19 of 20 in Aotearoa New Zealand (95%) chose to do so.

Context

Alcohol and other drug (AOD) harm is one of the largest, preventable public health issues facing emergency departments in our region. AOD harm represents significant challenges for the acute health system, affecting ED function, significantly impacting staff wellbeing, and exerting a negative impact on the care of other patients. Data collection and coding systems do not currently capture the true burden of AOD-related ED presentations.

Results

Percentage of ED presentations related to alcohol or methamphetamine at 2am on Saturday 21 December 2019

	Alcohol	Methamphetamine
Australia	13%	2.8% (-0.2%*)
New Zealand	16%	1.9% (+1.2%*)

Australian jurisdictions

There were minimal changes in the percentage of alcohol-related ED presentations across jurisdictions from 2016-2019; the largest change was in South Australia, where alcohol-related presentations reduced by 5% (15% in 2016 to 10% in 2019).

Western Australia had the highest percentage of alcohol-related ED presentations, with more than one in five (22%) ED patients there in relation to alcohol. WA has consistently reported the highest percentage of alcohol-related presentations across all snapshot surveys. It also experienced the largest change in number of methamphetamine presentations – reducing from almost 5.9% in 2018 to 3.3% in 2019.

Victoria reported the lowest percentage of alcohol-related presentations (8%) in 2019 and has been below the national average across all snapshot surveys. All jurisdictions had similar percentages of methamphetamine presentations in 2019, ranging from 2.0% to 3.8%.

Alcohol-related presentations at 2am on a weekend night



In Australia alcohol was a factor in almost one in eight emergency department presentations



In New Zealand presentations decreased from one in four to one in six from 2016 to 2019



In emergency departments alone cost \$630¹ per patient

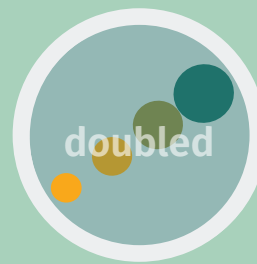
*change since 2018

Methamphetamine-related presentations at 2am on a weekend night

Methamphetamine presentations remained steady in **Australia** from 2018 to 2019 (3.0% to 2.8%), but in that same period more than doubled in **Aotearoa New Zealand** (0.7% to 1.9%).



Australia



Aotearoa New Zealand

ACEM supports an approach to harm minimisation that centres on people-focused policies and interventions that recognise the socioeconomic and cultural context of alcohol and other drugs.

Areas for policy reform

- **Implement compulsory collection of minimum AOD presentation data** through addition of AOD data elements to the National Non-Admitted Patient Emergency Department Care Dataset, with further investigation to determine the optimal coding method to ensure that data collection accurately captures AOD-related ED presentations
- **Improve ED resourcing** to enable the delivery of Screening, Brief Intervention and Referral for Treatment programs by trained AOD staff, with evaluation conducted to build the evidence base for these initiatives
- **Invest in reorienting EDs to include multidisciplinary models of care** appropriate to patient demand and case mix that integrate mental health, substance use and primary care services
- **Improve the integration and resourcing of AOD services** to reduce the need for people to visit the ED in crisis e.g. community-based AOD services providing medical and psychosocial care and support; specialist treatment services such as in-hospital withdrawal services and access to specialist psychiatric support; integrated care pathways out of EDs and into specialist treatment programs
- **Trial and evaluate long-term demand and supply reduction strategies** to reduce the availability and affordability of alcohol, i.e. minimum unit pricing and volumetric tax on alcohol sales; licensing policies to reduce alcohol outlet density; greater regulation on alcohol promotion and advertising; and more active enforcement of regulations on alcohol retailers and online alcohol outlets
- **Create safer environments to reduce harms** from drug use such as needle and syringe exchange programs, community prescribing of naloxone, medically supervised safe injection rooms and drug checking services (i.e. pill testing)
- **Establish independent regulatory bodies** in Australia and New Zealand to control alcohol advertising, sponsorship and promotions, and strengthen regulation, including complaints and enforcement provisions
- **Introduce legislation** to phase out alcohol sponsorship of sports teams, as well as alcohol advertising during televised sport

Resources

- *Alcohol and methamphetamine harm in emergency departments: snapshot survey 2019* [ace.mn/AOD-19](https://www.ace.mn/AOD-19)
- Previous AHSS (2013–2018) [acem.org.au/AOD](https://www.ace.mn.org.au/AOD)
- ACEM Statement on Alcohol Harm and Statement on Harm Minimisation Related to Drug Use [ace.mn/ax8](https://www.ace.mn/ax8)

i Cost has been adjusted for inflation

ii Lingamanaicker K, Geelhoed E, Fatovich DM. Direct cost of alcohol-related presentations to Royal Perth Hospital emergency department. *Emerg Med J.* 2019;31(6):1045-1052.