The impact of alcohol-related presentations in the emergency department and the wider policy debate

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The recent Law Commission review of the laws and policies that govern the sale and supply of liquor in New Zealand has sparked much public debate.

The Gunasekara et al study, in this issue of the NZMJ, while exploratory in nature, adds to this debate in three important ways. Firstly, by providing additional evidence about the externalities of alcohol use; secondly by highlighting the need for effective policy implementation; and thirdly by reinforcing the need for the systematic collection of alcohol-related data in the Emergency Department (ED) setting nationally.

The externalities of alcohol use—that is, the harm that results from other peoples drinking—is relevant to the policy debate. Gunasekara et al report that alcohol-related presentations increased waiting times in the ED and negatively impacted on the quality of service delivery to non-alcohol-affected patients. Furthermore, almost half of the nurses reported being physically assaulted by alcohol-affected patients while at work. It is not only alcohol-affected patients who experience consequences due their own drinking; the staff, other patients and hospital resources are also negatively affected in the ED setting.

It is not surprising that the burden of alcohol in the ED is high; in New Zealand 50% of all alcohol consumed by those aged 14–65 years is done so in heavier drinking occasions (defined as 8 or more drinks for males and 6 or more drinks for females). Among young people (12–19 years) 75% of all alcohol consumed is done so in heavier drinking occasions. Gunasekara et al report that 12–14 year olds have presented to the ED after drinking alcohol, only since the lowering of the purchase age.

Gunasekara et al link the problems of alcohol in the ED to the wider social and policy environment. They state “the burden of alcohol on the health system will only be reduced effectively and sustainably by policy changes that lead to a reduction in heavier alcohol consumption in wider society”. They point to the legislative changes suggested in the Law Commission’s review of the liquor laws as potential means for reducing alcohol-related presentations, and their associated burden, in the ED. However, some of the most effective policies recommended by the Law Commission to reduce alcohol-related harm have not been adopted in the subsequent Alcohol Reform Bill which is currently before Parliament.

Key recommendations that are currently not included are: returning the purchase age to 20 years; restricting alcohol marketing effectively via legislation; and raising the price of alcohol through taxation. This is despite considerable support for such moves.
Results from social surveys indicate that there is public support for more controls on alcohol. In April/May of 2011, 444 respondents aged 16–65 years were interviewed using a rigorous sampling frame and data collection methods (as used in SHORE/Whariki general population surveys e.g. Huckle et al 2010\(^5\)).

Seventy-eight percent of respondents supported the return of the minimum purchase age to 20 years (while 42% supported the split age). Sixty-six percent supported restrictions on numbers of alcohol outlets and 59% supported restrictions on alcohol marketing. An increase in the price of alcohol was supported by 30%.

Another survey from New Zealand found similar results.\(^6\) Hoek and Gendall (2006) (cited in Kypri et al\(^6\)) found that 75% of respondents supported returning the minimum purchase to 20 years and 59% supported increasing the tax on ready-to-drink (RTD) mixed spirits—otherwise known as 'alcopops'.

Gunasekara et al is a useful study as it documents the impact of alcohol in the ED from the perspective of the staff and this is an under-researched area. There have also been some quantitative studies of the involvement of alcohol in presentations to ED.\(^7\)–\(^9\) However there is no systematic collection of alcohol-involvement in ED presentations nationally.

A national project is underway with DHB’s to develop and implement data collection and analysis of alcohol related harm data including alcohol-related presentations to EDs. A nationally consistent and systematic approach will contribute to the accurate identification of the burden of alcohol on New Zealand society.

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