

Alcohol policies reduce ICU admissions

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The introduction of alcohol harm limitation policies in Central Australia from 2018 have had a marked effect on critical health figures, with a 38% relative reduction in Hospital Intensive Care Unit admissions associated with alcohol misuse, as well as a marked reduction in trauma admissions.

The figures, compiled by a Flinders Northern Territory team led by Dr. Paul Secombe from the Intensive Care Unit at Alice Springs Hospital, reflect ongoing concerns about the number of ICU admissions associated with [alcohol](#) misuse.

Alcohol misuse is a disproportionately large contributor to morbidity and mortality in the Northern Territory, and the new study examines the effect of a raft of alcohol legislation reforms that came into effect in the NT in 2018, as part of the NT Government's Alcohol Harm Minimisation Action Plan.

These reforms—which include a minimum unit price for alcohol, along with the introduction of Police Auxiliary Liquor Inspection Officers and a Banned Drinkers Register—were based on recommendations from the Riley Review for an integrated alcohol harm reduction framework.

"While several alcohol harm minimisation policies have been implemented in recent years, the effect of these on [intensive care unit](#) (ICU) admissions suggests the effectiveness of the Northern Territory's integrated alcohol harm reduction framework," says Dr. Secombe.

The study has been published in the journal *Anaesthesia and Intensive Care*.

Its analysis of 1323 ICU admissions showed a reduced proportion of admissions associated with [alcohol misuse](#) between the pre-reforms and post-reforms phases (18.8% versus 11.7%). This was true for both acute misuse (10.6% versus 3.6%) and chronic [misuse](#) (13.3% versus 9.6%).

The study was undertaken at Alice Springs Hospital ICU, a 10-bed unit in Central Australia with approximately 600 admissions a year. It is the only critical care facility for 1500km in any direction, serving about 50,000 people dispersed over one million square kilometers.

Approximately two-thirds of the patients identify as Indigenous.

The importance of the findings in this study has triggered significant discussion within medical circles—including the publication of a forthright editorial comment titled "The swinging pendulum of alcohol policy in the Northern Territory," published in the journal *Anaesthesia and Intensive Care*.

"ICU outcomes are only one measure of alcohol related harm, and, when considering the effectiveness of new policies, other measures should also be scrutinized such as emergency department presentations, crime statistics and road accident data," says Dr. Secombe.

"It will be important to continue to analyze ICU [admission](#) patterns and resource use over time to better understand the long-term impacts of these reforms."

More information: Carly Wright, Greg McAnulty and Paul Secombe. The effect of alcohol policy on intensive care unit admission patterns in Central Australia: A before–after cross-sectional study. *Anaesthesia and Intensive Care* 2021. [DOI: 10.1177/0310057X20977503](https://doi.org/10.1177/0310057X20977503)

Provided by Flinders University

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