CHARACTERISING PEOPLE ATTENDING NEW SOUTH WALES EMERGENCY DEPARTMENTS AND HOSPITALS FOR AN ALCOHOL-RELATED PROBLEM, 2005-2014: THE DATA-LINKAGE ALCOHOL COHORT STUDY (DACS)

Authors: Amy Peacock1,2, Vivian Chiu1,3,4, Janni Leung1,3,4,5, Timothy Dobbins1, Sarah Larney1, Natasa Gisev1, Sallie-Anne Pearson6, Adrian Dunlop7,8 & Louisa Degenhardt1

1National Drug and Alcohol Research Centre, University of New South Wales Sydney, Australia, 2Division of Psychology, School of Medicine, University of Tasmania, Australia, 3School of Psychology, The University of Queensland, Australia, 4Centre for Youth Substance Abuse Research, The University of Queensland, Australia, 5Institute for Health Metrics and Evaluation, University of Washington, United States, 6Centre for Big Data Research in Health, University of New South Wales Sydney, Australia, 7Hunter Medical Research Institute, University of Newcastle, Newcastle, Australia, 8Hunter New England Local Health District, Newcastle, NSW, Australia

Presenter’s email: amy.peacock@unsw.edu.au

Introduction and Aims: A significant proportion of people who experience alcohol-related problems will experience substantial morbidity and mortality. There has been no recent attempt at the population-level in Australia to longitudinally follow people with alcohol-related problems. The aims of this study were to describe: i) sociodemographic and clinical profile of individuals on first (‘index’) emergency department presentation or hospital separation with an alcohol-related diagnosis, and ii) comorbidity and offending in the 12 months prior to their index event.

Design and Methods: We assembled a retrospective cohort of people presenting to public emergency departments and public and private hospitals between January 1st, 2005 and December 31st, 2014 in NSW with an alcohol-related diagnosis. Through linkage to various administrative datasets, we also quantified pre-existing health comorbidities and offending in the 12 months prior to the index event.

Results: We identified 195,371 people with an alcohol-related emergency department presentation or hospital separation. Those with a hospital separation as the index event were predominantly male (69%) with a median age of 44. Most required urgent medical attention (83%). Those first presenting to ED were younger (median age 31), with around two-thirds being male (56%), and one in ten admitted to hospital. One-in-twenty had presented to hospital (mainly for mental health conditions) and one-in-ten had been charged (one-third for an alcohol-related offence) in the preceding 12 months.

Discussions and Conclusions: People presenting to emergency departments and hospitals for an alcohol-related problem often have complex pre-existing health and offending profiles, supporting need for screening and clinical intervention which spans health and criminal justice settings.

Disclosure of Interest Statement: This work was funded by research support funds awarded by UNSW Sydney to AP. AP, SL and LD are supported by NHMRC research fellowships (#1109366, #1140938 and #1041472/#1135991). SL and NG are supported by UNSW Scientia Fellowships. SL and LD are supported by NIH grant NIDA R01DA1104470. The National Drug and Alcohol Research Centre is supported by funding from the Australian Government Department of Health under the Drug and Alcohol Program. AP has received untied educational funding from Mundipharma and Seqirus. LD has received untied educational funding from Mundipharma, Seqirus, and Indivior. AD reports grants from Braeburn/Camurus AB to Hunter New England Health, which employs Dr. Dunlop, during the conduct of the study. No pharmaceutical funding was received for this study.