

Research Into action: Examining 'hotspots' of alcohol and drug-related harm

Authors:

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Introduction / Issues: *Effective responses to harmful AOD use need enhanced information about the nature, patterns, and contexts of AOD use, as well as data on resulting harms such as utilisation of health services including ambulance services.*

Method / Approach: *Data from the National Ambulance Surveillance System (NASS) are built on paramedic electronic patient care records provided by jurisdictional ambulance services. Subsequent coding of clinical notes is undertaken in a customised system by a team of specialised research assistants.*

Key Findings: *Examples relevant for policy will be highlighted during the present talk including: (i): an examination of hot-spot alcohol-related harm areas in the Frankston region of Victoria where 8,672 alcohol intoxication attendances were recorded in the past 10-years; and (ii): an examination of opioid-related harms in metro- and regional New South Wales. Between 2015-2020 there were 2636 heroin-related attendances in NSW (2245 in metro areas, and 391 in regional areas). Across the same period there were 1336 opioid analgesic attendances in metro NSW and 1015 opioid-analgesic attendances in regional NSW.*

Discussion and Conclusions: *This paper provides a novel examination of the utility of ambulance data in informing public health decisions across different levels of government. The 'hotspot' detail provided by this analysis has great potential utility for governance (e.g., for organisations determining liquor license applications); and policy makers (e.g., in resource allocation for areas with the highest AOD risk).*

Implications for Practice or Policy: *This presentation will tie in to: Presentation 1 through an examination of how paramedic records can be a useful secondary data source for Research purposes; Presentation 3 through the scalability of the resources to address AOD-policy issues; and Presentation 4 through how data can be accessed by the communication on a State and local government level.*