Turning Point
Alcohol & Drug Centre

Planning for health: Utilising alcohol research evidence

Alcohol data and research in Victoria

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Workshop presented at Turning Point Symposium

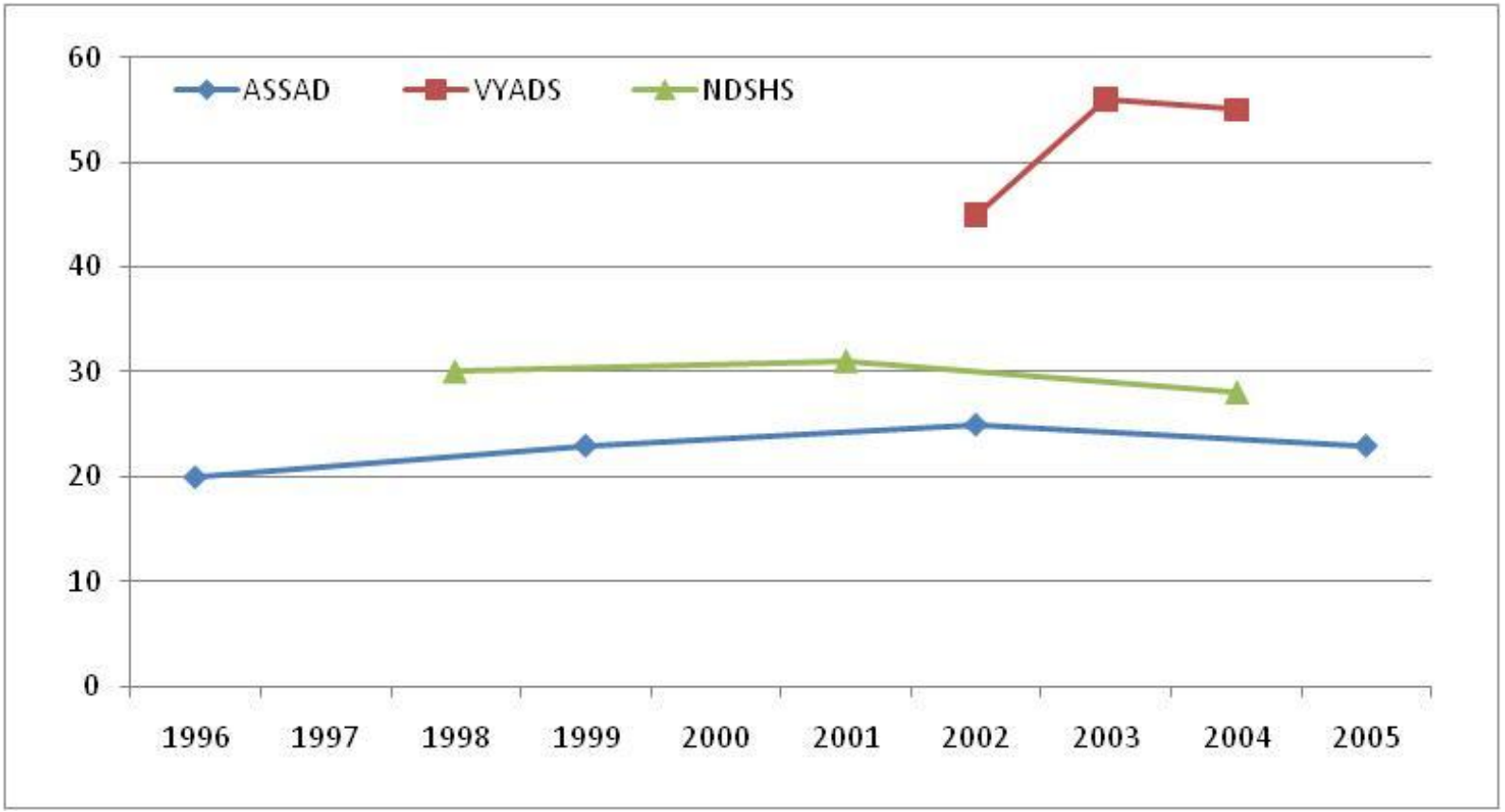
Background

- Alcohol policy is a contentious and highly politicised field
- Policy changes often made ‘on the run’, with only limited engagement with data and/or research
- Evaluation of policy changes is crucial, but limited by the availability of appropriate data

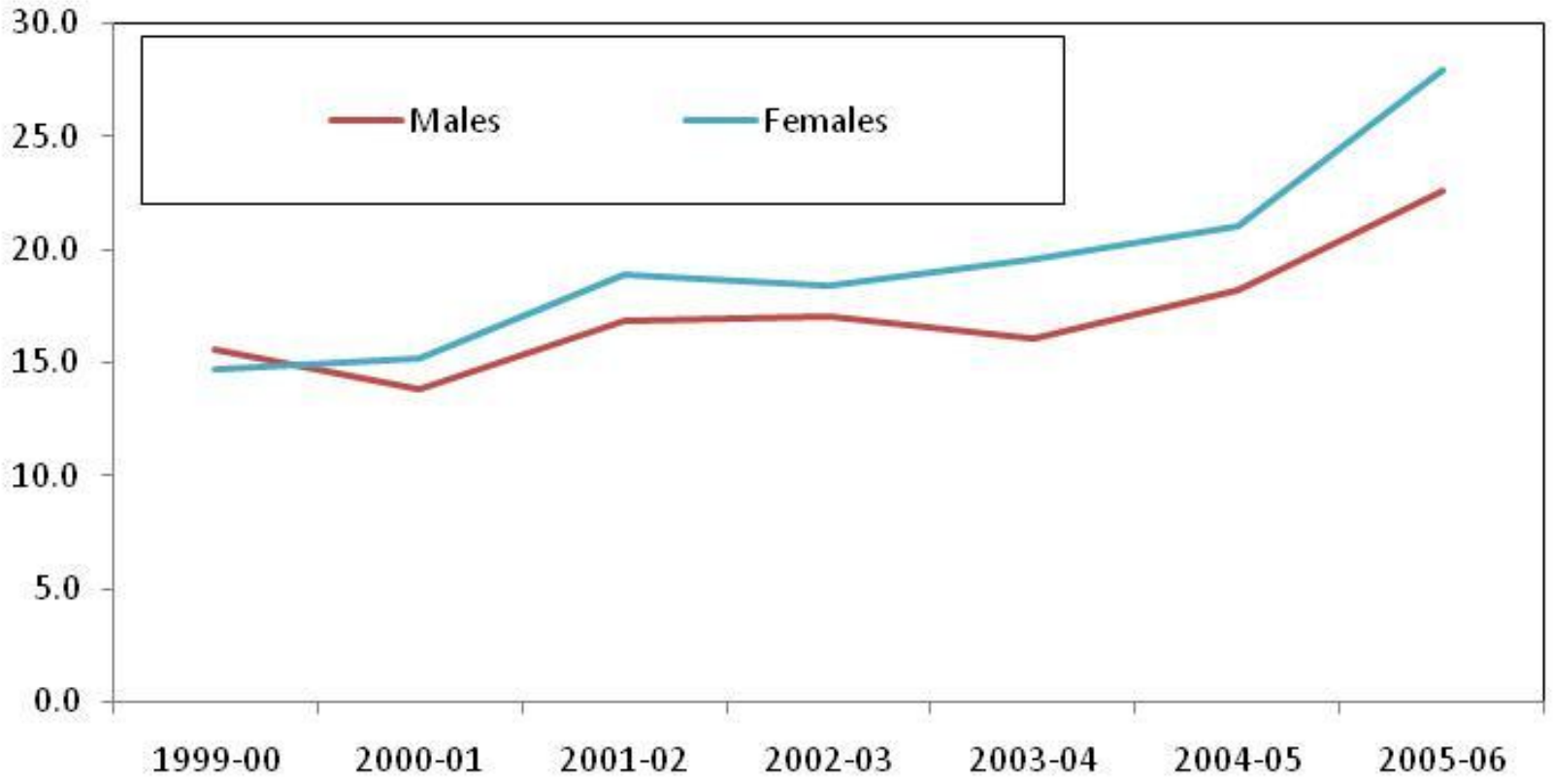
Some examples

- Alcopops tax
- Implemented to counter an ‘epidemic’ of binge-drinking amongst young people, particularly young women
- Based on mixed evidence

Risky drinking estimates (16-17 year olds)



Alcohol-related hospitalisations



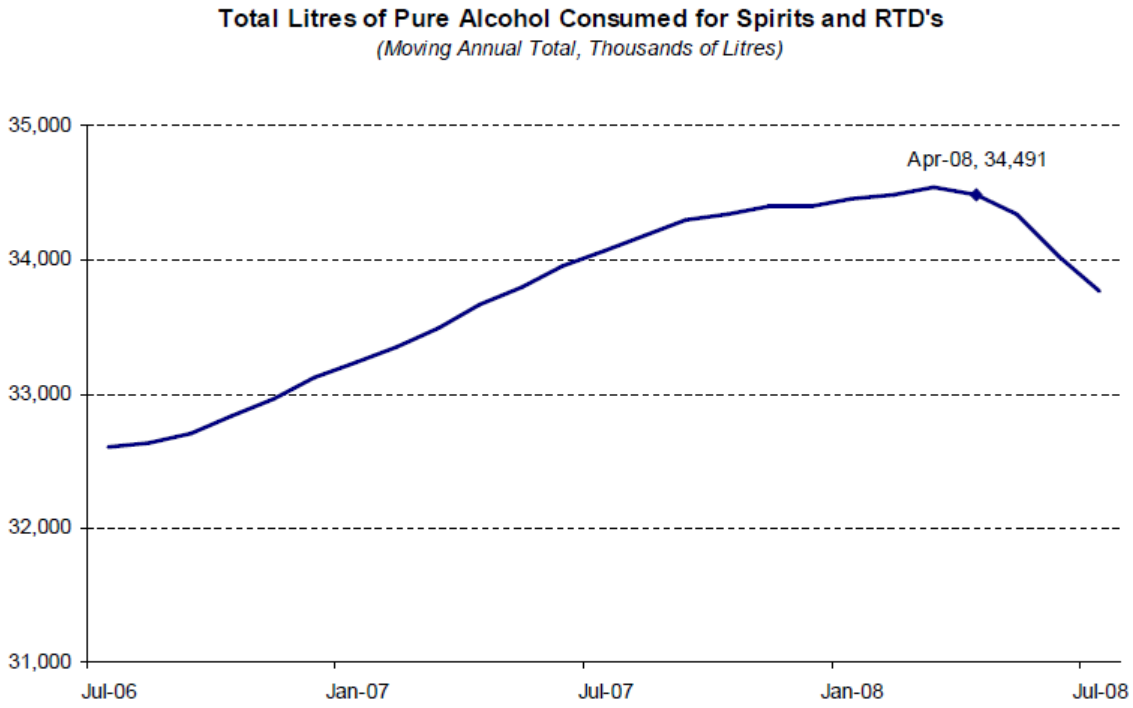
Alcopops tax

- Implemented without reference to previous research in Europe on similar initatives
  - Generally shown large reductions in alcopop consumption, with small overall reductions in consumption

- Most importantly – implemented without easily accessible and comprehensive data to assess its efficacy
  - Thus: competing assessments of impact from industry, public health organisations, government etc

Alcopops tax

- Best data available based on AC Nielsen collection, which covers only take away alcohol purchases



Melbourne lockout

- Lockouts have been implemented widely in Australia, but there is very little evidence as to their effectiveness
  - Anecdotal support from police

- Implemented in Melbourne without concerted evaluation planned
  - Thus, only routinely collected data available as ‘pre’ data

Melbourne lockout

- Evaluation based on routinely collected data
  - Late night assaults
  - Alcohol-related ambulance and emergency data
  - Council complaints data

- Problems with all indicators used
  - Although the biggest problem for the evaluation was the exemptions of 150 premises, which made for a pretty inadequate ‘lock-out’.

Alcohol data and research

- Clearly there are gaps in our knowledge regarding how alcohol policy affects consumption and problems

- Some of these gaps are due to lack of data, others due to inadequate use of available data

Activity #1

- What kind of alcohol-related information would assist policy/practice at your organisation?
- How might this information be measured?
- Do you know if it's available/how to get hold of it?

A quick summary of available alcohol data in Victoria

- Particular focus on data that is available at the local level

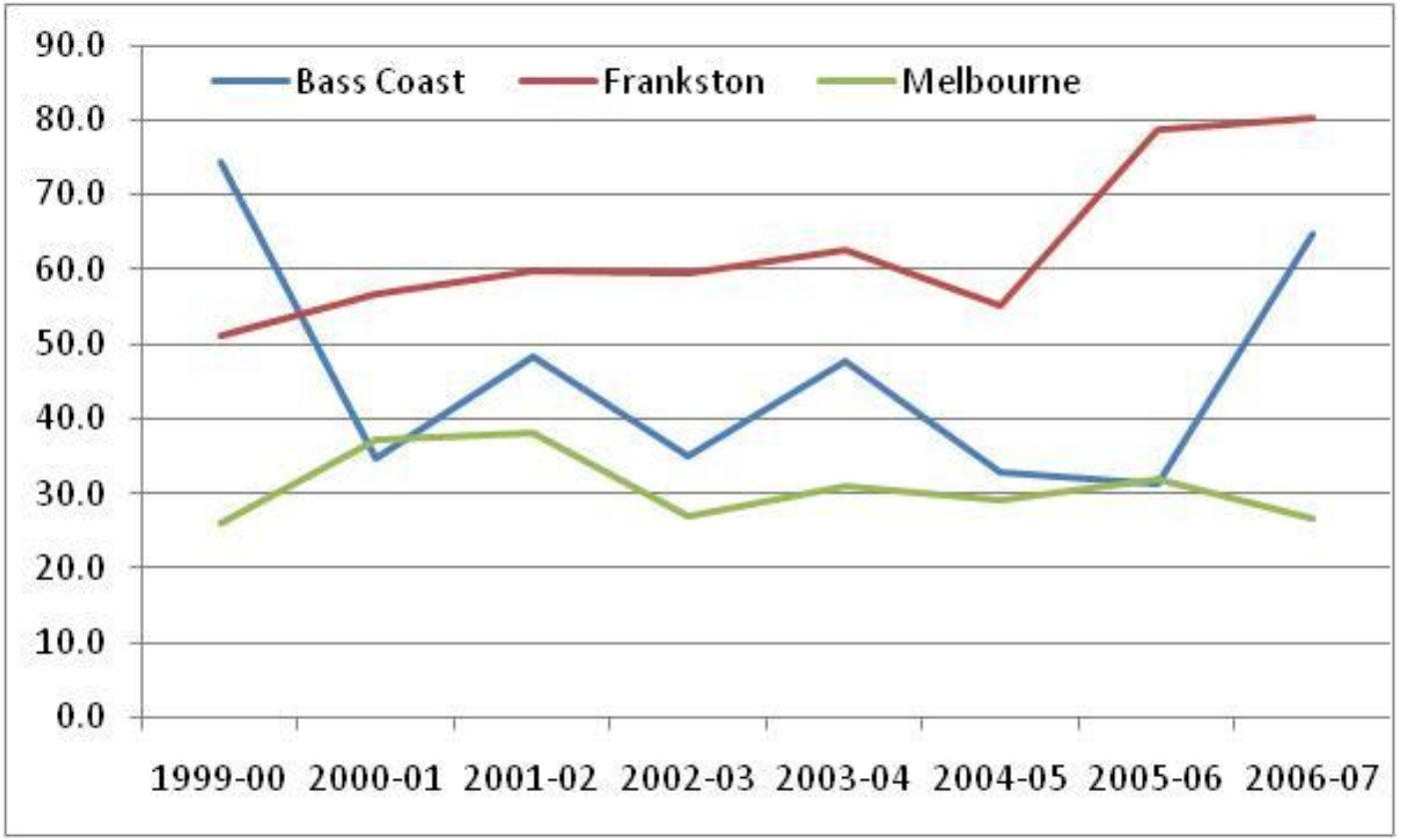
- Largely based on work coming out of the Epidemiology group at Turning Point

Alcohol statistics handbook

- Alcohol Statistics Handbook #10 to be released shortly, containing much of these data
- Data produced for every LGA in Victoria, for the eight-year period 1999/00 – 2006/07
- Seven indicators provided

Alcohol statistics handbook

- Indicator #1: Alcohol-related hospitalisations

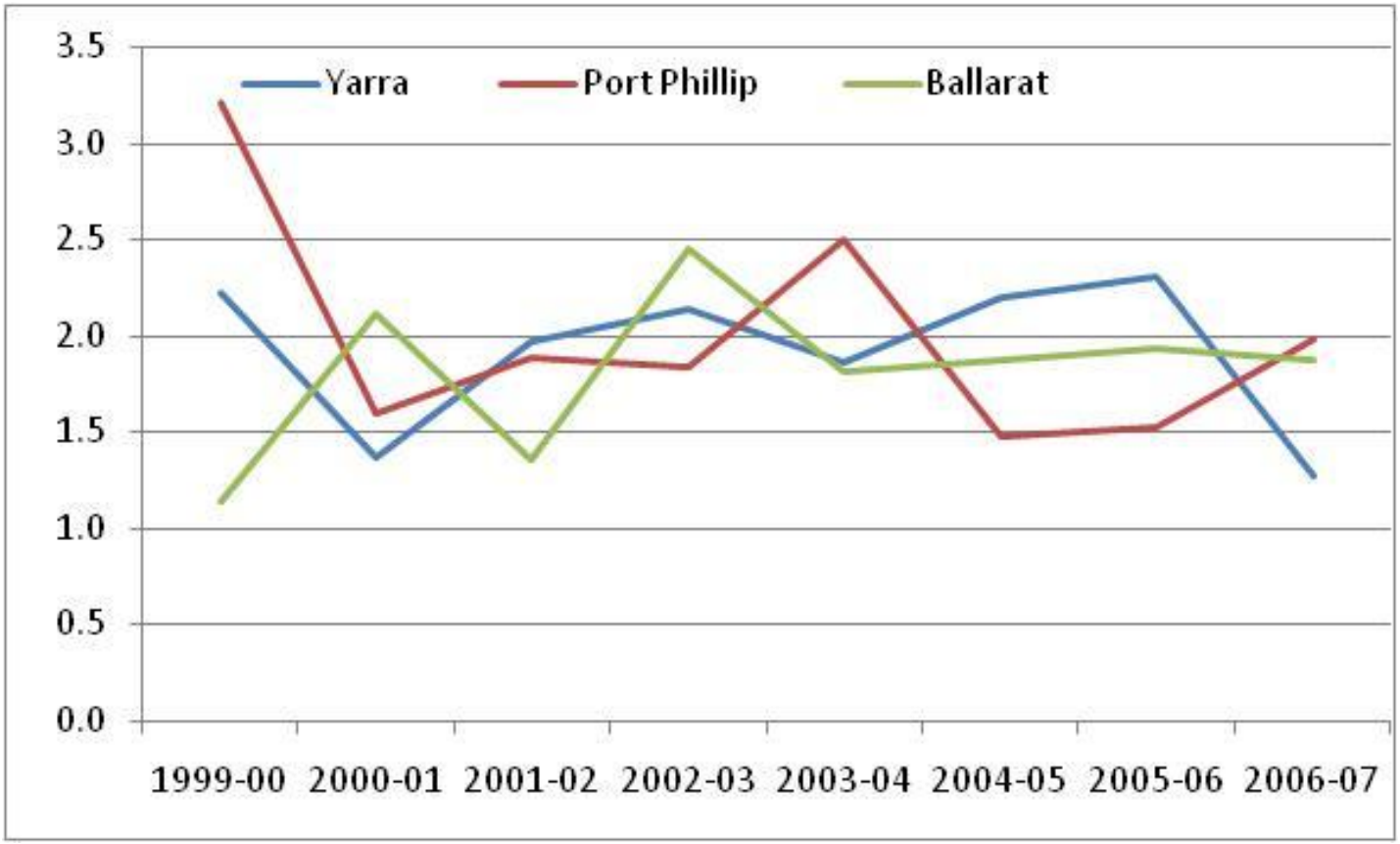


Alcohol-related hospitalisations

- Based on 'alcohol-attributable' admissions to hospital
- E.g., includes all admissions for 'alcohol intoxication'/'alcoholic liver cirrhosis' etc.
- Some proportion of admissions for other diseases and injuries which have some alcohol component (e.g. Motor vehicle accidents, breast cancer etc)
- Can be influenced by non-alcohol-related trends (e.g. Reductions in motor vehicle accidents for other reasons etc)
- Very broad measure of harm (e.g. Includes both chronic and acute problems in the same measure)

Alcohol statistics handbook

- Indicator #2: Alcohol-related deaths

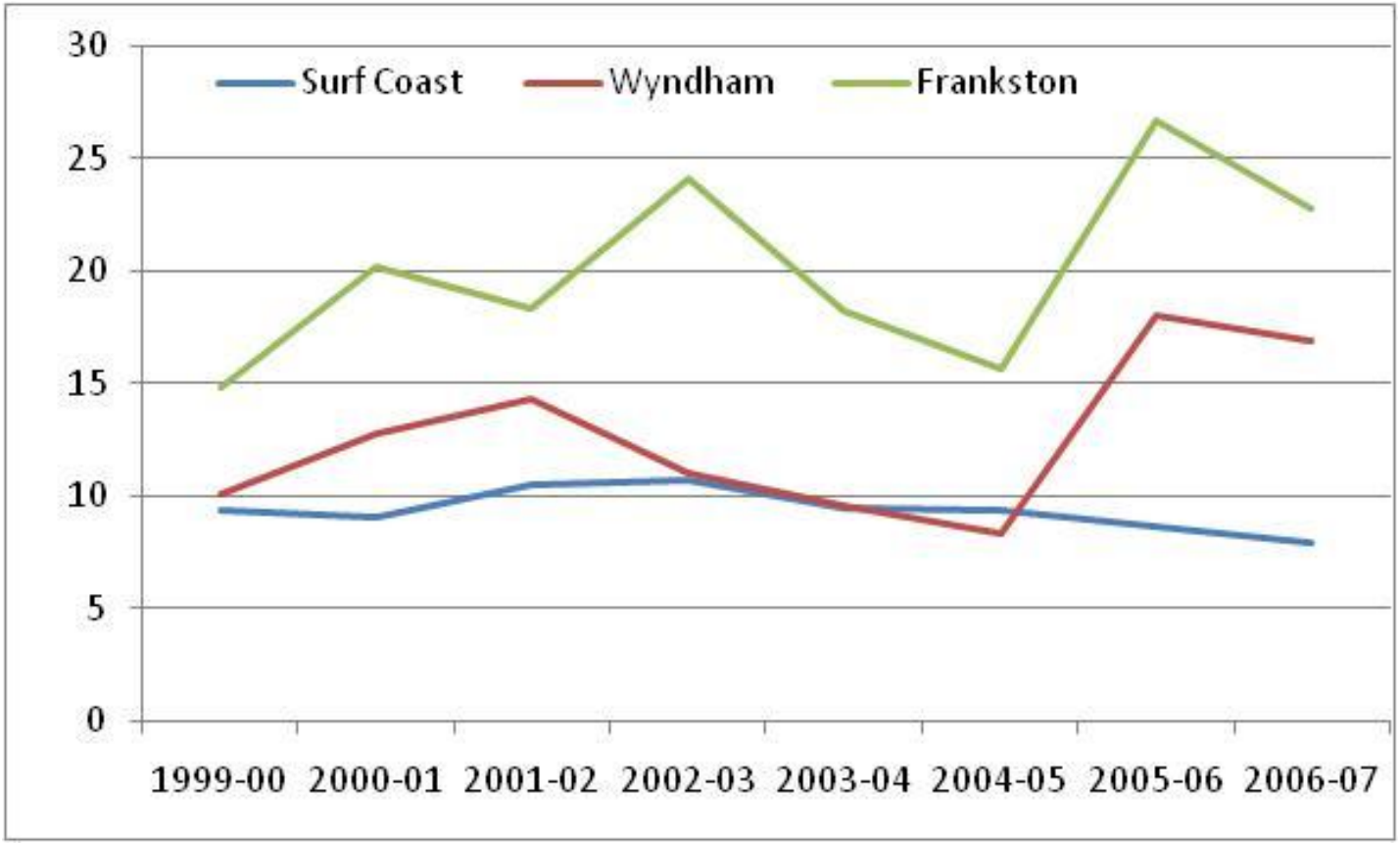


Alcohol-related deaths

- Similar derivation to hospital admissions
- Thus, can be influenced by non-alcohol-related trends (e.g. Spikes in homicides/motor vehicle accidents etc)
- Very broad measure of harm (e.g. Includes both chronic and acute problems in the same measure)
- Tends to move very slowly and with a good deal of randomness, so is a poor indicator of current trends (particularly locally)

Alcohol statistics handbook

- Indicator #3: Alcohol-related serious road injuries



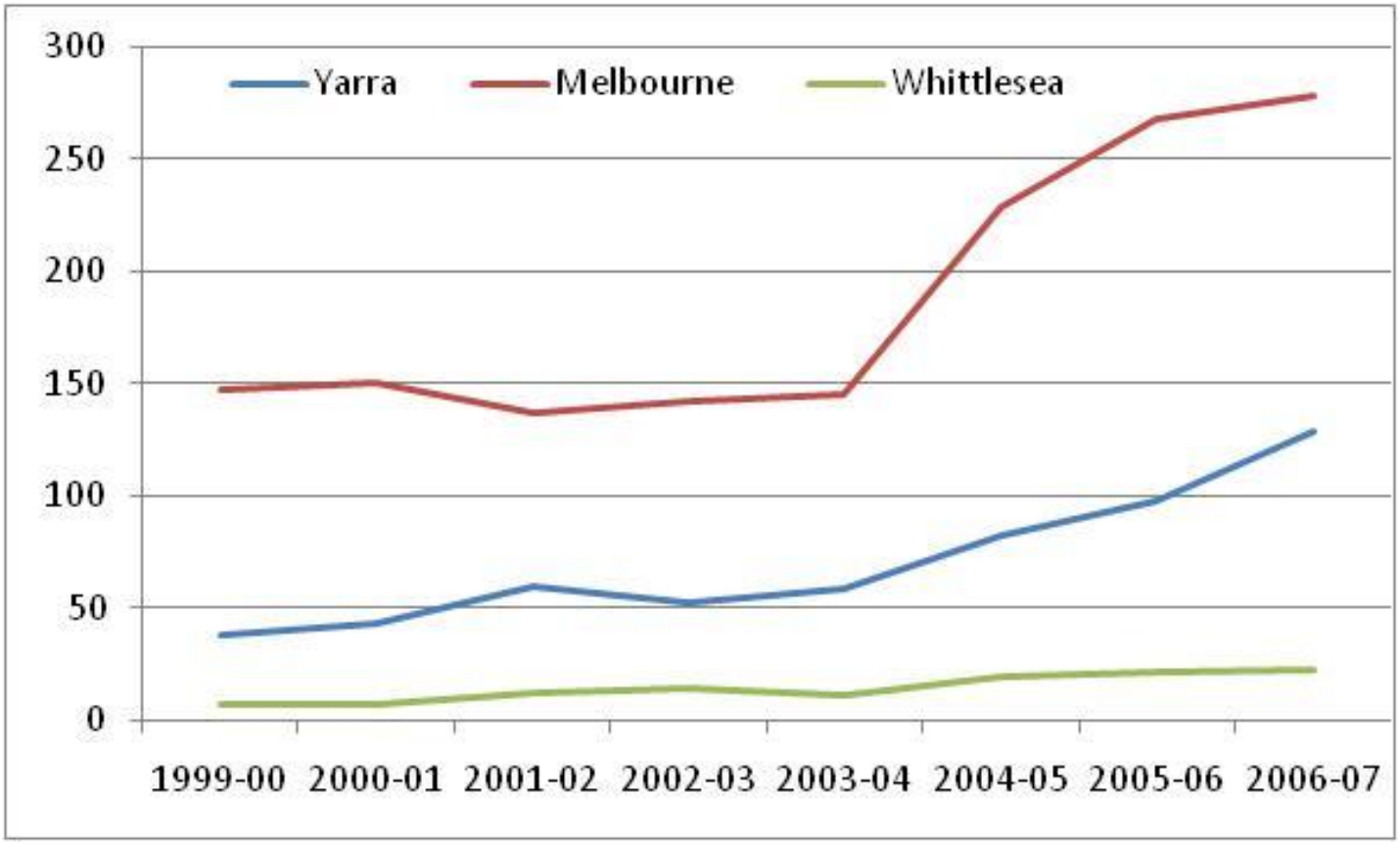
Alcohol-related road injuries

- BAC data not comprehensively collected for traffic accidents in Victoria (<20%)
- Thus, alcohol-related crashes are estimated based on time of crash
  - Basically night-time crashes are attributed to alcohol (~40% of people injured in accidents during the times used have BACs > 0.05)

- Because alcohol is not directly measured, these trends can be influenced by other factors influence night-time accidents (e.g. Driver reviver campaigns, drug-driving etc)

Alcohol statistics handbook

- Indicator #4: Alcohol-related ambulance attendances

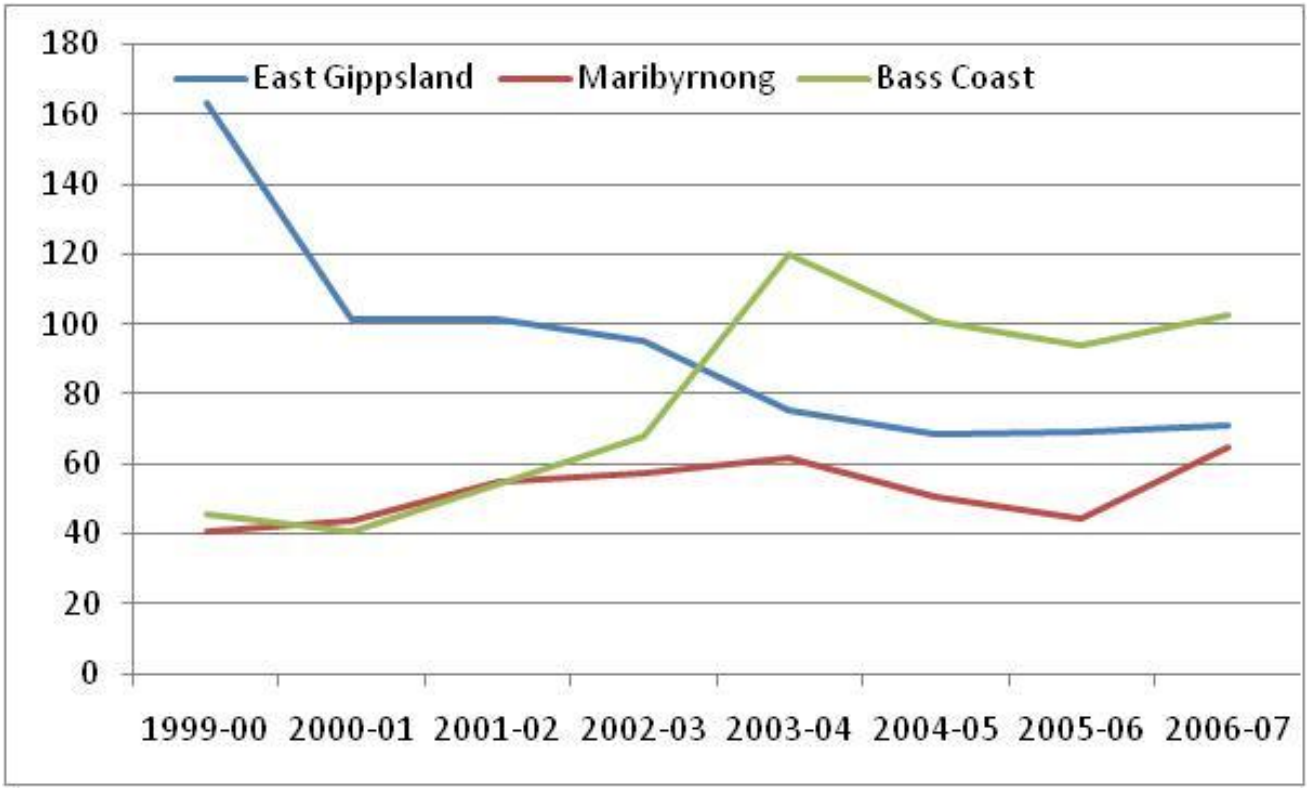


Alcohol-related ambulance attendances

- Paramedics record whether alcohol had been consumed by the patient at all prior to the incident
  - A broad definition of 'related'
- Data limited to greater Melbourne for now
- Measures only acute consequences of alcohol consumption

Alcohol statistics handbook

- Indicator #5: Alcohol-related courses of treatment



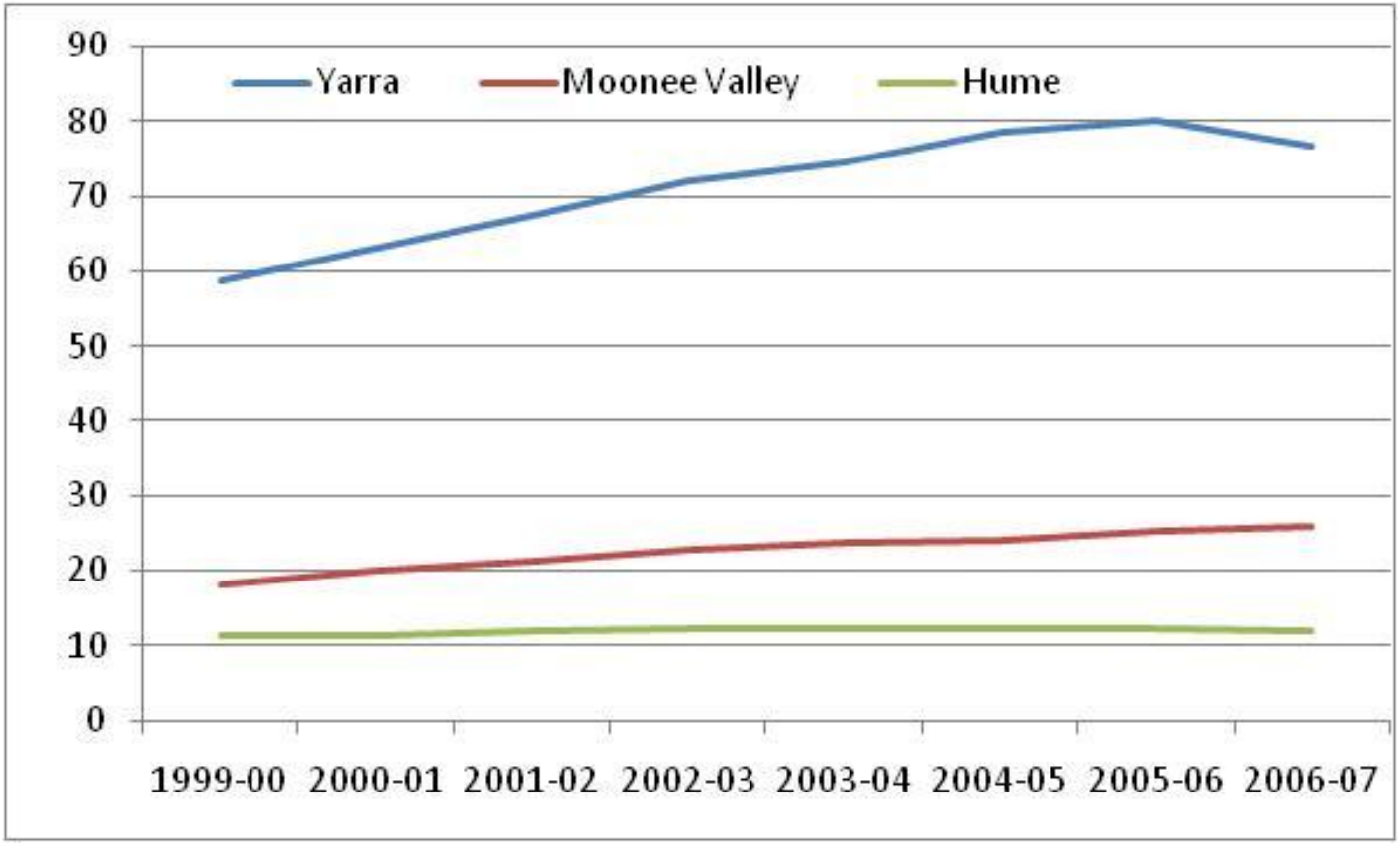
Courses of treatment

- Measures utilisation of treatment system by people with alcohol problems

- Trends are difficult to interpret
  - More problems?
  - Better access to treatment?
  - Issues with mandated treatment (e.g. For drink-drivers)

Alcohol statistics handbook

- Indicator #6: Alcohol availability



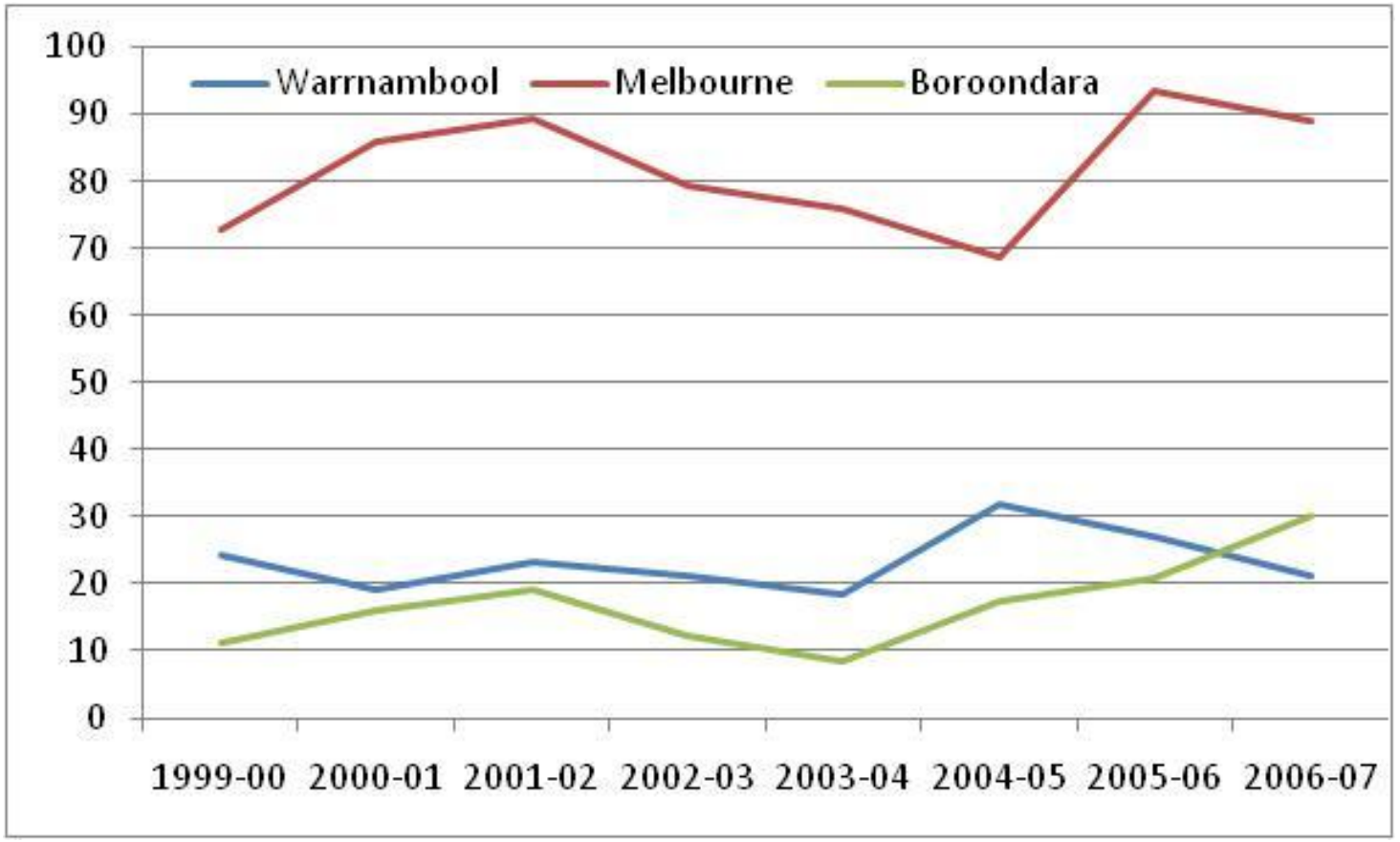
Alcohol availability

- Number of alcohol outlets per population
  - Increasing residential population in Melbourne city means this measure is declining, even though the number of premises in the CBD is increasing

- Aggregate measure of availability
  - No detail on types of premises (bottle shops vs hotels vs nightclubs etc)
  - No information on size of premises or trading hours

Alcohol statistics handbook

- Indicator #7: Alcohol-related assaults



Alcohol-related assaults

- No specific alcohol measure in police data
  - Instead, based on time of week/day
  - Late night, weekend assaults are used as a proxy measure of alcohol-related violence
- Susceptible to trends driven by other factors
  - E.g. Illicit drugs
- Other states have more comprehensive measures of alcohol involvement in crime

Alcohol statistics handbooks

- Data provided for total population and for youth (15-24 year olds)

- Future editions will incorporate more indicators
  - E.g. Data from emergency departments
  - Alternative measures of hospitalisations
  - Alcohol-related domestic violence

Other data

- Data on alcohol consumption, risky drinking and alcohol dependence is only accessible via surveys at the moment

- Survey-based measures of alcohol consumption are quite problematic
  - Difficult to compare between different surveys
  - Low response rates
  - Biased responses
  - Poor geographical coverage (usually state-based measures)

Obvious data gaps

- Consumption data
  - Some states have good measures, based on sales data, that can be used to estimate local trends in consumption
  - Current Victorian data is very limited
- Police data
  - Time-based measures of alcohol involvement in crime are fairly imprecise
  - Police-recorded flags for alcohol involvement may be a solution
- Emergency data
  - Currently no way of assessing alcohol's role in injuries in Emergency Departments
- Dependence?
  - Only measured in national surveys

Quick break

- How does the data discussed so far compare with the ‘wish list’ from earlier?

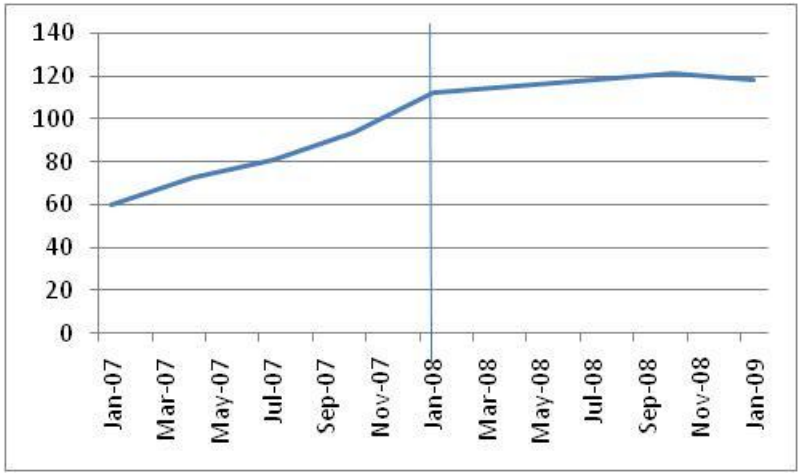
- How would obvious gaps be filled?

Things to consider when assessing research around alcohol policy

- Firstly, how good are the measures being used?
  - Are they likely to be influenced by factors beyond the policy change being assessed?
  - E.g. Were changes to policing that happened at the same time as the lockout in Melbourne likely to influence trends in police statistics?

Things to consider when assessing research around alcohol policy

- How as the effect measured?
  - Simple pre/post measures can be misleading
    - E.g. Three months before policy change: 112 assaults
    - Three months after policy change: 115 assaults
  - But:



Things to consider when assessing research around alcohol policy

- Multiple measures are better than single measures
  - If a policy shows an effect for police-recorded assaults, but not ambulance attendances or emergency departments, then it may be confounded by changes in policing
  - This is especially true with alcohol, as the measures are often limited in various ways

Activity

- Come up with a plan to assess the impact of the recently introduced alcopops tax
  - Think about the outcomes to be examined
    - E.g. Total consumption? Risky drinking? Harms? Young people? etc
  - Propose measures that could be used to assess the tax's impact (don't worry about whether these measures are currently collected, but consider the practicality of any measures proposed)
  - Consider possible confounding factors and how to handle them if necessary