

A SURVEY OF OVER **2000 ED DOCTORS AND NURSES** IN **AUSTRALIA AND NEW ZEALAND** HAS FOUND **SHOCKING STATISTICS**.



98%

had suffered **verbal aggression** from **drunk patients** in the last 12 months



92%

had experienced **violence** or **physical threats** from **drunk patients** in the last 12 months



88%

said the care of other patients was **negatively or very negatively affected** by **drunk patients in the ED**



87%

said they had **felt unsafe** due to the presence of a drunk patient while working in the ED



94%

said drunk patients in the ED had a **negative or very negative effect** on the workload of ED staff

FOUR STEPS TO **STOP THE HARM**

1

Brief interventions in EDs.

International research suggests these tools are effective in identifying, reducing and preventing problematic use, abuse and dependence on alcohol.

2

Add alcohol to patient data sets.

National mandatory collection of alcohol-related presentation data will provide a clearer picture of the extent of the problem and an evidence base to inform and evaluate policy decisions.

3

Regulate advertising and tax.

Take a national approach to reduce the exposure of young people to alcohol advertising, establish an independent regulatory body for alcohol promotion and tax alcohol appropriately.

4

Reduce opening hours.

There is a considerable body of evidence to show that reducing the trading hours of licensed venues and limiting the density of outlets can reduce alcohol-related harm.