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RELATIONSHIP BETWEEN ALCOHOL MANAGEMENT PLANS AND INJURY REDUCTIONS IN A REMOTE AUSTRALIAN COMMUNITY

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Background Alcohol management plans have been introduced in several remote communities in Australia to address a high rate of alcohol-related harm.

Aims/Objectives/Purpose To evaluate the impact on injury of the alcohol management plan in Bourke NSW (population 2175; 33% Aboriginal) following introduction of takeaway alcohol restrictions in February 2009.

Methods Community and stakeholder interviews were conducted at 12 (n=29) and 24 months (n=19) post-restrictions. Hospital emergency presentations, admissions and police crime databases were analysed to compare injury at 12 months pre- and post-restrictions.

Results/Outcome Contested views were provided; however, the majority of interviewees reported visible and tangible benefits, such as reduced public drunkenness and violence. Police reported a 22% decrease in assaults. Hospital presentations (N=714) showed no change in the proportion involving injury (6%) but a significant decline in the proportion of injury presentations involving alcohol (negative binomial regression p=0.016). Injury admissions were low (N=229), with few significant findings detected; however, head injuries decreased by 1.5 times.

Significance/Contribution to the Field Despite limitations of small numbers and alcohol status likely under-enumerated in hospital data, the results collectively indicate reductions in alcohol-related injury, supporting the increasing uptake of alcohol management plans.



Relationship between alcohol management plans and injury reductions in a remote Australian community

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