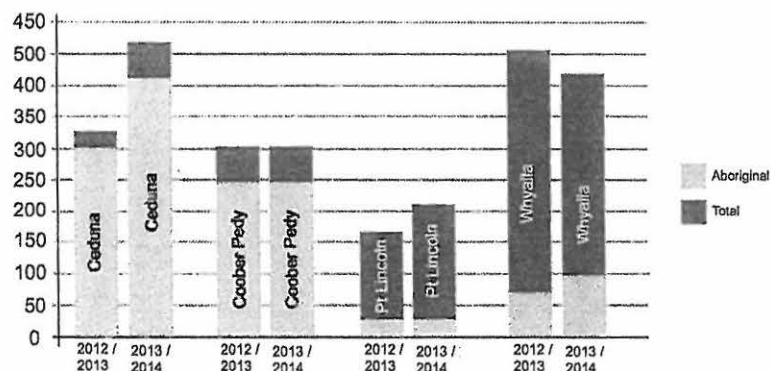


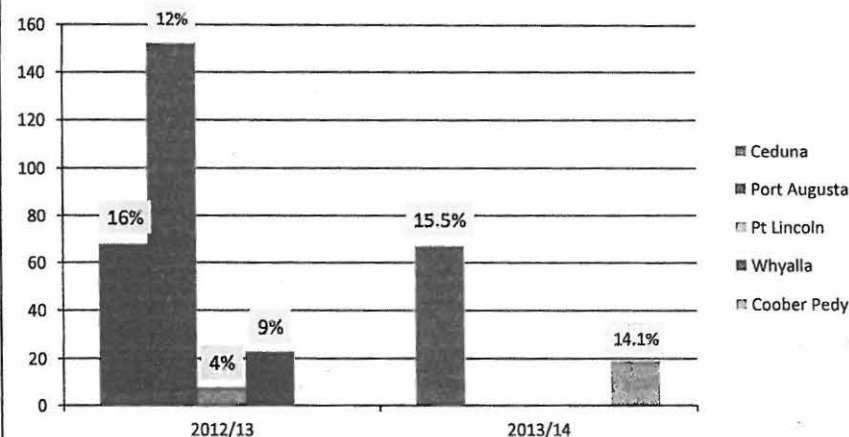
Aboriginal and non-Aboriginal presentations to hospital emergency department due to alcohol or drug use



This data records those presenting to the emergency department as a direct result of intoxication or the effects of alcohol withdrawal. Where the presentation is for an injury to self or others due to intoxication, the secondary cause is not recorded. As instances of violence and injury as a result of intoxication may present a significant risk to public safety, recording a secondary cause of presentation may be considered as a future enhancement to data collection. While there is a significant Aboriginal population accessing hospital services from Ceduna, with Aboriginal people constituting around 25% of the local Ceduna population as of the 2011 ABS census, the total population number is comparable to that in Pt Lincoln and Whyalla, where the total number of presentations is much lower. When presentations are considered as a rate per 1000 Aboriginal people, Ceduna, at 200 presentations/1000 Aboriginal population, is second only to Coober Pedy, which is significantly higher at 410 presentations/1000 Aboriginal population. The increase in Ceduna between 2012-13 and 2013-14 could be explained by the observation that there has been an increased number of Aboriginal people visiting or staying in Ceduna not just in the summer months and/or there has been a marked increase in the number of services being provided in Ceduna, therefore more Aboriginal people presenting.

Number of Aboriginal people who leave hospital against medical advice or who are discharged at their own risk

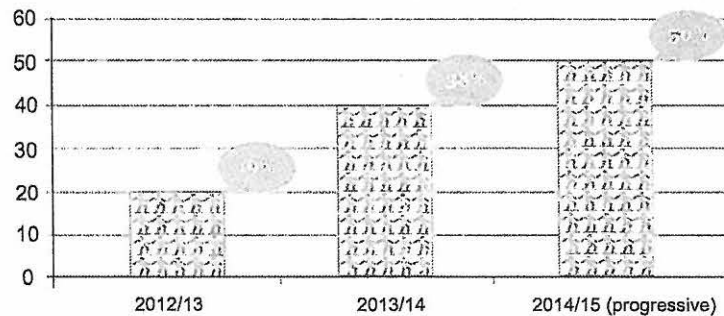
\* showing rate of discharges as a % of all Aboriginal admissions - KPI target is < 4.5%



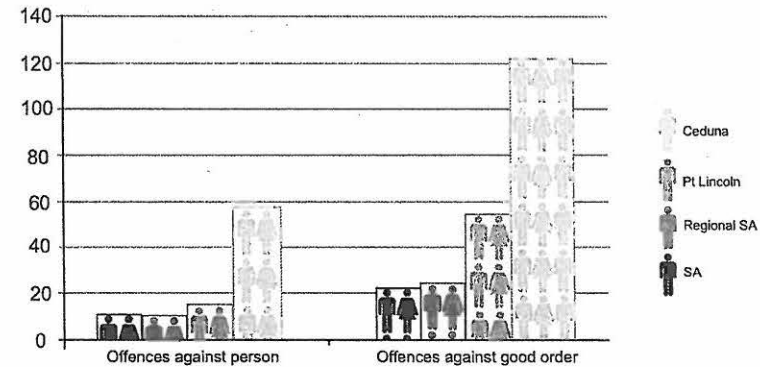
Those who discharge themselves from hospital against medical advice put themselves, and potentially others, at risk. The SA Health Aboriginal Health Care Plan 2010 – 2016 notes that South Australian Aboriginal patients have a self-discharge rate of 3.4% compared with only 0.6% of non-Aboriginal patients. This is significantly higher in country hospitals than in the metropolitan area. One method of reducing this rate is through more culturally responsive provision of care. The data above plots the number of inpatients who identified themselves as Aboriginal and/or TSI who were admitted and spent at least one night in hospital, but who 'self-discharged' against medical advice. SA Health monitor this indicator in order to identify trends, and have set a target for hospitals of an Aboriginal self-discharge rate of 4.5% for inpatients admitted for an overnight stay. The data above indicates that many country hospitals, including Ceduna, consistently have rates well above this target.

Note: Indicators will need ongoing refinement to maximise accuracy and relevance. Targets for measurable improvement for each indicator will be agreed by the partners as part of the Ceduna Service Reform - Plan (see template on page 5).

The number of people leaving the sobering up unit with a breath alcohol level of > .08 as a % of total admissions



Police recorded offence rate 2012  
per 1000 population



The Ceduna/Koonibba Aboriginal Health Service provides a sobering-up centre for intoxicated people to access a safe place to sober-up and minimise potential associated harm from the effects of alcohol and drugs. People leaving the sobering up unit before they are able to self-manage put themselves, and potentially others, at risk. Breath alcohol level is measured and recorded on exit from the sobering up unit. The graph above shows results across three years, however the increase in numbers shown can mainly be attributed to improved data collection techniques, rather than a real increase in numbers. Health professionals also universally acknowledge that a breath alcohol reading is an insufficient indicator of a person's ability to self-manage, particularly for habitual alcohol users. The Ceduna Service Reform partners will consider establishing an alternative data measure using a pictorial scale describing the likely behavioural and physical effects of increasing blood alcohol concentration. This scale is detailed in the Alcohol Treatment Guidelines for Indigenous Australians and may provide a more accurate indication of a person's ability to safely self-manage on leaving the sobering up unit.

The Office of Crime Statistics and Research publishes statistics on incidents and offences reported to police. The graph above gives an indication of the prevalence or incidence of crime in the community for the two regional centres of Pt Lincoln and Ceduna compared to the rest of Regional SA and the state as a whole. Offences against the person group a number of offence types, including homicide, assault and sexual assault. Offences against good order include a range of offences such as breaches of court orders, possession of weapons, betting and gaming offences, prostitution and drunkenness. Higher levels of crime in the community may be associated with higher levels of alcohol and drug use and associated risk taking behaviours. At this point in time crime figures cannot be broken down to detail rates for Aboriginal people compared to non-Aboriginal people. The Ceduna Service Reform partners may consider an alternative data source, or implementing a new data collection system, so that more relevant data on the secondary effects of alcohol and drug use on the Ceduna community can be recorded.