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Title	The impact of an alcohol floor price on critical care admissions in Central Australia
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Authors:

	Title	First name	Mid inits	Last name	Postnom (eg, PhD) [3 only for publication]	Position1	Address1	Position2	Address2	Tel	Email
1	Dr.	Paul	J	Secombe	BA, DipAud, BMBS(hons), FCICM, MClinSc	Consultant	1	Adjunct Lecturer	2	08 8951 7777	paulsecombe@bigpond.com
2	Assoc. Prof.	Michael	J	Bailey	PhD, MSc, BSc (hons)	Statistical Consultant, Snr Research Fellow	3			03 990305 74	Michael.Bailey@monash.edu
3	Dr.	David		Pilcher	MBBS, MRCP (UK), FRACP, FCICM	Intensivist	4	Director - Adult Patient Database	5	03 9076 3036 / 0422 239 366	d.pilcher@alfred.org.au
4											
5											

Number of corresponding author:	1
Number of alternative corresponding author:	

Addresses:

	Institution	City	State	Post Code	
1	Alice Springs Hospital	Alice Springs	NT	0870	
2	Monash University	Melbourne	VIC	3004	
3	Australian and New Zealand Intensive Care Research Centre, Monash University	Melbourne	VIC	3004	
4	The Alfred Hospital	Melbourne	VIC	3004	
5	Centre for Outcome and Resource Evaluation, Australian and New Zealand Intensive Care Society	Melbourne	VIC	3053	
6					

Postal address of first corresponding author (if different from the institutional address given above)	
--	--

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The impact of an alcohol floor price on critical care admissions in Central Australia

IN REPLY: We agree wholeheartedly with the theme of Clifford and colleagues' response: the evaluation of the suite of reforms that have been introduced demands a more sophisticated analysis from a wider range of data sources than that which can be undertaken within the constraints of a research letter. It was never the intent of our letter to be such an evaluation. As clinicians who spend their time at the bedside, the reduction in presentations associated with acute alcohol misuse was noticeable and prompted the analysis published recently in the Journal.¹

Given the effect size (a 54% reduction in admissions associated with acute alcohol misuse), we felt that it was important for the outcomes to be disseminated widely, acknowledging that there are methodological weaknesses and confounders that we could not account for.¹ As an observational study, it offers insight into association and makes no comment about causation.

Our work shines a light on the impact of alcohol misuse on critical care resources, and highlights that emergency department presentations and hospital separations fail to adequately measure morbidity associated with alcohol misuse.² We have previously addressed this demonstrating that, despite a range of alcohol policies, admissions to the intensive care unit associated with alcohol misuse were relatively stable over a 7-year period.² For us, the data presented in our research letter highlight the impact that a community-based intervention can have on critical care services, resulting in both a health outcome and a health economic success.

There is ongoing work that may provide further insight into the contribution of each of the interventions on the morbidity associated with alcohol misuse. The development of cooperative multidisciplinary collaborations will be central in ensuring that evaluation of these harm minimisation strategies is undertaken with scientific rigour, allowing the formulation of evidence-based policy.

Our data suggest that alcohol policy has reduced the morbidity associated with alcohol misuse. In an area with high associated alcohol-related morbidity and mortality, this is one good news story coming from Central Australia.³

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Author details

Paul J Secombe^{1,2}

Michael J Bailey³

David Pilcher^{4,5}

1 Alice Springs Hospital, Alice Springs, NT.

2 Monash University, Melbourne, VIC.

3 Australian and New Zealand Intensive Care Research Centre, Monash University, Melbourne, VIC.

4 The Alfred Hospital, Melbourne, VIC.

5 Centre for Outcome and Resource Evaluation, Australian and New Zealand Intensive Care Society, Melbourne, VIC.

paul.secombe@nt.gov.au

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Secombe, PJ;Bailey, MJ;Pilcher, D

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