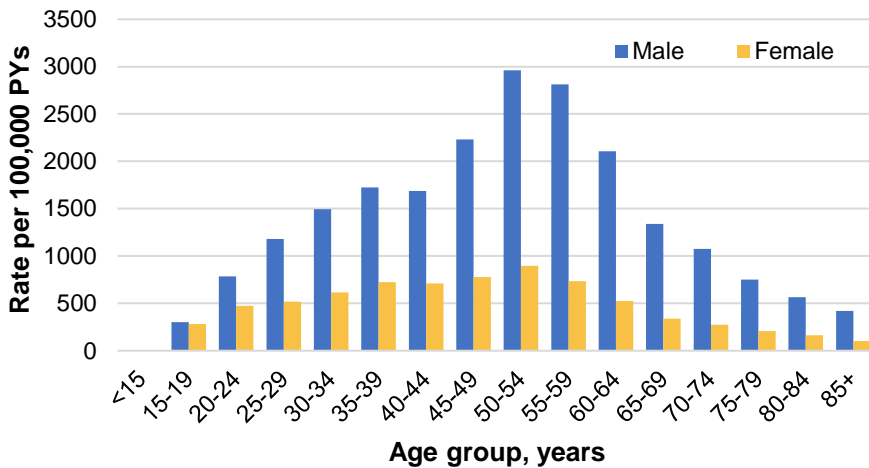


NORTH CAROLINA EMERGENCY DEPARTMENT VISITS FOR ACUTE ALCOHOL INTOXICATION/POISONING OR USE, ABUSE, OR DEPENDENCE, 2016-2017

The North Carolina Disease Event Tracking and Epidemiologic Collection tool (NC DETECT) provides public health officials and hospital users with the capacity for statewide early event detection and timely public health surveillance. Through NC DETECT, users can access near real-time data from North Carolina (NC) acute care emergency departments (EDs), NC emergency medical services (EMS) agencies, and the Carolinas Poison Center (CPC). NC DETECT ED visit data have become increasingly important for the surveillance of substance-related healthcare encounters in NC. NC DETECT is funded by the NC Division of Public Health (NC DPH). This document summarizes 2016-2017 NC ED visits with an ICD-10-CM diagnosis code† related to acute alcohol intoxication or poisoning; alcohol use, abuse or dependence; or underage alcohol use.*

NC ED visits with any diagnosis of acute alcohol intoxication, use, abuse, or dependence, 2016-2017.



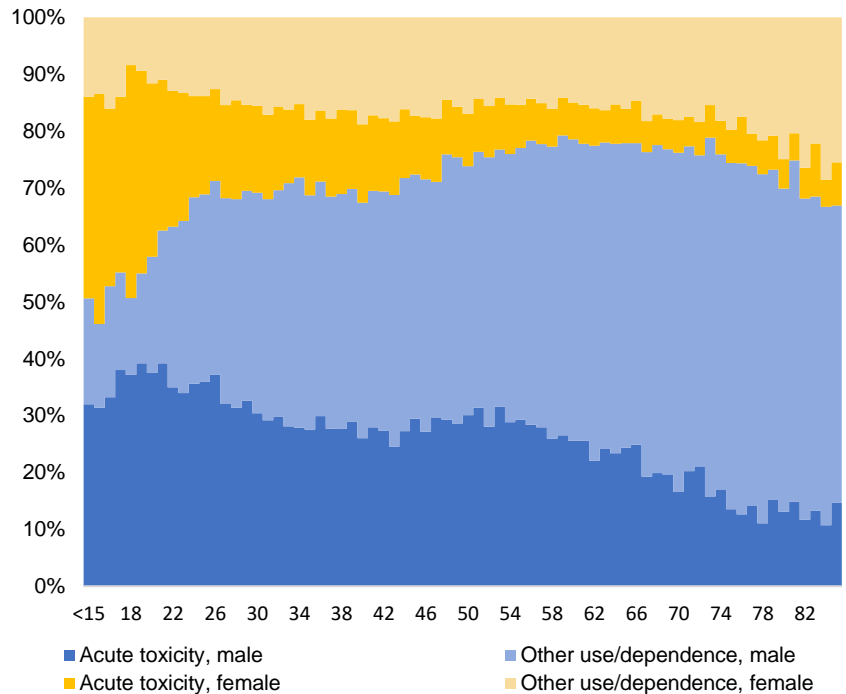
- During the period 2016-2017, there were 173,936 ED visits involving alcohol-related diagnoses (overall rate: 857 ED visits per 100,000 person-years). These visits account for 1.8% of all NC ED visits during this period.

- Rates of alcohol-related ED visits were highest among those aged 50-54, and higher among men than women at all ages except those aged <15 years.

- A total of 5,349 alcohol-related ED visits occurred among individuals aged <21 years of age.

Proportion of NC ED visits with alcohol-related diagnoses, by acuity, age and sex, 2016-2017.

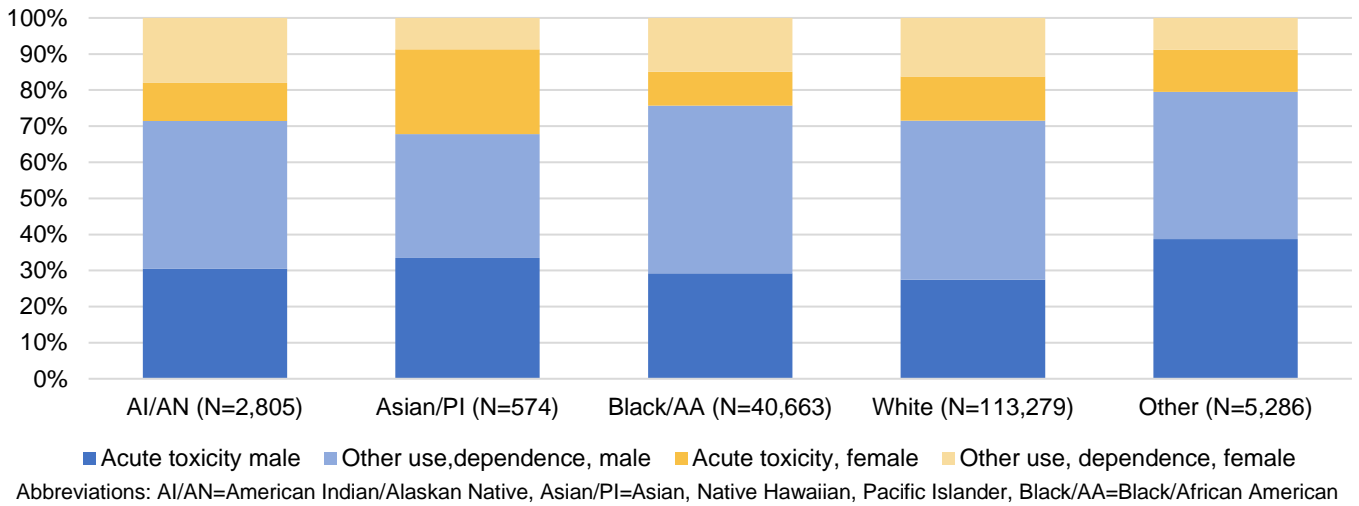
- A total of 68,697 (39.5%) alcohol-related ED visits during the period 2016-2017 were due to acute alcohol intoxication or poisoning.
 - The proportion of alcohol-related ED visits due to acute intoxication was slightly higher in females than males (41.9% vs. 38.6%).
 - Among all individuals aged <21 years of age, 72.5% of alcohol-related ED visits were for acute alcohol intoxication.
- The proportion of alcohol-related ED visits due to acute intoxication was highest among those aged 15-19 (70.7% males, 77.8% females) and generally decreased with age, to lows of 18.1% in males aged 75-79 and 19.3% in females aged 80-84.
- Conversely, the proportion of alcohol-related ED visits due to other alcohol use, abuse, or dependence increased with age.



† Alcohol-related ED visits were defined as any visit including a diagnosis code for alcohol-use disorder (F10%, excluding "alcohol dependence, in remission"), blood alcohol content (BAC) >0.8 mg/ml (Y90.4-8) for individuals aged 21+ and any code for BAC for individuals aged <21, any code for toxic effects of alcohol (T51%, excluding sequelae), or alcoholic polyneuropathy, cardiomyopathy, gastritis, fatty liver, hepatitis, fibrosis and sclerosis of liver, cirrhosis of liver, hepatic failure, or liver disease, unspecified. Acute alcohol intoxication was defined as presence of any T51 code (excluding sequelae), BAC >0.8 mg/ml, or F10 codes indicating acute intoxication ("Alcohol abuse", "dependence," or "use, unspecified" "with intoxication").

* For questions about the methods used to generate this fact sheet, please email ncdetect@listserv.med.unc.edu. Data quality issues may affect counts.

NC alcohol-related ED visits, by acuity, sex and race, 2016-2017.

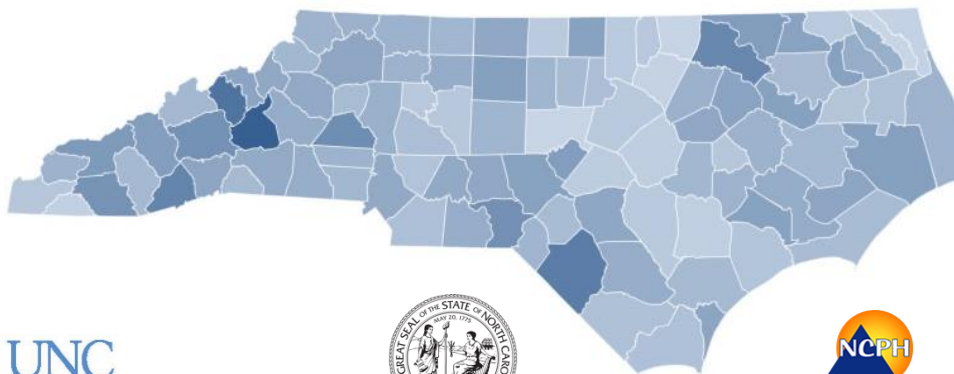


- The majority of alcohol-related NC ED visits occurred among White individuals (69.7%) and Black/AA individuals (25.0%). Less than 6% of visits occurred among AI/AN, Asian/PI and “other” race individuals.
- Asian/PI individuals had the highest proportion of acute toxicity-related ED visits (57.0%), and Black/AA individuals had the highest proportion of other use/dependence-related ED visits (61.3%).
 - Asian/PI men (49.4%) and women (73.0%) had highest proportion of acute toxicity-related ED visits.
 - AI/AN women (63.1%) and White men (61.7%) had the highest proportion of use/dependence-related ED visits.
- Rates of ED visits for acute alcohol toxicity are highest on Saturdays, followed by Sundays and Fridays. Rates of other alcohol-related visits are constant throughout the week.
- Nearly a third of all visits (33.2%) were reported to be self-pay, 19.6% were covered by Medicaid, 18.0% by Medicare, and 16.7% by private insurance. 5.0% are covered by other sources, and 7.5% by unknown sources.

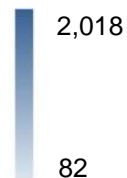
NC counties with highest and lowest rates of alcohol-related ED visits, 2016-2017.

	All ED visits	Acute toxicity ED visits	Other use/dependence ED visits	% acute toxicity visits*
Highest	McDowell	Halifax	McDowell	Vance
2nd highest	Yancey	Transylvania	Yancey	Scotland
3rd highest	Robeson	Yancey	Robeson	Wake
3rd lowest	Warren	Currituck	Franklin	Camden
2nd lowest	Chatham	Chatham	Chatham	Bertie
Lowest	Camden	Camden	Warren	Hyde

* Proportion of all alcohol-related ED visits due to acute toxicity



Unadjusted rate of alcohol-related ED visits, 2016-2017.
(per 100,000 person-years)



Source: Carolina Center for Health Informatics / <https://cchi.web.unc.edu> / Department of Emergency Medicine, University of North Carolina at Chapel Hill, 2018.
 NC Division of Public Health / www.publichealth.nc.gov / Injury Epidemiology & Surveillance Unit/ 919-707-5425
 NC Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT) / www.ncdetect.org / 919-843-2361
 State of North Carolina / Department of Health and Human Services / www.ncdhhs.gov
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