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## Introduction

- Despite a high prevalence of drug and alcohol (AOD)-related morbidity among patients presenting to emergency departments, AOD-related morbidity is not commonly identified on admission.
- AOD-related morbidity has important implications for patient management whilst in hospital as well as re-admission rates.
- This poster will present the epidemiological and demographic profile of ED patients and the role that substance use plays in that presentation.

## Aim

- The aim of this project is to assess the burden of drug and alcohol on ED's in New South Wales.

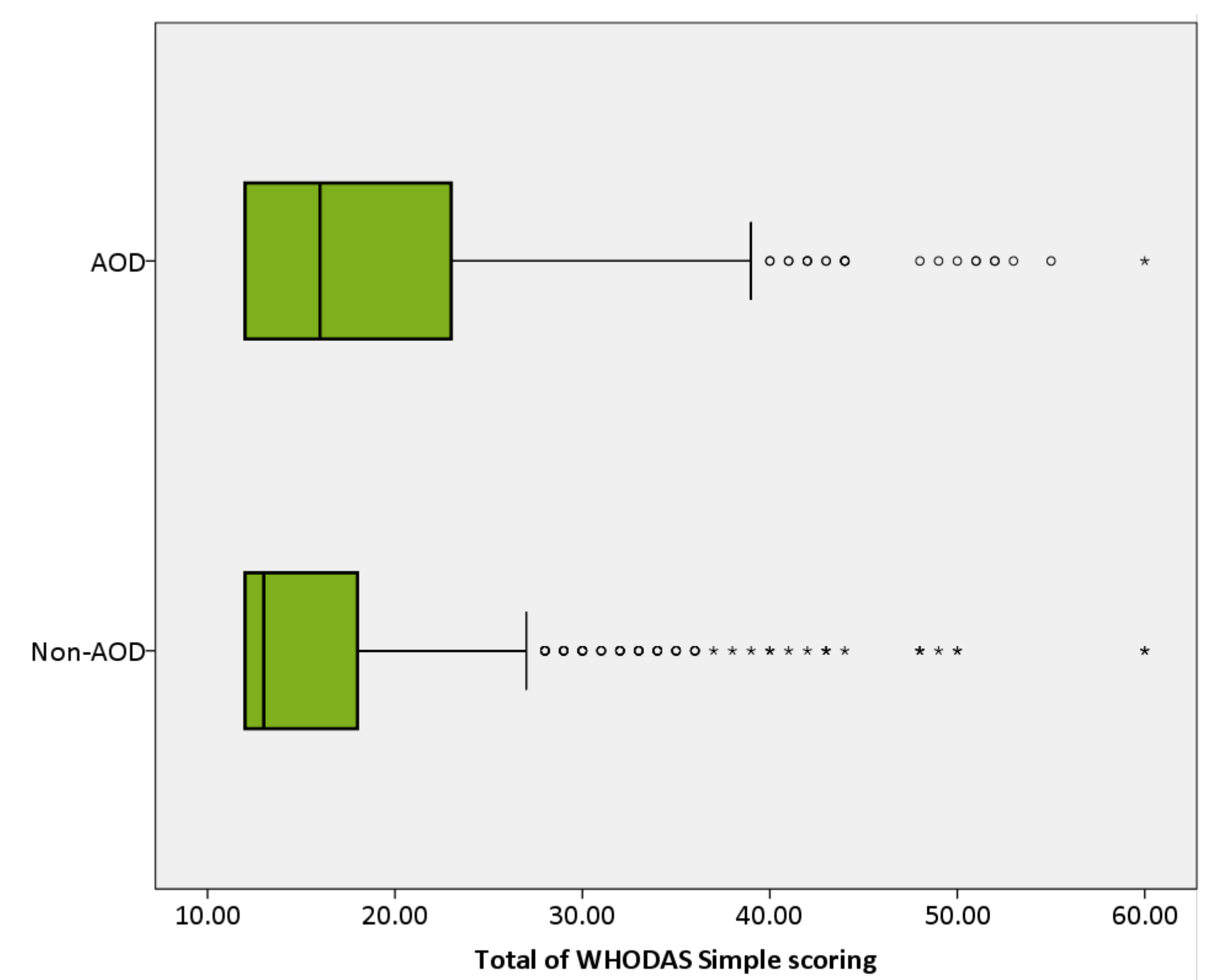
## Method

- The study was conducted in eight NSW ED's.
- All eligible patients presenting over a period of ten consecutive days were asked to complete a questionnaire.
- Patients under the age of 16 years, who were severely intoxicated, cognitively impaired, or with insufficient English language skills were excluded.
- Participants who screened positive for requiring an intervention, as assessed by the Alcohol, Smoking and Substance Screening tool (ASSIST), were placed into an Alcohol and Other Drugs group (the AOD group) for analysis.

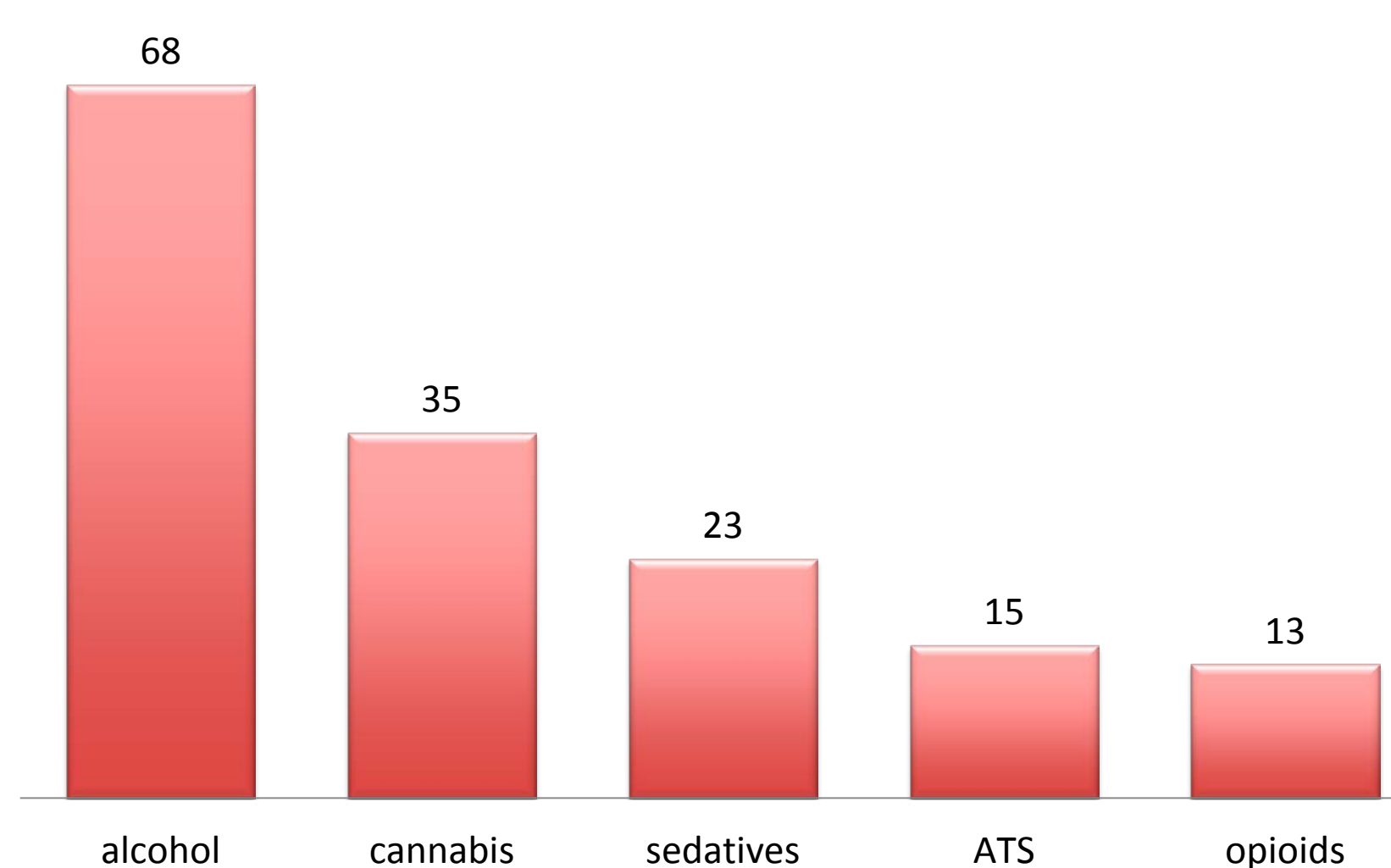
## The alcohol and other drugs group (n=543).

- 35% of the total sample required some level of intervention for their substance use, as assessed by the ASSIST tool.
- 91% of the AOD group required a brief intervention for one or more substances
- 21% required more intensive treatment for one or more substances.
- Poly-drug use was quite common with 35% requiring interventions for two or more different substances.
- The most common drugs requiring intervention were alcohol (68%), cannabis (35%), sedatives (23%), amphetamine-type-stimulants (15%) and opioids (13%).

- Compared to those who did not require intervention for any substance use (referred to as the non-AOD group), the AOD group were more likely to be male, younger in age and have poorer disability scores.



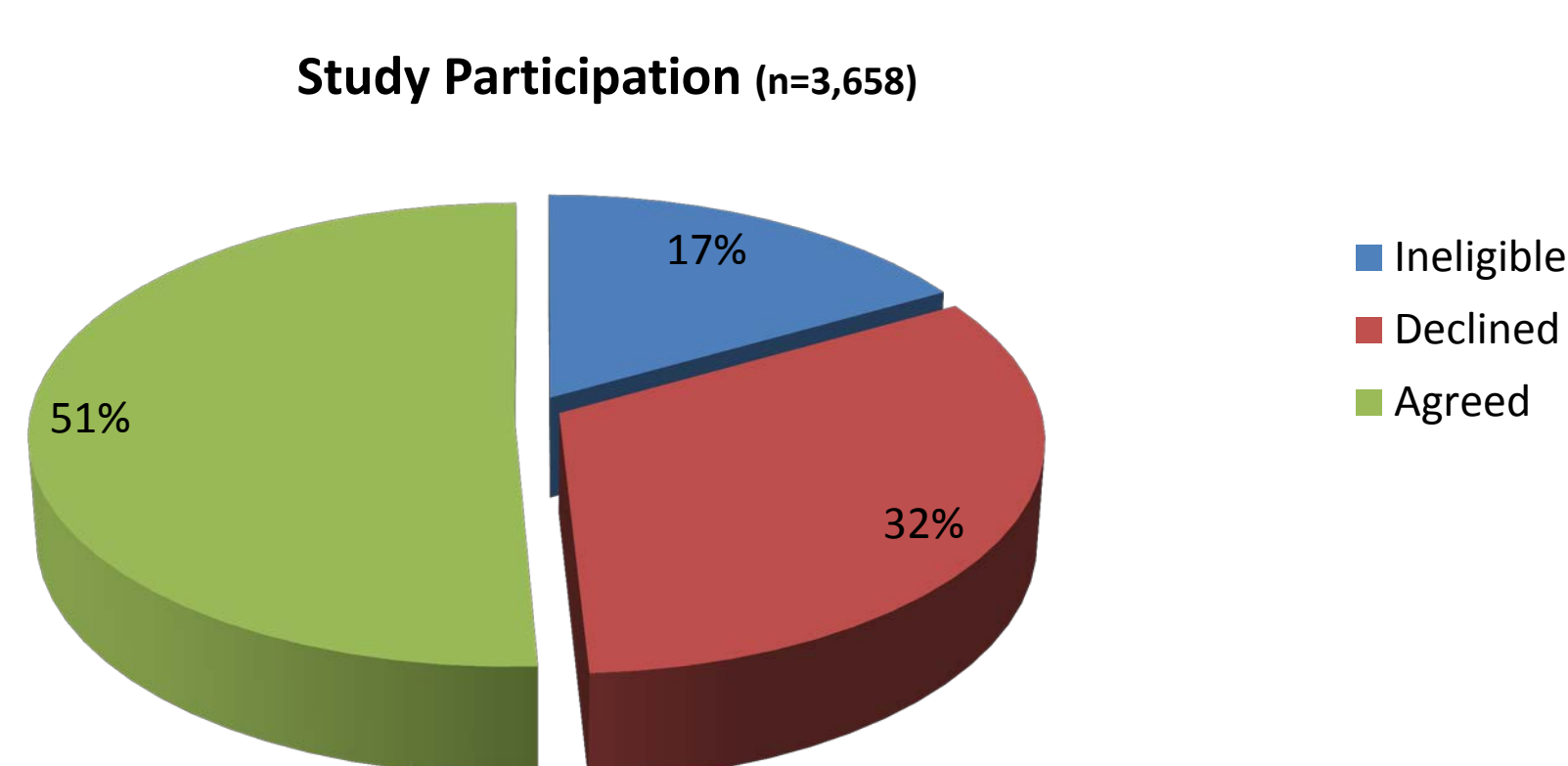
Substances requiring intervention (%)



- The AOD group scores on the WHO-DAS (median=16) were significantly higher indicating a greater level of disability (median=13),  $p < 0.001$ .

## Results

- 3,658 patients were approached 17% were ineligible due to illness or intoxication, and 32% declined to participate. Thus 1,859 consented to the study with 1,615 completing the survey.



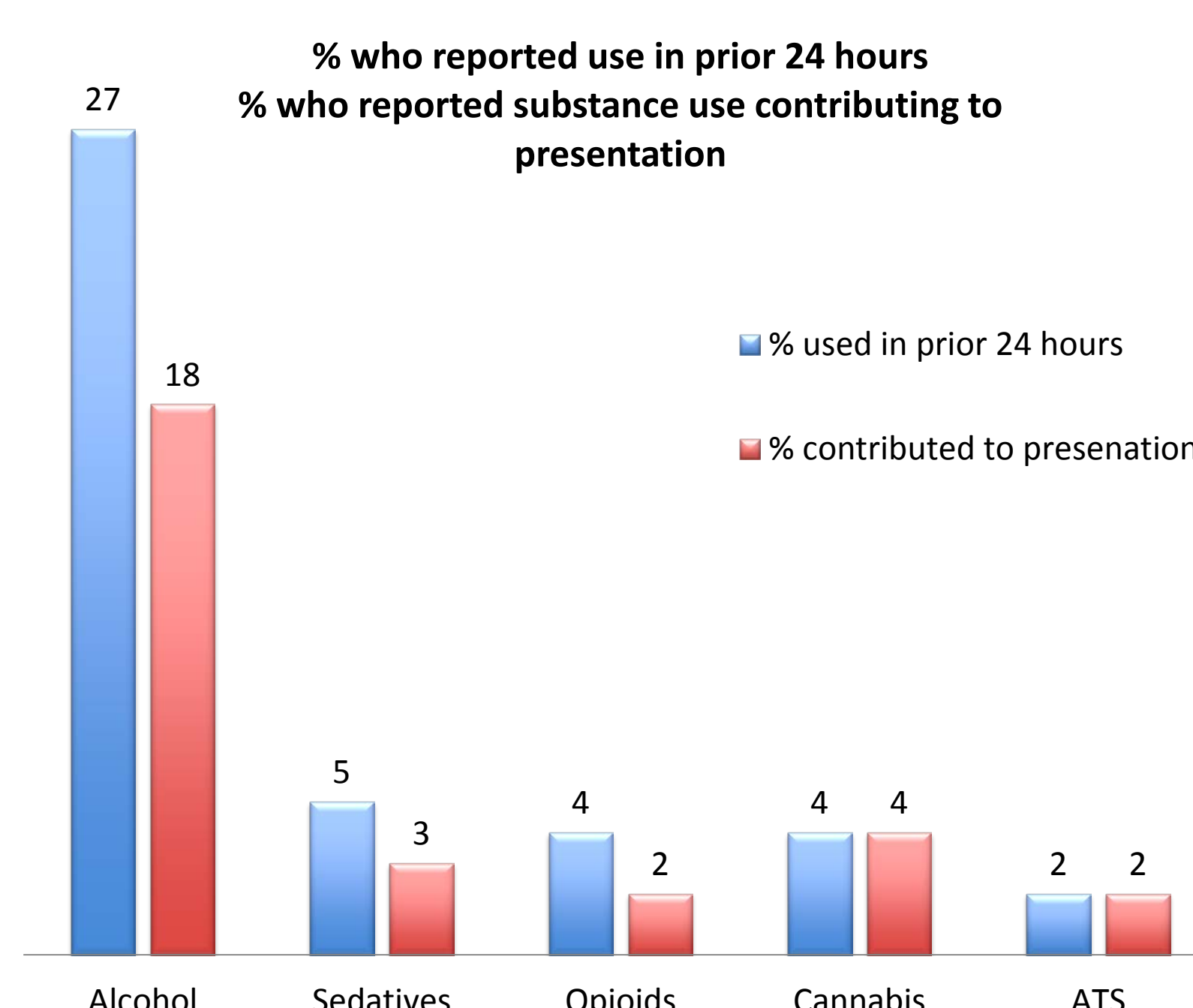
## Demographics and reason for presentations

- 53% male and the mean age of 41 years.
- 5% identified as Aboriginal or Torres Strait Islander origin.
- 32% reported presenting to hospital for an injury.
- 11% reported presenting for 'Gastro-intestinal complaints and conditions'.
- 2% reported presenting to hospital for alcohol and other drugs use.



## Drug and alcohol use in the total sample (n=1,615)

- 35% reported using drugs and/or alcohol in the 24 hours prior to presentation.
- The most common substances reported were alcohol (27%), sedatives (5%) opioids and cannabis (both 4%) and amphetamine-type-substances.



- 30% self-reported that substance use had contributed to their current presentation.
- The most common substances were alcohol, cannabis, sedatives, amphetamine-type-substances and opioids.

## Discussion

- Previous research<sup>1</sup> demonstrates that health care professionals identified less than one-third of problem drinkers among hospital in-patients in an Australian study.
- In the current study more than a third of the total sample screened positive for requiring some level of intervention.
- One in five of those identified required more intensive treatment for problematic substance use.
- Failure to detect alcohol and other drug use may have serious repercussions, particularly in the treatment and management of hospital inpatients.
- Early detection of problematic alcohol and other drug use may help patients avoid more complicated and/or prolonged hospital stays.
- Early intervention, or brief interventions (for alcohol consumption) have been showed to reduce up to 50% of alcohol consumption in a variety of health-care settings, including general hospital's and GP rooms.<sup>2</sup>

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## References

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