

Readers' Forum

To the editor:

The January/February 2009 issue of the *North Carolina Medical Journal* (Vol. 70, No. 1) provided excellent and detailed information regarding substance abuse in North Carolina. Information was presented from the aspect of prevention and recovery, but with only passing remarks about the clinical burden of substance abuse and mental health disorders on the state's emergency departments.

In the 2007 NC DETECT Annual Report of Emergency Department Data (<http://ncdetect.org>), the disorders of substance abuse/intoxication/withdrawal accounted for 11.2% of statewide ED visits. Psychiatric disorders accounted for 7.7% of ED visits. The two groups of disorders together accounted for an amazing 17.9% of statewide ED visits in North Carolina, greater than ED visits for chest pain/ischemic heart disease (11.9%); diabetes (7.8%); asthma (4.4%); or motor vehicle crashes (2.5%). It is ironic that while there is effort to minimize ED visits and provide improved and cost-effective care for disorders such as diabetes and asthma and primary prevention methods (airbags, seatbelts, etc.) to decrease mortality and morbidity from motor vehicle crashes, no such approach is being used to minimize ED visits for substance abuse or



mental health, and no such approach is currently able to provide alternative emergency services other than the closest emergency department.

The Brief Motivational Intervention (BMI, <http://www.ed.bmc.org/sbirt/>), an adaptation of Substance Abuse Screening and Brief Intervention in Primary Care (SBIRT), is being used in emergency departments in Massachusetts and should be applied to North Carolina emergency departments, although there are time and cost challenges to wide implementation.

So, in summary, emergency physicians and emergency departments also carry the clinical burden of care for those with substance abuse and mental health disorders. A comprehensive system of care needs to recognize the important role of the emergency department and enable it as a location for both prevention and the start of recovery-oriented care. Emergency physicians should participate in policy planning so that the solution is truly comprehensive.

Judith E. Tintinalli, MD, MS
Professor
UNC School of Medicine
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Coming in the May/June
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a look at:

Community Care of North Carolina (CCNC)