

SECTION III: IDENTIFYING ALCOHOL-RELATED INJURIES IN THE EMERGENCY DEPARTMENT

INTRODUCTON

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There is increasing international interest in the establishment of data collection systems capable of providing basic epidemiological surveillance of alcohol-related problems. The World Health Organization has recently prepared the second edition of an international alcohol monitoring Guide for member states (WHO, in press) as part of a suite of activities designed to support the development of effective alcohol policies in the wake of a 2005 World Health Assembly resolution (WHO, 2005). In this Guide, and in the two chapters that follow in this section, the importance of monitoring acute alcohol-related harms and related risky patterns of use is stressed, especially given that these both contribute to about half of alcohol's contribution to the global burden of disease (Rehm et al, 2004). Such epidemiological monitoring can support effective policy development variously by raising awareness of alcohol issues in a local or regional context and by contributing to the evaluation of the effectiveness of local policies designed to reduce population rates of alcohol-related harm.

The first chapter by Robin Room notes that alcohol's contribution to injury is normally inferred from a wider international literature and that local data are usually not available. This chapter discusses the potential of using routine recording of alcohol's involvement in emergency department (ED) presentations by encouraging clinicians to apply currently optional elements of the latest International Classification of Diseases (ICD), namely the Y-codes in ICD-10. If compliance issues can be overcome and if maintenance of this compliance is possible, then useful local monitoring of alcohol-related injuries can be achieved.

The second chapter by Stockwell and colleagues discusses a broad array of monitoring options involving the ED, including the use of "surrogate" measures, objective tests of blood alcohol level, the application of etiological fractions, adaptations of routine medical records and the regular sampling of ED attendees for surveys on alcohol and other substance use.

Both chapters stress the need for developing improved methods of monitoring and for the formal evaluation of these so as to better support local, regional and national responses to alcohol-related problems.

References

Rehm J et al. (2004). *Alcohol use*. In: Ezzati M et al., eds. *Comparative Quantification of Health Risks. Global and Regional Burden of Disease Attributable to Selected Major Risk Factors*. 1, 959-1108. Geneva: World Health Organization.

World Health Organization (2005). *Public health problems caused by harmful use of alcohol*. Resolution of the General Assembly of WHO, May 25, 2005.
(See: <http://www.who.int/nmh/a5818/en/index.html>)

World Health Organization (in press). *International guide for monitoring alcohol-related problems, consumption and harm, 2nd Edition*. World Health Organization: Geneva.