

Short Report | Alcohol-related ED visits

The Drug Abuse Warning Network (DAWN) is a public health surveillance system that monitors emerging trends and characteristics of substance-related emergency department (ED) visits. This report focuses on estimates of alcohol-related ED visits from January 2021 through September 2023.

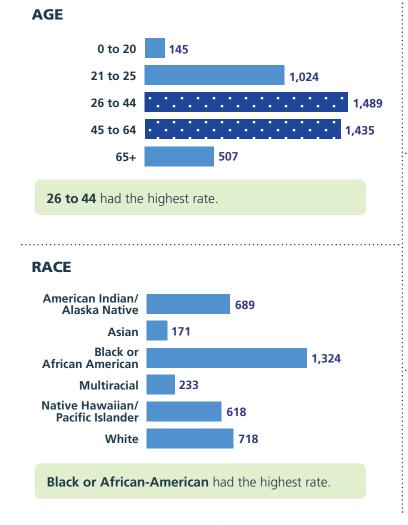
National Summary

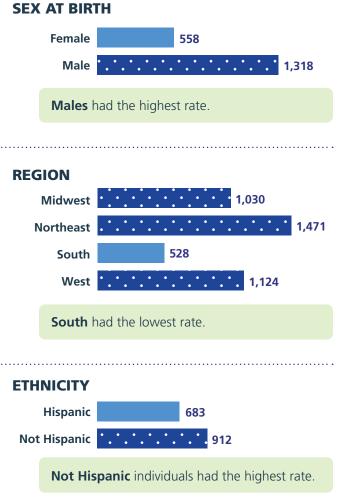
There were an estimated **8,566,725** ED visits related to alcohol. Alcohol was the most prevalent substance involved in substance-related ED visits, with **twice** the number of visits compared to opioids or cannabis.

National Characteristics

Rate of alcohol-related ED visits per 100,000 people

Patterned bars are significantly* higher rates than solid bars.





^{*} The estimate was statistically significant at a p-value less than 0.05.

Polysubstance

Polysubstance is when an individual, intentionally or unintentionally, uses more than one substance during a short period of time. An estimated **1,692,265** ED visits were related to alcohol and at least one other substance.

Among alcohol-related ED visits, the majority (80%) were alcohol only.



2 out of 10 were alcohol plus an additional substance(s).



Among alcohol-related ED visits in individuals under 21 years, 31% of visits were polysubstance.



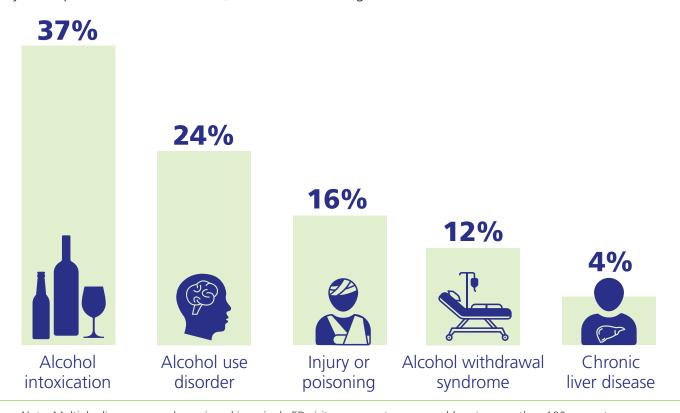
3 out of 10 were alcohol plus an additional substance(s).





Clinical Diagnoses Assigned by Provider

Individuals seeking care in an ED receive diagnoses from providers. The most common diagnoses in alcohol-related ED visits were related to alcohol consumption such as use, intoxication, or binge drinking (alcohol intoxication: 37%). Alcohol use disorder (24%), a chronic condition characterized by an impaired ability to stop or control alcohol use, was the second highest.



Note: Multiple diagnoses can be assigned in a single ED visit, so percentages can add up to more than 100 percent.

Methods

ED records of participating hospitals from January 2021 through September 2023 were manually reviewed and required indication of alcohol involvement to be included. Data were weighted to produce nationally representative estimates. Unadjusted rates were calculated using the midpoint population. Pairwise t-tests and Bonferroni correction (k) were used to compare estimates. Significantly** means the estimate was statistically significant at a p-value less than 0.05. See https://www.samhsa.gov/data/data-we-collect/dawn-drug-abuse-warning-network for more information.

SAMHSA's Prevention Resources

FindTreatment.gov

Find confidential and anonymous resources for treatment for mental and substance use disorders

Community Policies for Prevention of Alcohol Misuse

Guide of key policies for the prevention of alcohol misuse that have been identified as evidence-based by robust scientific literature

Find Support

Find healthcare or support for issues with mental health, drugs, or alcohol

988 Suicide & Crisis Lifeline

Call or text 988 if you or someone you know is struggling or in crisis for free and confidential support available 24/7