

NTDB® data points

Repeal Prohibition

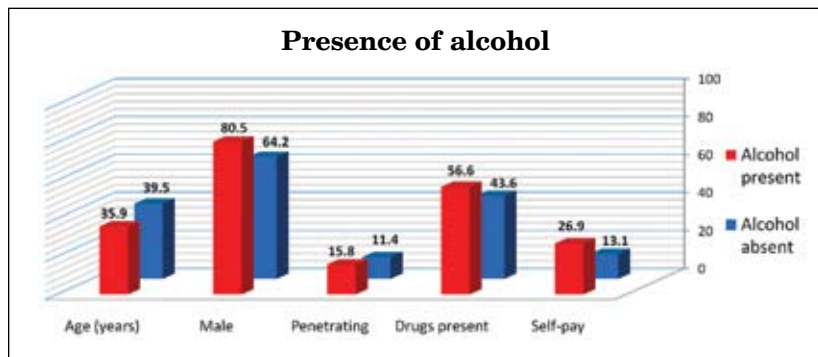
by Richard J. Fantus, MD, FACS

Alcohol—a chemical that is made by fermentation, distillation, chemical modification, or chemical combinations—has been a perpetual part of life. Alcohol dates back to 4200 BC, where fermentation scenes appear on Mesopotamian pottery. For a brief period in U.S. history—that is, Prohibition (1920–1933)—its sale was illegal. As most know, this experiment in social behavioral modification was a failure.

In past “NTDB data points” articles published in the *Bulletin* the presence or absence of alcohol was mentioned when discussing various types of injuries. Anyone who works in a trauma center is all too aware of the association between alcohol and injury. If one were to type the words “alcohol-related trauma” into an Internet search engine, more than 1.8 million results would appear. Why is alcohol so prevalent in our trauma centers?

Furthermore, what can we do to reduce this public health problem? What is our obligation as health care providers to interrupt this cycle of alcohol and injury?

In order to examine the occurrence of alcohol-related trauma in the National Trauma Data Bank® Dataset 7.0, records were searched by the field “alcohol present in blood.” There were 912,356 records that contained



a usable response of alcohol present or not present. The remaining 949,423 records did not mention alcohol testing or provide a definitive response. There were 230,333 records with alcohol present and 682,023 records with no alcohol present.

Of the alcohol present group, 639,301 records had discharge status recorded, including 470,132 discharged to home, 83,496 to acute care/rehabilitation, and 47,037 to nursing homes; 33,026 died and 5,160 went to jail. In the alcohol present group, patients were 80.5 percent male and on average 35.9 years of age with an average length of hospital stay of 5.8 days, an average injury severity score of 11.5, 15.8 percent penetrating trauma, and 26.9 percent self-pay.

Of those also tested for drugs, more than half tested positive. These data are compared with

the group with no alcohol present and are displayed in the graph on this page.

Before reviewing these data, this author would have expected a higher positive alcohol rate. However, there has been a decrease in willingness to test for alcohol as a result of insurance companies enforcing the Uniform Accident and Sickness Policy Provision (UPPL) law, which allows these companies to deny payment of medical bills for injuries sustained while intoxicated or under the influence of a controlled substance.

There have been significant efforts made on a state-by-state basis to repeal the UPPL, but as of press time only 13 states and the District of Columbia explicitly prohibit the denial of claims based on the insurer’s intoxication level. Not only does the UPPL law reduce testing but

it may also hinder health care providers from performing the necessary screening and intervention efforts needed to break the cycle of alcohol and injury. The American College of Surgeons Committee on Trauma feels so strongly about this important initiative that it now requires screening in level I and II trauma centers as well as brief intervention capabilities in level I trauma centers.

For more information on available sponsored programs, go to <http://www.facs.org/trauma/injmenu.html> and click

on Alcohol Screening and Brief Intervention (SBI). SBI is important and should take place in all centers for alcohol-related trauma cases. We should not succumb to the pressure of UPPL. In fact, we should repeal the prohibition of payment by insurance companies in cases of alcohol-related injury.

The full NTDB *Annual Report Version 7.0* is available on the ACS Web site as a PDF and a PowerPoint presentation at <http://www.ntdb.org>.

If you are interested in submitting your trauma center's data, contact Melanie L. Neal,

Manager, NTDB, at mneal@facs.org.

Acknowledgment

Statistical support for this article has been provided by Sandra M. Goble, MS.

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So, You Want to Be a Surgeon...

Medical student guide to residency training

The online resource, *So You Want to Be a Surgeon... A Medical Student Guide to Finding and Matching with the Best Possible Surgery Residency*, is now available on the American College of Surgeons Web site at:

<http://www.facs.org/residencysearch>

This online, contemporary version of the popular "Little Red Book" has proven to be an invaluable resource for medical students seeking opportunities in graduate medical education. The revised online version of this helpful reference includes a searchable database containing a complete list of accredited surgical specialty residency programs, as well as a section devoted to assisting students in choosing a residency program that is their best match.



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