Physicians and Lawyers for National Drug Policy:
Law and Medicine working together to promote an evidence-based public health approach to alcohol and drug policies.
A PUBLIC HEALTH PARTNERSHIP
Emergency

PLNDP National Office • Center for Alcohol and Addiction Studies • Brown University, Box G-S121-4 • Providence, Rhode Island 02912

Screening for Alcohol and Drug Problems in Emergency Departments and Trauma Centers

Position Statement: Screening for alcohol and other drug problems should be standard of care in every primary care. emergency department and trauma center visit.

Screening, Brief Intervention, Referral, and Treatment (SBIRT) of Acute Care Patients for Alcohol Use Disorders PLNDP position paper

Facts:

- An alcohol-related motor vehicle crash kills someone every 30 minutes and injures someone every 2 minutes.
- Nearly two-thirds of children ages 14 years and younger killed in alcohol-related crashes are riding with the drinking driver.
- Excessive alcohol consumption contributes to more than 100,000 deaths each year in the United States.
- Nearly half of alcohol-related deaths result from motor-vehicle crashes, falls, fires, drowning, homicides, and suicides.
- Each year about 120 million episodes of alcohol-impaired driving occur in the United States.
- Between 20% and 30% of patients seen in U.S. hospital emergency departments have alcohol problems.

Source: CDC Programs in Brief: Preventing Alcohol-related Injuries

Learn more:

- 2005 Annals of Surgery: cost benefit analysis of screening in Trauma Centers.
- Articles in *General Surgery News* December 2005 and *Surgery News* about trauma center SBI that provide an update on the new ACS mandate for alcohol screening and intervention in trauma centers.
- Opinion pieces by Drs. David Lewis and Larry Gentilello on Medscape General Medicine on screening as a standard of care, and an interview with Dr. Gentilello from Medscape Medical News discussing the need to prohibit health insurers from denying coverage for alcohol-related injuries.

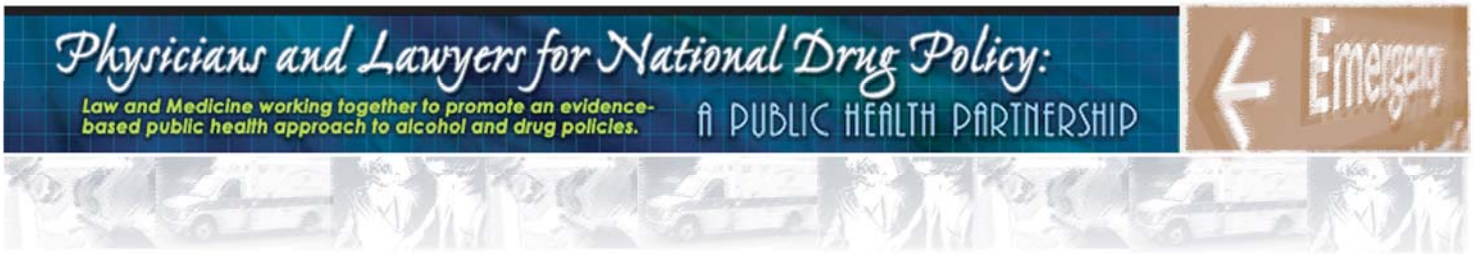
PLNDP National Office • Center for Alcohol and Addiction Studies • Brown University, Box G-S121-4 • Providence, Rhode Island 02912

Screening for Alcohol and Drug Problems in Emergency Departments and Trauma Centers

- Journal of Trauma Injury, Infection and Critical Care (2005): trauma surgeons' experiences with alcohol-related insurance denials, the denials' effect on patient care, and the surgeons' knowledge of laws nationwide that discourage screening and drug counseling in the ER and trauma center.
- American Association for the Surgery of Trauma shows brief interventions in the trauma center decreases intoxicated driving.
- CDC's Injury Center announces that The Journal of Trauma-Injury, Infection & Critical Care recently published a special issue of proceedings from the groundbreaking conference, Alcohol and Other Drug Problems among Hospitalized Trauma Patients: Controlling Complications, Mortality, and Trauma Recidivism. The proceedings discuss recent studies and recommendations for implementation of brief screening and intervention strategies within the emergency and trauma care settings for patients who might have drug or alcohol problems.
- Ensuring Solutions to Alcohol Problems highlights a study showing the effectiveness of emergency room screening and brief intervention for alcohol-dependent patients.
- Brief interventions **decreased alcohol** abuse in patients and **decreased readmission** to hospital over nine years.

Background:
The Alcohol Exclusion Clause, embedded in the Uniform Accident and Sickness Policy Provision Law (UPPL), is a barrier to screening. It allows health insurance companies to deny coverage to individuals who are injured as a result of being under the influence of alcohol or any narcotic not prescribed by a physician. The Alcohol Exclusion Law can be used to deny payment to doctors and hospitals that render care to patients, discouraging alcohol screening in trauma centers and emergency departments.

The National Association of Insurance Commissioners (NAIC), the organization of insurance regulators in the 50 states, adopted the Alcohol Exclusion Clause in 1947. Forty-two states and the District of Columbia subsequently adopted a version of the Alcohol Exclusion Clause. In 2001, recognizing advances in alcohol treatment—and with strong support from medical authorities—NAIC unanimously recommended states to repeal the Alcohol Exclusion Clause and to prohibit the denial of coverage for individuals injured while under the influence of alcohol or narcotics.



PLNDP National Office • Center for Alcohol and Addiction Studies • Brown University, Box G-S121-4 • Providence, Rhode Island 02912

Screening for Alcohol and Drug Problems in Emergency Departments and Trauma Centers

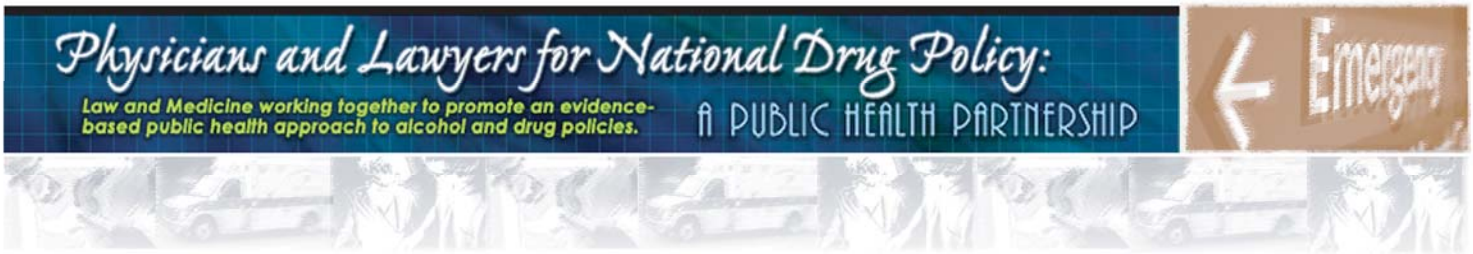
32 states and the District of Columbia have laws that *explicitly allow* insurers to use alcohol exclusions (Alabama, Alaska, Arizona, Arkansas, California, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Mississippi, Missouri, Montana, Nebraska, New Jersey, New York, North Dakota, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, West Virginia and Wyoming).

Nine states *prohibit* insurers from using alcohol exclusions (Connecticut, Colorado, Iowa, Maryland, Nevada, North Carolina, Rhode Island, South Dakota and Washington).

Nine states *implicitly allow* insurers to use alcohol exclusions (Massachusetts, Michigan, Minnesota, New Hampshire, New Mexico, Oklahoma, Utah, Vermont and Wisconsin). Because these states do not have a specific law related to exclusions, courts have ruled that, in the absence of explicit laws, insurance companies can sell policies that use exclusions to limit liability. Court rulings vary by state, with some being more lenient (requiring proof only of alcohol use prior to injury) and others being more strict (requiring proof of a casual relationship between the use of alcohol and the injury).

Many organizations support the repeal of the Alcohol Exclusion Law, including Mothers Against Drunk Driving, the American Medical Association, the American Public Health Association, and the American Bar Association.

In August 2005, the American Bar Association (ABA) urged repeal. The ABA has adopted policies addressing long-term solutions to alcohol and other drug disease, and discrimination against these diseases, since 1972. The most recent ABA policy and recommendations on alcohol and substance abuse, including urging repeal of the Alcohol Exclusion Law, were adopted in August 2005. The ABA asserts that because insurance companies deny claims for reimbursement for treatment of an injury if alcohol or other drugs are involved, many physicians avoid screening injured patients for alcohol or other drug use, thereby missing the opportunity to identify and treat at-risk patients with alcohol or other drug dependence. Further, insurance costs have not been reduced, as was the provision's intent. Rather, health costs related to treatment for alcohol and substance abuse and related injuries have increased, with the estimated costs for treating alcohol-related injuries alone at $19 billion.



PLNDP National Office • Center for Alcohol and Addiction Studies • Brown University, Box G-S121-4 • Providence, Rhode Island 02912

Screening for Alcohol and Drug Problems in Emergency Departments and Trauma Centers

Citing the Alcohol Exclusion Law as a barrier to treatment for emergency room patients with alcohol and other drug disease, the ABA resolution urges all state, territorial, and local legislative bodies and government officials to adopt policies that **prohibit** the exclusion of insurance coverage for hospital, medical. and surgical expenses of alcohol and other drug related injuries or losses.

The Ensuring Solutions Alcohol Exclusion Law Resource Kit provides tools and information for advocates and others working to prohibit alcohol exclusions.

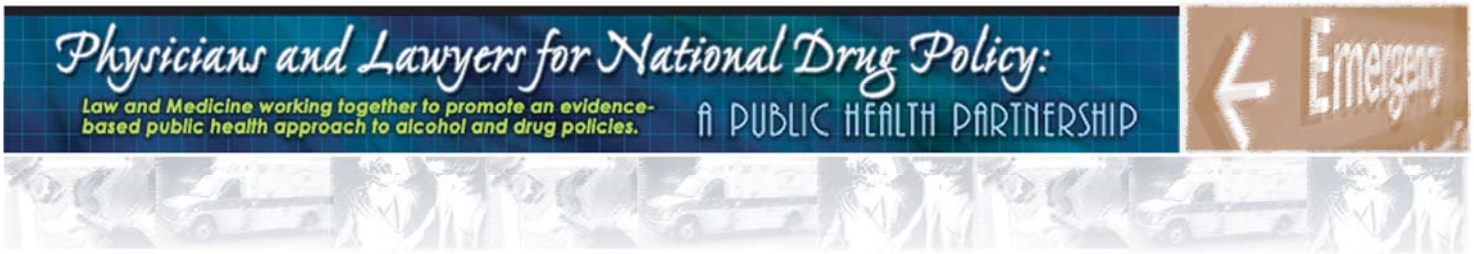
What can I do?

As a credible and influential voice in your community, you as a physician or lawyer can play a critical role in persuading decision makers to address this public health problem more effectively. The following are a few suggestions of opportunities for you to draw attention and make change locally on this issue. For further suggestions, e-mail plndp@brown.edu.

- **Work with the media to support the need for screening for substance abuse as a routine clinical practice in primary care, emergency departments, and trauma centers in your region. Also encourage the repeal of the Alcohol Exclusion Law in your state if applicable.** Your influence as a physician and/or lawyer lends credibility to any story that has medical and legal repercussions.
  - Interviews. If asked for an interview, know the limitations of your expertise and clarify before the interview. Prepare your main points succinctly, and stay focused on topic. Share your personal and professional experiences in addressing the issue of SBIRT, and include local data whenever possible (use the Alcohol Cost Calculator from Ensuring Solutions).

  - Letters to the editor and op-eds. Consider submitting your op-ed or letter jointly with leaders of others community organizations and professions to demonstrate the broad support for this issue (e.g., state American Medical Association chapter, state American Civil Liberties Union chapter, state American Society of Addiction Medicine chapter, state American Academy of Addiction Psychiatry chapter, community-based organizations, etc.). Staff at PLNDP (401-444-1817 or plndp@brown.edu) can help identify organizations and coalitions in your community.

    Use available resources such as frequently asked questions, talking points, and contacts for your regional media. Prepare your main points succinctly and stay on topic.



PLNDP National Office • Center for Alcohol and Addiction Studies • Brown University, Box G-S121-4 • Providence, Rhode Island 02912

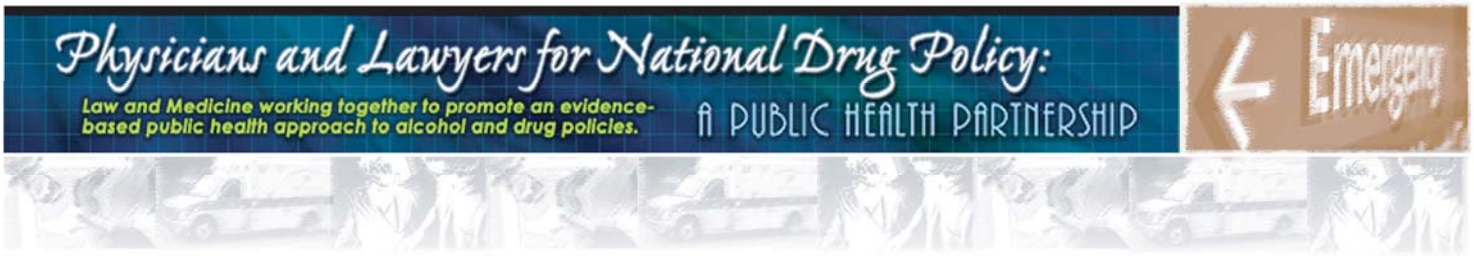
Screening for Alcohol and Drug Problems in Emergency Departments and Trauma Centers

- **Write letters to State and Federal lawmakers and set up face-to-face meetings with their staff.** See the sample letter included in this toolkit. It is critically important to work with influential leaders in both branches who will be most likely to champion the cause. Keep in mind that educating key legislative staff will be crucial in cultivating a good working relationship for the future. Most legislators will have more time and attention for constituents in their district office.

- **Form or serve on a policy committee for a professional organization or association to which you belong, and promote clinical screening for substance abuse and addiction as an alternative to drug testing in schools.** Consider convening local leaders in law and medicine to work collaboratively. Contact PLNDP at plndp@brown.edu for contacts in your region.

- **Become involved in community-based partnerships and advocate for policy change relating to screening and other related issues as identified by PLNDP.** Contact Join Together for information about organizations in your area.

As a busy professional, you undoubtedly have time constraints that may limit your involvement. By with your colleagues in medicine and law in your community and state, you can make a profound difference simply by virtue of your expertise and your status in the eyes of local, state, and federal policymakers. Your voice represents the community—so let yourself be heard!



PLNDP National Office • Center for Alcohol and Addiction Studies • Brown University, Box G-S121-4 • Providence, Rhode Island 02912

Screening for Alcohol and Drug Problems in Emergency Departments and Trauma Centers

Links

American Academy of Addiction Psychiatry
American Medical Association
Association for Medical Education and Research in Substance Abuse (AMERSA)
American Society of Addiction Medicine (ASAM)
Centers for Disease Control (CDC)
Center for Substance Abuse Prevention (CSAP)
Center for Substance Abuse Treatment (CSAT)
Ensuring Solutions
Join Together
National Association for Children of Alcoholics
National Association of State Alcohol/Drug Abuse Directors
NIAAA
NIDA
The Center on Alcohol Marketing and Youth