



NC-TOPPS SNAPSHOT

Adult Substance Abuse and Emergency Room Visits

This Snapshot looks at Substance Abuse (SA) treatment consumers responding to the NC-TOPPS Initial Interview about ER visits. This analysis splits all NC-TOPPS SA consumers into two groups—those who reported an ER visit in the 3-months before treatment (28%) and those who did not report an ER visit (72%) Based on National Health Statistics Reports (#7, 8/6/08) about 20% of persons in the U.S. population had an ER visit in 2005. This translates to about 5% for a 3-month time period compared to 28% of SA consumers.

Factors that differentiate adult SA treatment consumers who visited the ER from those who did not are discussed below and in the table to the right.

► **Gender and Race.** The rate of females is 4% higher among ER visitors compared to non-ER visitors. Caucasians are 11% higher.

► **Homelessness.** Over one-quarter of those with a recent ER visit had homeless nights in the 3 months prior to treatment compared to about 1 in 10 of those who did not visit.

► **Unemployment.** The unemployment rate is 9% higher among those using the ER.

► **Physical health.** Two-thirds of ER visitors rated their physical health as fair or poor compared to about one-half of those who did not report an ER visit.

► **Substance use.** In the year before treatment, ER visitors are more likely to report tobacco use, heavy alcohol use, cocaine use, and other opiate use than those not visiting the ER.

► **Health Care Services.** Those with ER visits used phone crisis services at 4 times the rate of non-ER users. Nights in a medical/surgical hospital were over 30 times the rate of non-ER users. This dramatic difference could be related to the fact that the ER is increasingly the primary portal to a hospital admission and the ER visit resulted in a hospital admission.

► **Health Insurance.** Those with ER visits were slightly less likely to be uninsured and more likely to have Medicaid or Medicare. A greater percentage of ER users may be receiving SSI disability benefits, inferred from reviewing their age, Medicare and Medicaid enrollment.

► **Mental health.** ER visitors are more likely to be co-occurring consumers and to report severe or very severe mental health symptoms, and report double the proportion of consumers with suicidal thoughts in the past 3 months.

Summary. Overall, SA consumers with recent ER visits have higher rates of problems with substance use, unemployment, homelessness, physical and mental health problems.

Characteristics	Had ER visit N = 5,837	Did Not Visit ER N = 14,864
Gender		
Males	56%	60%
Females	44%	40%
Race		
Caucasian/White	63%	52%
African American/Black	32%	41%
Other	5%	5%
Homeless nights, past 3 months	27%	11%
Unemployment rate	73%	64%
Physical health		
Rated fair or poor	66%	47%
Substance Use, past 12 months		
Tobacco use	72%	60%
Heavy alcohol use	56%	43%
Cocaine use	46%	41%
Other opiate use	20%	13%
Health Care Services		
Telephone crisis contacts past 3 months	37%	8%
Hospital nights past 3 months	37%	1%
Routine check-up with provider, past yr.	71%	60%
Health Insurance (multiple response)		
None	63%	68%
Medicaid	30%	25%
Medicare	6%	3%
Private or other insurance	5%	6%
Mental Health (MH)		
Co-occurring MH problems	45%	33%
Had Suicidal thoughts past 3 months	45%	20%
MH symptoms, severe or very severe	37%	19%