



RHODE ISLAND DATA BRIEF

NOVEMBER 2022

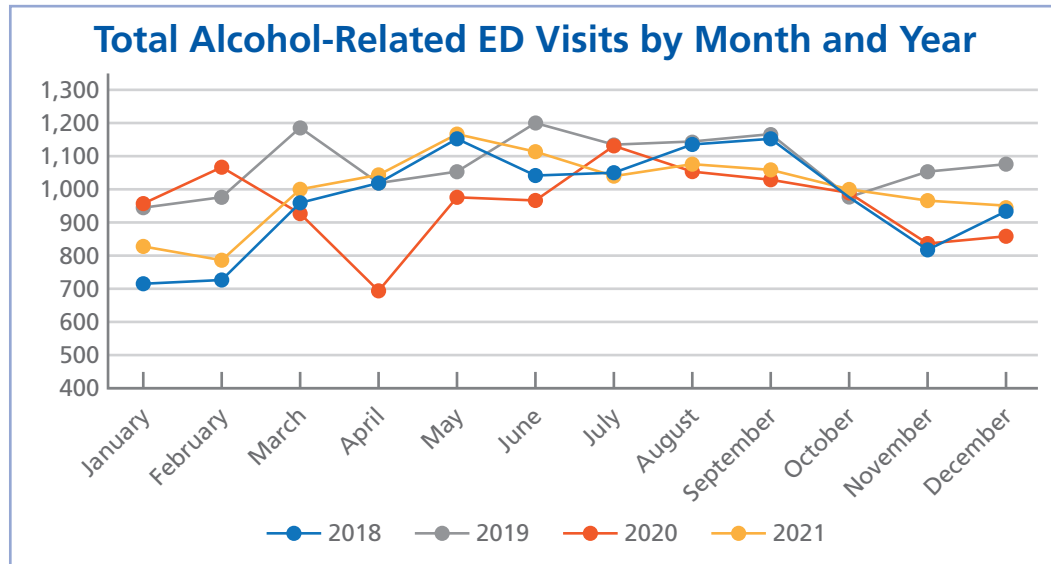
Emergency departments (ED) address a wide range of mental and physical health conditions, including health effects related to excessive alcohol use. These alcohol-related health effects can include acute problems, such as car crashes, injuries, alcohol poisoning, elevated blood alcohol levels, and intoxication as well as chronic alcohol-related conditions, including alcohol-attributable cirrhosis or certain cancers.¹

The present data brief highlights non-fatal ED visits related to acute alcohol consumption among Rhode Islanders using 2018-2021 National Syndromic Surveillance Program data.² These include ED data reported from Our Lady of Fatima Hospital, Kent Hospital, Landmark Medical Center, Newport Hospital, Rhode Island Hospital, Roger Williams Medical Center, South County Hospital, The Miriam Hospital, Westerly Hospital, and Women & Infants Hospital.



Alcohol-Related Emergency Department Visits in Rhode Island, 2018-2021

Overall, alcohol-related ED visits in Rhode Island occur more often during the months of March through September compared to winter months.



Most patients seeking care in an ED for alcohol-related conditions were treated at Rhode Island Hospital, followed by Kent Hospital, and Roger Williams Medical Center. The hospitals seeing the greatest proportion of patients per 10,000 total ED visits for alcohol-related care were Roger Williams Medical Center, then Kent Hospital, and Our Lady of Fatima.

Hospital	2018		2019		2020		2021	
	Count	Rate Per 10,000 Visits	Count	Rate Per 10,000 Visits	Count	Rate Per 10,000 Visits	Count	Rate Per 10,000 Visits
Our Lady of Fatima	917	299.74	844	280.05	681	301.07	914	370.57
Kent	1741	332.36	2331	349.99	1926	394.13	2292	425.83
Landmark Medical Center	-	-	-	-	527	305.76	870	265.42
Newport	855	258.32	783	242.61	703	284.93	794	279.82
Roger Williams Medical Center	1445	440.07	1566	441.95	1546	534.08	1429	511.78
South County	685	131.30	760	141.78	729	155.77	725	140.72
The Miriam	1292	157.71	1438	172.16	1302	196.47	1337	180.53
Westerly	-	-	396	198.15	291	167.90	305	151.04
Women & Infants	11	5.49	13	5.01	-	0.89	13	5.09
Rhode Island Overall	4745	283.83	4796	287.26	3798	308.63	3361	237.56

Note: Years with 10 or fewer values are suppressed.



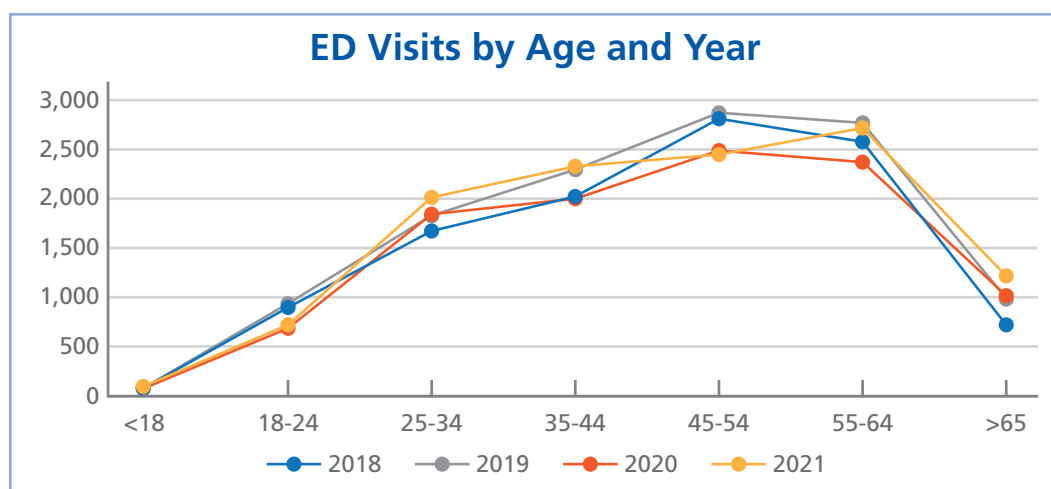
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Characteristics of Rhode Islanders Seeking Alcohol-Related Care in an ED

- Most Rhode Islanders accessing EDs for alcohol-related care identified as white non-Hispanic (69.1%), followed by Hispanic/Latinx (17.8%), Black non-Hispanic (8.3%), and other non-Hispanic (4.8%). This is comparable to the demographic breakdown of Rhode Island, except White non-Hispanic people are slightly overrepresented among people seeking alcohol-related care in an ED, and people representing other racial/ethnic backgrounds are slightly underrepresented.
- Most alcohol-related ED visits were from people who identified as male (71.6%). However, in 2020, the percentage of male patients who visited the ED for alcohol-related care was higher than the average with 73.1% of the patients identifying as male.
- Most alcohol-related ED patients were age 45 to 64 (43.9%)

	2018	2019	2020	2021
Race/Ethnicity				
White, non-Hispanic	7683 (66.6%)	9084 (70.4%)	8032 (69.9%)	8329 (69.3%)
Black/African American, non-Hispanic	1242 (10.8%)	1037 (8.0%)	852 (7.4%)	838 (7.0%)
Hispanic/Latino	2002 (17.4%)	2196 (17.0%)	2059 (17.9%)	2283 (19.0%)
Other, non-Hispanic	608 (5.3%)	588 (4.6%)	546 (4.8%)	568 (4.7%)
Sex				
Female	3416 (29.2%)	3733 (28.9%)	3096 (26.9%)	3400 (28.3%)
Male	8275 (70.8%)	9187 (71.1%)	8403 (73.1%)	8630 (71.7%)
Age				
17 and Younger	48 (0.4%)	89 (0.7%)	74 (0.6%)	85 (0.7%)
18 to 24	867 (7.4%)	943 (7.3%)	667 (5.8%)	709 (5.9%)
25 to 34	1684 (14.4%)	1839 (14.2%)	1862 (16.2%)	2040 (16.9%)
35 to 44	2020 (17.3%)	2330 (18.0%)	2014 (17.5%)	2335 (19.4%)
45 to 54	2845 (24.3%)	2859 (22.1%)	2491 (21.7%)	2470 (20.5%)
55 to 64	2594 (22.2%)	2752 (21.3%)	2403 (20.9%)	2740 (22.8%)
65 and Older	729 (6.2%)	973 (7.5%)	1032 (9.0%)	1237 (22.8%)
Age not available	904 (7.1%)	1142 (8.8%)	962 (8.4%)	424 (3.5%)

ED Visits by Age and Year





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The crude and age adjusted (using the 2000 US Standard Population) rates of alcohol-related ED visits for Rhode Island differed by year, with the lowest rate of alcohol-related visits being in 2020. The crude rate is influenced by the underlying age distribution of Rhode Island and helps provide context for ED visits in this state but is not comparable to other states. The age-adjusted rate allows for comparison between communities because it considers how communities can be different from one another with the age of people who live there (e.g., some communities have more young college students while others have more retirees).

Year	Crude Rate	Age Adjusted Rate
2018	101.9 per 10,000	97.9 per 10,000
2019	111.4 per 10,000	107.3 per 10,000
2020	99.7 per 10,000	95.6 per 10,000
2021	109.8 per 10,000	105.2 per 10,000

In Rhode Island, there are approximately 12,000 ED visits each year for acute alcohol-related causes and are most frequently among adults age 45-65. These visits represent a preventable burden on the healthcare system in Rhode Island. Overall, this brief is an assessment of acute alcohol-related ED visits, which doesn't capture the full burden of alcohol-related ED visits such as from liver disease and alcohol-related cancer. Preventing excessive alcohol use is a public health priority, to reduce alcohol-related harms, fatalities, and other costs.³

What can you do?

- 1 Choose to not drink excessively and encourage others to do the same
- 2 Check your drinking using an online tool like the Centers for Disease Control and Prevention's (CDC) [Drink Less, Be Your Best tool](#)
- 3 Choose not to drink or drink in moderation by limiting daily intake to two drinks or less for men or one drink or less for women
- 4 Call **401-414-LINK (5465)** to talk to a licensed counselor 24/7 to get information on treatment options for your individual needs



References

- ¹ White AM, Slater ME, Ng G, Hingson R, Breslow R. Trends in Alcohol-Related Emergency Department Visits in the United States: Results from the Nationwide Emergency Department Sample, 2006 to 2014. *Alcohol Clin Exp Res.* 2018;42(2):352-359. doi:10.1111/acer.13559
- ² Centers for Disease Control and Prevention. National Syndromic Surveillance Program (NSSP). Published 2021. Accessed July 26, 2022. https://essence.syndromicsurveillance.org/nssp_essence/servlet/HomePageServlet
- ³ Centers for Disease Control and Prevention. Preventing Excessive Alcohol Use | CDC. Published August 5, 2022. Accessed August 26, 2022. <https://www.cdc.gov/alcohol/fact-sheets/prevention.htm>



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