

# PostScript

## LETTER

### Substance use among those attending an accident and emergency department

We read with interest the letter from Patton *et al* on "Substance use among patients attending an accident and emergency department".<sup>1</sup> We have cross-sectional survey data from 2488 patients who attended one of eight accident and emergency departments in Wales. Individuals aged 18–40 years were sent a questionnaire after attending, following an injury at work, a road traffic accident, sports or home injury, or for a non-trauma reason, in the previous 6 months.

Levels of heavy alcohol and illicit drug use were similar to those reported by Patton *et al*: 33% reported drinking more than the sensible weekly limit (14 and 21 units per week for women and men, respectively); 23% reported drug use in the previous year, and 14% in the previous month. There were also univariate associations between reporting three or more injuries requiring medical attention in the previous year and both recent drug and heavy alcohol use (previous month drug use: odds ratio (OR) 1.78, 95% confidence interval (CI) 1.21 to 2.62; previous year drug use: OR 1.64, 95% CI 1.16 to 2.30; alcohol: OR 1.53, 95% CI 1.11 to 2.10). Injuries have multiple aetiologies, and further analyses of this<sup>2</sup> and a community based dataset,<sup>3</sup> controlling for other potential

confounding influences, suggest independent associations between drug use and non-work related injuries, particularly among those with higher levels of other injury risk factors.

We therefore concur with Patton *et al*'s recommendation of a brief screening of accident and emergency department attendees.<sup>1</sup> However, since our data also suggest associations between drug use and minor injuries,<sup>2,3</sup> screening those attending the general practitioner and/or practice nurse following a more minor injury might also be appropriate.

**Emma Wadsworth, Andy Smith**

Centre for Occupational & Health Psychology, Cardiff University, Cardiff, UK

Correspondence to: Dr Emma Wadsworth, Centre for Occupational & Health Psychology, Cardiff University, 63 Park Place, Cardiff CF10 3AS, UK; wadsworth@cardiff.ac.uk

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Competing interests: None declared.

## References

- 1 Patton R, Smythe W, Kelsall H, *et al*. Substance use among patients attending an accident and emergency department. *Emerg Med J* 2007;24:146.
- 2 Smith AP, Wadsworth EJK, Moss SC, *et al*. *The scale and impact of drug use by workers*. London: HSE Books, Health and Safety Executive Research Report 192, 2004.
- 3 Wadsworth EJK, Moss SC, Simpson SA, *et al*. A community based investigation of the association between cannabis use, injuries and accidents. *J Psychopharm* 2006;20:1, 5–13.

## CORRECTIONS

Walter D. Primary Survey. *Emerg Med J* 2007;24:453.

In the July issue, the Primary Survey item headed "Gadgets and Toys" refers to the article on page 509 (not 504).

doi: 10.1136/emj.2007.048082corr1

Dibble CP, McHague C. Rapid sequence intubations by emergency doctors: we can but are we? *Emerg Med J* 2007;24:480–1.

The journal apologises for an error that has occurred within this paper. The email of the corresponding author should be dibble1@mac.com.

doi: 10.1136/emj.2007.047878corr1

May G, Bartram T. The use of intrapleural anaesthetic to reduce the pain of chest drain insertion. *Emerg Med J* 2007;24:300–1.

This Best Evidence Topic Report contained some typographical errors. The dose of local anaesthetic in table 4 (Patient Group column) should be 0.5% bupivacaine with adrenaline (not 0.5% adrenaline). In the Comment(s) section of the text, the suggested repeat doses of local anaesthetic should be given at 8, not 4, hourly intervals.