

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	The Association of Alcohol Drinking Patterns and Self-Inflicted Intentional Injury in Korea: A Cross-Sectional WHO Collaborative Emergency Room Study
<b>AUTHORS</b>	Reid, Easton; Chun, Sungsoo; Yun, Mieun

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Hasking, Penelope Monash University
<b>REVIEW RETURNED</b>	04-Feb-2013

<b>THE STUDY</b>	Patients entering emergency departments on a weekend may be a more representative sample.
<b>RESULTS &amp; CONCLUSIONS</b>	The authors could strengthen their review of the previous literature and better situate this study within it. A stronger rationale and clearer aim would strengthen the paper
<b>GENERAL COMMENTS</b>	<p>This paper reports the results of a study examining the relationship between alcohol use and injury among patients admitted to Korean emergency departments. The association between the behaviours was strongest among the moderate drinking group, but a relationship was also noted for binge drinking and heavy drinking.</p> <p>The paper is concise, but this perhaps detracts from the key argument in some cases. For instance, the introduction could provide additional detail on other studies which have explored the association between drinking and injury, as well as provide a strong rationale for the current study. Some of this is presented in the discussion but would be better placed in the introduction.</p> <p>It is also not clear why data collection occurred only on weekdays. Again, the risk of alcohol-related incidents would arguably increase on weekends. Data collected on weekends might give a more accurate portrayal of typical alcohol-related injuries. If the aim is to determine what this relationship is in Korean emergency rooms then data spanning all days would be informative. There are extremely small cell sizes in some of the analyses and these additional data may remedy that.</p> <p>Overall the paper is largely descriptive in nature. The first line of the discussion indicates that alcohol was responsible for injuries, but this is not supported by the data. The fact that someone had consumed alcohol prior to an injury does not necessarily mean that alcohol was a factor in the injury, although admittedly the odds of injury are increased. The authors could tone down the discussion of the findings to ensure they do not provide conclusions that go beyond the data. Still, it is not clear what the implications of the findings are – the authors could speculate on what their findings mean regarding</p>

	<p>the relationship between drinking and injury, and what they might mean in terms of emergency department practice.</p> <p>The paper has the potential to make a contribution to the literature if the authors can provide a more comprehensive review of the literature, better situate their work in this broader context, provide a clearer rationale for the study and highlight the implications and/or contribution that this paper makes to the field.</p>
--	--

<b>REVIEWER</b>	<p>Gabriel Andreuccetti Ph.D. Candidate at the Department of Preventive Medicine University of Sao Paulo Medical School Brazil</p> <p>Competing interests: the reviewer has also worked using data from the WHO Collaborative Emergency Room Study.</p>
<b>REVIEW RETURNED</b>	08-Feb-2013

<b>THE STUDY</b>	The methods section has to be improved regarding the description of the refusal rate and some key variables.
<b>RESULTS &amp; CONCLUSIONS</b>	The results and discussion sections need improvement.
<b>GENERAL COMMENTS</b>	<p>This is a well-written paper that discusses a highly important public health issue in Korea: the association between alcohol consumption and self-inflicted intentional injuries. The findings from this paper may help prevent the increasing health burden of this kind of injury in Korea by enhancing the knowledge on how alcohol use can influence the occurrence of injuries. However, some important questions should be addressed in order to improve the clarity of the methods applied and the discussion of the results presented.</p> <p>Comments to the Author:</p> <p>1) Introduction:</p> <ul style="list-style-type: none"> <li>- Page 4, 2nd paragraph: It is not clear what the authors mean by OECD (I believe it is "OECD countries"). If they are trying to state a causal connection between the increase in high-risk drinking and the escalation in suicidal intentional injuries in Korea, this should be better explained and referenced. In addition, the authors state that the association between self-inflicted injury and alcohol use is inconsistent, but there is a vast literature on this issue, and they should give more substantial data on how this association differs from the one observed between alcohol use and unintentional injuries.</li> </ul> <p>2) Methods:</p> <ul style="list-style-type: none"> <li>- The description of the sample has to be improved. Did it happen any refusals during the fieldwork? If yes, how many and what were the main reasons?</li> <li>- The authors did not describe the criteria for the classification of the drinking patterns. This is only mentioned when presenting the results.</li> </ul> <p>3) Results:</p>

	<p>- Overall, there is a great misunderstanding when reading the results and checking the information presented in the tables. The allocation of Table 1 and Table 3 in the text is not preceded by the description of the same information contained on these tables. In addition, I think Table 4 and Table 5 could be modified to become just one table.</p> <p>4) Discussion:</p> <ul style="list-style-type: none"> <li>- The first statement of the discussion section (page 10, 1st paragraph) is very problematic, since this study used a cross-sectional design; thus stating that alcohol use was “responsible” for the self-inflicted injuries studied is not the best way to interpret the data derived from this research;</li> <li>- The authors did not discuss the differences observed among the different methods (self-report, breath test and clinical diagnosis) used to evaluate alcohol use prior to injury. This is an important issue, especially when comparing the findings from the present study with others that might have used diverse methods to make inferences regarding alcohol use by ER patients;</li> <li>- ER patients tend to be different from the general population in many aspects, and this is a limitation that should be considered by the authors. I also was wondering how the patients from this study might differ regarding alcohol use from fatal victims of self-inflicted injuries, if any data is available for this kind of comparison.</li> </ul>
--	---

### VERSION 1 – AUTHOR RESPONSE

Reviewer: Penelope Hasking  
Monash University

Patients entering emergency departments on a weekend may be a more representative sample.

The authors could strengthen their review of the previous literature and better situate this study within it. A stronger rationale and clearer aim would strengthen the paper

This paper reports the results of a study examining the relationship between alcohol use and injury among patients admitted to Korean emergency departments. The association between the behaviours was strongest among the moderate drinking group, but a relationship was also noted for binge drinking and heavy drinking.

The paper is concise, but this perhaps detracts from the key argument in some cases. For instance, (i) the introduction could provide additional detail on other studies which have explored the association between drinking and injury, as well as (ii) provide a strong rationale for the current study. Some of this is presented in the discussion but would be better placed in the introduction.

It is also not clear why data collection occurred only on weekdays. Again, the risk of alcohol-related incidents would arguably increase on weekends. (iii) Data collected on weekends might give a more accurate portrayal of typical alcohol-related injuries. If the aim is to determine what this relationship is in Korean emergency rooms then data spanning all days would be informative. (iv) There are extremely small cell sizes in some of the analyses and these additional data may remedy that.

Overall the paper is largely descriptive in nature. (v) The first line of the discussion indicates that alcohol was responsible for injuries, but this is not supported by the data. The fact that someone had consumed alcohol prior to an injury does not necessarily mean that alcohol was a factor in the injury, although admittedly the odds of injury are increased. (vi) The authors could tone down the discussion of the findings to ensure they do not provide conclusions that go beyond the data. Still, it is not clear what the implications of the findings are – (vii) the authors could speculate on what their findings mean regarding the relationship between drinking and injury, and what they might mean in terms of emergency department practice.

The paper has the potential to make a contribution to the literature if the authors can provide a more comprehensive review of the literature, better situate their work in this broader context, provide a clearer rationale for the study and highlight the implications and/or contribution that this paper makes to the field.

- (i) **The introduction could provide additional detail on other studies which have explored the association between drinking and injury**

**Additional details about drinking and injury have been added to the introductory text (Pages 5-6).**

- (ii) **provide a strong rationale for the current study.**

**More information has been added to strengthen the study rationale (Page 6).**

- (iii) **Data collected on weekends might give a more accurate portrayal of typical alcohol-related injuries. If the aim is to determine what this relationship is in Korean emergency rooms then data spanning all days would be informative.**

**Data was collected on the weekend in addition to weekdays. This has been clarified in the methods section (page 7, 1<sup>st</sup> Paragraph).**

- (iv) **There are extremely small cell sizes in some of the analyses and these additional data may remedy that.**

**Given there was no additional data to increase cell sizes with extremely small samples, additional analysis was conducted the Fisher's exact tests (not shown) and included in the statistical analysis commentary in the methods section (Page 9, last paragraph).**

- (v) **The first line of the discussion indicates that alcohol was responsible for injuries, but this is not supported by the data. The fact that someone had consumed alcohol prior to an injury does not necessarily mean that alcohol was a factor in the injury, although admittedly the odds of injury are increased.**

**This statement was corrected in the discussion (Page 11, paragraph 3).**

- (vi) **The authors could tone down the discussion of the findings to ensure they do not provide conclusions that go beyond the data. Still, it is not clear what the implications of the findings are**

**The authors updated the discussion conclusions and the implications of the findings (Pages 11-14).**

- (vii) The authors could speculate on what their findings mean regarding the relationship between drinking and injury, and what they might mean in terms of emergency department practice.

The authors included thoughts on the implications of the study findings in emergency department practice (page 12, last paragraph; page 13 first paragraph).

“The characterization of the increased burden of alcohol-related intentional injury in this study shows that Korean EDs must be further integrated into national surveillance systems to reduce intentional and unintentional alcohol injuries [32]. Patients with a positive BAC presenting to EDs have a range of pathologies that provide prime opportunities for brief interventions to reduce recidivism [33]. Recently, a computerized alcohol-Screening, Brief Intervention, and Referral to Treatment (SBIRT) program has been piloted in busy, urban EDs and proven both effective and efficient in educating patients about their injury risks. Such interventions are especially needed given the high prevalence and under-treatment of alcohol misuse among ED patients [34]. Together, an integrated national surveillance system and SBIRT program intervention would be fitting, given that trends of Korean alcohol consumption and alcohol-related injuries are increasing for all age categories, including juveniles [35]. The highly technological environment of Korea would be fertile for employing these interventions in future studies to assess and reduce alcohol-associated injuries.”

32. Quigg Z, Hughes K, Bellis MA. Data sharing for prevention: a case study in the development of a comprehensive emergency department injury surveillance system and its use in preventing violence and alcohol-related harms. *Inj Prev* 2012. 18;5:315-320.

33. Touquet R, Csipke E, Holloway P, et al., Resuscitation room blood alcohol concentrations: one-year cohort study. *Emerg Med J*. 2008; 25(11):752-6.

34. Murphy MK, Bijur PE, Rosenbloom D, et al., Feasibility of a computer-assisted alcohol SBIRT program in an urban emergency department: patient and research staff perspectives. *Addict Sci Clin Pract*. 2013: 8(1):2

35. Kim WJ, Park KH, Kang YJ, et al. Visitor Injuries on Jeju Island, Korea. *J Travel Med*. 2011: 18(2): 90-95.

Reviewer: Gabriel Andreuccetti  
Ph.D. Candidate at the Department of Preventive Medicine  
University of Sao Paulo Medical School  
Brazil

Competing interests: the reviewer has also worked using data from the WHO Collaborative Emergency Room Study.

The methods section has to be improved regarding the description of the refusal rate and some key variables.

The results and discussion sections need improvement.

This is a well-written paper that discusses a highly important public health issue in Korea: the association between alcohol consumption and self-inflicted intentional injuries. The findings from this paper may help prevent the increasing health burden of this kind of injury in Korea by enhancing the knowledge on how alcohol use can influence the occurrence of injuries. However, some important questions should be addressed in order to improve the clarity of the methods applied and the discussion of the results presented.

Comments to the Author:

1) Introduction:

(i)- Page 4, 2nd paragraph: It is not clear what the authors mean by OECD (I believe it is “OECD countries”). (ii) If they are trying to state a causal connection between the increase in high-risk drinking and the escalation in suicidal intentional injuries in Korea, this should be better explained and referenced. (iii) In addition, the authors state that the association between self-inflicted injury and alcohol use is inconsistent, but there is a vast literature on this issue, and they should give more substantial data on how this association differs from the one observed between alcohol use and unintentional injuries.

2) Methods:

- The description of the sample has to be improved. (iv) Did it happen any refusals during the fieldwork? If yes, how many and what were the main reasons?

- (v) The authors did not describe the criteria for the classification of the drinking patterns. This is only mentioned when presenting the results.

3) Results:

(vi) - Overall, there is a great misunderstanding when reading the results and checking the information presented in the tables. The allocation of Table 1 and Table 3 in the text is not preceded by the description of the same information contained on these tables. In addition, I think Table 4 and Table 5 could be modified to become just one table.

4) Discussion:

(vii)- The first statement of the discussion section (page 10, 1st paragraph) is very problematic, since this study used a cross-sectional design; thus stating that alcohol use was “responsible” for the self-inflicted injuries studied is not the best way to interpret the data derived from this research;

(viii)- The authors did not discuss the differences observed among the different methods (self-report, breath test and clinical diagnosis) used to evaluate alcohol use prior to injury. This is an important issue, especially when comparing the findings from the present study with others that might have used diverse methods to make inferences regarding alcohol use by ER patients;

(ix) - ER patients tend to be different from the general population in many aspects, and this is a limitation that should be considered by the authors. (x) I also was wondering how the patients from this study might differ regarding alcohol use from fatal victims of self-inflicted injuries, if any data is available for this kind of comparison.

(i)- Page 4, 2nd paragraph: It is not clear what the authors mean by OECD (I believe it is "OECD countries")

"OECD countries" have been added to the text (page 5, paragraph 2).

(ii) If they are trying to state a causal connection between the increase in high-risk drinking and the escalation in suicidal intentional injuries in Korea, this should be better explained and referenced.

The causal connection between high-risk drinking and Korean suicides have been explained and referenced in the introduction (page 5, paragraph 2).

"High-risk drinking has been shown to have higher hazard ratios of suicide mortality in a prospective Korean cohort of over 1 million men and women [13]."

13. Jee SH, Kivimaki M, Kang HC, Park IS, Samet JM, Batty GD. Cardiovascular disease risk factors in relation to suicide mortality in Asia: prospective cohort study of over one million Korean men and women. *Eur Heart J*. 2011;32(22):2773-80.

(iii) In addition, the authors state that the association between self-inflicted injury and alcohol use is inconsistent, but there is a vast literature on this issue, and they should give more substantial data on how this association differs from the one observed between alcohol use and unintentional injuries.

This has been addressed in the introduction (page 5, last paragraph).

- Average alcohol volume consumption and antecedent drinking have been clearly linked to suicidal self-inflicted injury [14]. By contrast, the leading etiology for non-suicidal self-injury (NSSI) involves interpersonal conflict and poor social support [15]. Persons experiencing NSSI are more likely than noninjurers to have alcohol use disorders, however, less than five percent of non-suicidal injurers have self-injury thoughts. Thus, NSSI thoughts and subsequent behavior are infrequently associated with alcohol [16, 17].

14. Rehm J. The Risks Associated With Alcohol Use and Alcoholism. *Alcohol Res Health*. 2011; 34(2): 135–143.

15. Muehlenkamp J, Brausch A, Quigley K, Whitlock J. Interpersonal Features and Functions of Nonsuicidal Self-injury. *Suicide Life Threat Behav*. 2013; 43(1):67-80.

16. Klonsky Ed. Non-suicidal self-injury in United States adults: prevalence, sociodemographics, topography and functions. *Psychol Med*. 2011; 41(9):1981-6.

17. Nock MK. Self-Injury. *Ann Rev Clin Psychol* 2010;6: 339-63.

- As with intentional injury, unintentional injury risk increases in a dose-response manner with blood alcohol concentration (BAC). Even at low BAC, unintentional injury risk increases significantly compared to persons with no measureable BAC [11, 18, 19]. An increase in BAC from 0.00% to 0.01% has been associated with serious injury [20].

11. Akechi T, Iwasaki M, Uchitomi Y, et al. Alcohol consumption and suicide among middle-aged men in Japan. *Br J Psychiatry*. 2006;188:231-236.
18. Taylor B, Irving HM, Kanteres F, et al. The more you drink, the harder you fall: A systematic review and meta-analysis of how acute alcohol consumption and injury or collision risk increase together. *Drug and Alcohol Dependence*. 2010; 110(1–2):108–116.
19. Sorock GS, Chen LH, Gonzalzo SR, Baker SP. Alcohol-drinking history and fatal injury in older adults. *Alcohol* 2006;40:193–199.
20. Phillips DP, Brewer KM. The relationship between serious injury and blood alcohol concentration (BAC) in fatal motor vehicle accidents: BAC=0.01% is associated with significantly more dangerous accidents than BAC=0.00%. *Addiction* 2011;106(9):1614-22.

(iv) Did it happen any refusals during the fieldwork? If yes, how many and what were the main reasons?

- The response rate is described in the Methods Section (page 7, paragraph 3).

In all, 3004 patients were approached to participate in the study but information was collected from 1,989 consenting patients who were 18 and older, representing a 66.2% response rate.

- The reasons for patient refusal have been included in the limitations of the discussion (page 13, paragraph 2)

“In addition, patient underreporting and/or refusal may have influenced records given implications for insurance costs and other liabilities.”

(v) The authors did not describe the criteria for the classification of the drinking patterns. This is only mentioned when presenting the results.

The classification criteria of the study has been added to the Methods Section (Page 9, paragraph 3).

“For the purposes of this study, moderate, binge, and heavy drinking was evaluated during the past 12 months as drinking two, five, and 10 or more standard glasses per occasion, respectively.”

(vi) - Overall, there is a great misunderstanding when reading the results and checking the information presented in the tables. The allocation of Table 1 and Table 3 in the text is not preceded by the description of the same information contained on these tables. In addition, I think Table 4 and Table 5 could be modified to become just one table.

- The table commentaries have been corrected in the Results Section (Pages 10 and 11).
- Tables 4 and 5 have been merged into one table (page 18).

(viii)- The authors did not discuss the differences observed among the different methods (self-report, breath test and clinical diagnosis) used to evaluate alcohol use prior to injury. This is an important issue, especially when comparing the findings from the present study with others that might have used diverse methods to make inferences regarding alcohol use by ER patients;

This has been addressed in the Results Section commentary for table 2 (Page 10 last paragraph, Page 11, first paragraph).

“The proportion of alcohol consumption in presenting patients six hours prior to self-inflicted intentional injury (63.6%) or intentional injury by someone else (68.6%) was greater than unintentional injury (19.8%). Differing from unintentional injury, a majority of self-inflicted intentional injuries (63.6%) and injuries by others (68.6%) were associated with alcohol consumption six hours prior to injury. Similar trends in the proportions for alcohol intoxication were found with self-report surveys, breathalyzer levels and clinical Y91/ICD 10 diagnoses.”

(ix) - ER patients tend to be different from the general population in many aspects, and this is a limitation that should be considered by the authors.

This has been discussed in the limitation section (Page 13, last paragraph).

“Patients presenting to EDs tend to overrepresent alcohol use disorders compared to the general population, however, overrepresentation enabled identification of alcohol-associated self-inflicted intentional injuries in underrepresented female Koreans [36, 37].”

36. Cherpitel CJ. Alcohol use among HMO patients in the emergency room, primary care and the general population. *Journal of Studies on Alcohol* 56: 272-276.

37. Cherpitel CJ. Emergency room and primary care services utilization and associated alcohol and drug use in the United States general population. *Alcohol & Alcoholism* 34(4): 581-589.

(x) I also was wondering how the patients from this study might differ regarding alcohol use from fatal victims of self-inflicted injuries, if any data is available for this kind of comparison.

This data is unavailable for comparison

## VERSION 2 – REVIEW

<b>REVIEWER</b>	Penelope Hasking Monash University Australia
<b>REVIEW RETURNED</b>	14-Mar-2013

<b>GENERAL COMMENTS</b>	<p>The authors have generally responded well to the review comments. I have a couple of additional points:</p> <p>The characterisation of NSSI is somewhat inaccurate. It is widely acknowledged that the primary function of NSSI is affect regulation. While interpersonal conflict and poor social support are related to NSSI, they are not the prime aetiological factors.</p> <p>The authors also comment that fewer than 5% of people who self-injure have self-injury thoughts, and that alcohol use is infrequently associated with NSSI thoughts or behaviour. First, I would question whether someone can engage in a conscious behaviour without having thought about it. The study cited to support this statement actually says that NSSI occurs infrequently with suicidal thoughts. Second, while the research is inconsistent there is a growing body of research to suggest that alcohol use and NSSI do co-occur. Less work has been done relating alcohol use to thoughts of NSSI.</p>
-------------------------	--

<b>REVIEWER</b>	Gabriel Andreuccetti Ph.D. Candidate at the Department of Preventive Medicine University of Sao Paulo Medical School Brazil Competing interests: the reviewer has also worked using data from the WHO Collaborative Emergency Room Study.
<b>REVIEW RETURNED</b>	24-Mar-2013

<b>GENERAL COMMENTS</b>	The authors have applied most of the corrections/suggestions recommended by the reviewers.
-------------------------	--

## VERSION 2 – AUTHOR RESPONSE

Reviewer: Penelope Hasking  
Monash University  
Australia

The authors have generally responded well to the review comments. I have a couple of additional points:

(1) The characterisation of NSSI is somewhat inaccurate. It is widely acknowledged that the primary function of NSSI is affect regulation. While interpersonal conflict and poor social support are related to NSSI, they are not the prime aetiological factors.

Thank you for your comments. Here are my responses to your thoughtful critique. The authors have found that the NSSI literature to acknowledges a leading role for affect regulation but also for poor social support and interpersonal conflict. Supported by the references below, the inclusive statement in the introduction has been re-worded as the following:

“In contrast, nonsuicidal self-injury (NSSI) thoughts and subsequent behavior are infrequently associated with alcohol [15, 16]. Leading etiological factors include regulation of negative affective states, poor social support and interpersonal conflict [16-18].”

Please note the three quotations from references supporting the re-written statement above:

**i) From Summary Point 4; p 15.19-** Nock MK. Self-Injury. *Ann Rev Clin Psychol* 2010;6: 339-63.

*“Self-injury appears to serve two primary functions: (a) an affective/cognitive regulation function in which self-injury leads to an immediate decrease in an aversive internal state or increase in a desired state, and (b) a social regulation function in which self-injury leads to a desired increase in social support or removal of some undesired social situation. Self-report, physiological, and behavioral data support such a model.”*

**ii) From Discussion; p 75, 1<sup>st</sup> column, 2<sup>nd</sup> paragraph-** Muehlenkamp J, Brausch A, Quigley K, Whitlock J. Interpersonal Features and Functions of Nonsuicidal Self-injury. *Suicide Life Threat Behav.* 2013; 43(1):67-80.

*“Results from the current study largely support the hypotheses that NSSI is associated with a variety of interpersonal motives/functions and is characterized by perceived deficits in social support from others in one’s environment.”*

**iii) From Introduction; p 718, 2<sup>nd</sup> column, 1<sup>st</sup> paragraph-** Wilcox HC, Arria AM, Caldeira KM, Vincent KB, Pichevsky GM, O’Grady KE. Longitudinal predictors of past-year non-suicidal self-injury and motives among college students. *Psychol. Med.* 2012; 42:717-726.

*“The most commonly reported motive for NSSI in community samples is related to regulating negative affect states (Laye-Gindhu & Schonert-Reichl, 2005; Klonsky, 2009). This temporary relief from distress may reinforce NSSI and make repetition likely. Other motives for NSSI are to stop disassociation and to draw parental/peer attention (Nock & Prinstein, 2004), or as a means of self-punishment or eliciting care (Peterson et al. 2008).”*

(2) The authors also comment that fewer than 5% of people who self-injure have self-injury thoughts, and that alcohol use is infrequently associated with NSSI thoughts or behaviour. First, I would

question whether someone can engage in a conscious behaviour without having thought about it. The study cited to support this statement actually says that NSSI occurs infrequently with suicidal thoughts.

This statement has been removed.

(3) Second, while the research is inconsistent there is a growing body of research to suggest that alcohol use and NSSI do co-occur. Less work has been done relating alcohol use to thoughts of NSSI.

Thank you for your observation. The authors have re-written their statement about the relationship between NSSI and alcohol as the following:

“In contrast, nonsuicidal self-injury (NSSI) thoughts and subsequent behavior are reported to be infrequently associated with alcohol [15, 16].”

Please note the three quotations from references supporting the re-written statement above:

**i) Discussion, p 5, 1<sup>st</sup> column, 3<sup>rd</sup> paragraph-** Klonsky Ed. Non-suicidal self-injury in United States adults: prevalence, sociodemographics, topography and functions. *Psychol Med.* 2011; 41(9):1981-6.

“In addition, similar to studies of adolescent samples (Nock et al. 2009), the present study found that NSSI in US adults infrequently occurs in the context of suicidal thoughts or use of alcohol or drugs.”

**ii) Review, p. 15.9, 1<sup>st</sup> paragraph-** Nock MK. Self-Injury. *Ann Rev Clin Psychol* 2010;6: 339-63.

“selfinjurious thoughts and behavior typically occur during periods of sobriety (Nock et al. 2009). Interestingly, when self-injurious thoughts occur, adolescents report simultaneously having thoughts of using drugs or alcohol and of engaging in bingeing and purging approximately 15%–35% of the time (Nock et al. 2009), suggesting that these behaviors may represent different forms of behavior that serve the same function.”

**iii) Others group alcohol with other substances in their evaluation of nonsuicidal self-injury.** Hence, more research is needed in this area to resolve this issue. The authors have not included this reference in the paper

Marcus SC, Bridge JA, Olfson M. (2012) Payment Source and Emergency Management of Deliberate Self-Harm. *Am J Public Health.* 102:1145-1153. doi:10.2105/AJPH