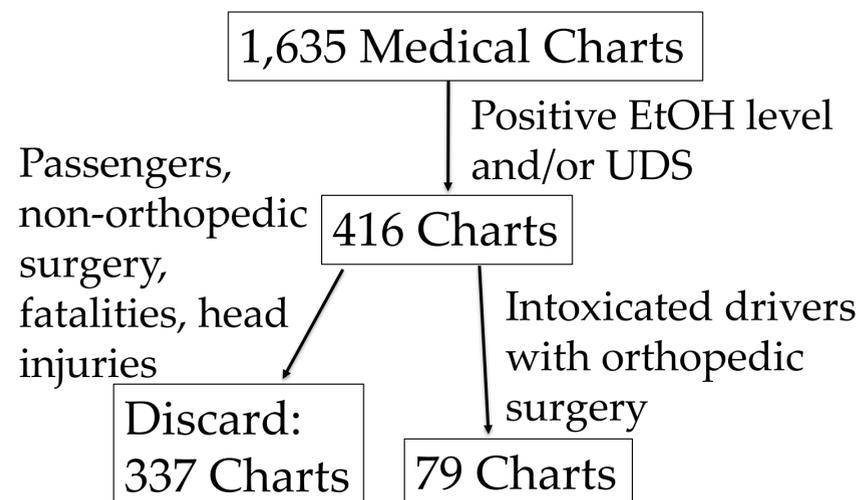


INTRODUCTION

- In the US, 9,967 deaths were attributed to DUI of EtOH (31% of all MVA fatalities) in 2014¹
- More than 5 times higher crash risk with positive alcohol level and UDS²
- Drivers of fatal crashes 7 times more likely to have prior DUI¹
- Lack of data investigating intervention programs in the trauma setting as a “teachable moment”
- This is a preliminary investigation looking current rates of intervention by the medical team at a Level-1 County Trauma Hospital.

METHODS

- Trauma patients from January 1, 2013 to December 31, 2016 at a Level-1 Urban Trauma Center.



RESULTS

- Demographics: age (37.5, +/- 13.5), M:F (65:14), ethnicity (AA 25.3%, CA 62.0%, HI (11.4%), Other (1.3%)

Data Results

Percent offered intervention:	42 (53.1%)
Percent accepting intervention:	24 (57.1%)
Who offered the intervention:	Social worker (16, 66.7%) Other physician (3, 12.5%) Referral to expert/program (5, 20.8%)
Reason for not receiving intervention:	No SW consult (9, 24.3%) Patient not alert on initial SW assessment (8, 21.6%) SW consulted and patient alert, but did not address (20, 54.1%)
Reason for denying intervention:	Denies using substance (6, 33.3%) Denies has substance abuse problem (9, 50.0%) Already in treatment program (1, 5.6%) Other (2, 11.1%)

- Only three patients received intervention from a physician and/or received follow-up by an orthopedic surgeon after 3 months
- No statistical difference according to gender, age, admitting, or discharge service.
- Trend that did not reach statistical significance of patients who switched services during admission less likely to accept intervention when offered, 42% vs 70% (p=0.069).

CONCLUSION

- Intervention is alarmingly low for patients with severe orthopedic injuries caused by driving under the influence of EtOH or illicit substances.
- When offered, responsibility falls to SW, with physicians startlingly reluctant to address with the patient.
- Further study to identify reasons for poor intervention rates and development of plan to improve physician involvement.

References

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2. Compton RP, Berning A. Traffic safety facts research note: Drug and alcohol crash risk. Washington, DC: NHTSA; 2015 [cited 2018 Mar 18]. Available from: http://www.nhtsa.gov/staticfiles/nti/pdf/812117-Drug_and_Alcohol_Crash_Risk.pdf