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15.3 Drink-driving cut by 30-minute motivational talk with hospital patients

Findings Findings for the first time of reduced drink-driving arrests reinforce the case for talking to injured patients about their drinking.

The study screened 1125 patients admitted to a US hospital following a traffic accident. 157 drivers or passengers either had blood alcohol levels at or above the UK legal limit, or their answers to the brief AUDIT screening test indicated problem drinking. 126 agreed to participate in the study. After assessment they were randomly allocated to standard care or to a 30-minute motivational interview, described as a patient-centred discussion which allowed participants to talk about how drinking affected their lives.

On admission, patients' AUDIT scores indicated on average medium to high drinking problems and drivers' blood alcohol levels were twice the UK limit. State records of drink-driving arrests were checked for up to three years after discharge. During this period, twice as many patients (22% v. 11%) who had received just standard care had been arrested. Taking into account other variables related to arrest (such as age), after the motivational interview patients were a third as likely to get arrested, a statistically significant difference.

In context The interviews were conducted by a trauma surgeon and a social worker at the hospital who had been extensively trained in the approach but were not specialist therapists. Given that all the patients had just suffered a serious injury after drink-driving and undergone a 45-minute assessment of their alcohol and driving history, and that about 4 in 10 had previously been arrested for drink-driving, the fact that the brief intervention made a further difference was remarkable. Though the number of avoided arrests was small, each occurs on average after several hundred undetected violations, meaning that several thousand risky driving episodes could have been prevented.

The study builds on work showing that heavy drinking patients screened on admission to inpatient wards and offered interventions during their stay or referral to treatment, subsequently record reductions in drinking, heavy drinking, alcohol-related problems, injuries, and readmissions compared to patients not offered an intervention. Impacts are greatest and most consistently noted from non-confrontational, motivational interviewing-style interventions. Injury outcomes have rarely been statistically significant (the small numbers of incidents requires very large samples), but their consistency suggests that drinking changes do translate into reduced injuries and readmissions.

LINKS
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Investing in alcohol treatment: brief interventions, issue 7 • *How brief can you get?* issue 2

The most relevant study was (like the featured study) conducted at a US trauma centre and tested a brief motivational interview against normal care or assessment only. Reductions in subsequent injuries, arrests and traffic violations were substantially greater in intervention patients. In the UK, a similar study of young men with facial injuries after drinking found substantial extra reductions in hazardous drinking, and after a brief intervention partly styled on motivational interviewing, men admitted to medical wards later showed reduced alcohol-related problems and readmissions.

Practice implications Though on their own none of the studies is convincing, their consistency is sufficient to justify screening and brief motivational interventions in hospital wards likely to contain a high proportion of patients with alcohol-related injuries or illnesses. The researchers argue that in a typical US trauma centre one half-time post would be sufficient, and that with adequate training the work could be done by trauma centre staff. The latter contention is also supported by the most relevant UK study. The 2004 English national alcohol strategy stressed the importance such work. In costing these programmes, hospital trusts should bear in mind the potential for substantial savings due to reduced readmission rates and shorter inpatient stays among counselled/treated patients.

Featured studies Schermer C.R. *et al*. "Trauma center brief interventions for alcohol disorders decrease subsequent driving under the influence arrests." *Journal of Trauma Injury, Infection, and Critical Care*: 2006, 60(1), p. 29–34 AC

Additional reading Dinh-Zarr T. *et al*. "Interventions for preventing injuries in problem drinkers." *The Cochrane Database of Systematic Reviews*: 2004, 3. Copies: www.thecochranelibrary.com.

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