

Title of Intervention: Trauma Center Interventions for Alcohol Disorders

Intervention Strategies: Supportive Relationships

Purpose of the Intervention: To decrease arrests for driving under the influence (DUI)

Population: People aged 16 to 80 years old involved in a motor vehicle crash

Setting: University of New Mexico Hospital; health care facility-based

Partners: University of New Mexico Hospital

Intervention Description:

- Supportive Relationships: Participants were randomly given either a brief intervention or standard care in relation to their drinking and driving history. The brief intervention consisted of a 30-minute discussion with a social worker or trauma surgeon. Sessions were held in the patient's room. Standard care consisted of giving the participants a list of telephone numbers for alcohol treatment organizations near their homes.

Theory: Motivational Interviewing

Resources Required:

- Staff/Volunteers: Not mentioned
- Training: Not mentioned
- Technology: Not mentioned
- Space: Not mentioned
- Budget: Not mentioned
- Intervention: Social workers, health care providers, alcohol and driving history forms, consent forms, list of alcohol treatment organizations telephone numbers
- Evaluation: Traffic safety database

Evaluation:

- Design: Prospective randomized clinical trial
- Methods and Measures: A traffic database was used to determine repeat DUI citations

Outcomes:

- Short Term Impact: Not measured
- Long Term Impact: A significant decrease in DUI arrests occurred during the three-year period among those participants who received the brief intervention.

Maintenance: Participants were tracked for DUI arrests through the state traffic safety database for three years after their discharge from the hospital.

Lessons Learned: Treatment for alcohol use when patients are admitted for injuries can impact the likelihood of DUI arrests.

Citation(s):

Schermer, C., Moyers TB, Miller WR, Bloomfield LA (2006). "Trauma center brief interventions for alcohol disorders decrease subsequent driving under the influence arrests." J Trauma 60(1): 29-34.