

## Wednesday 3rd October 1100–1230 Concurrent A: Alcohol, Drugs and Transport

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### PREVENTING RISKY DRIVING AND ALCOHOL MISUSE AMONG YOUNG ADULTS: A RANDOMISED CONTROLLED TRIAL IN THE EMERGENCY DEPARTMENT

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**Background** Emergency department (ED) visits provide an opportunity to reduce risky driving and alcohol misuse, thereby reducing the risk for future injury.

**Aims/Objectives/Purpose** To determine the efficacy of Screening, Brief Intervention, and Referral to Treatment (SBIRT) addressing risky driving and alcohol misuse.

**Methods** We implemented a randomised controlled trial of SBIRT with follow-up through 12 months. ED patients (N=20 027) ages 18–44 were screened for risky driving and alcohol misuse. Participants who screened positive for both behaviours (n=476) were randomised to brief intervention (BIG), contact-control (CCG), or no-contact-control (NCG) groups. BIG (n=150) received screening, a 20-min assessment, and two, 20-min interventions. CCG (n=162) received screening and a 20-min assessment and NCG (n=164) received screening and were interviewed at 12 months. Outcome measures included self-reported driving behaviours (safety belt use, speeding >20 mph above speed limit) and alcohol consumption ( $\geq 5$  standard drinks/day, maximum drinks/6-h period).

**Results/Outcomes** Three primary outcomes were significantly lower ( $p < 0.05$ ) in BIG compared to CCG through 6 or 9 months, but not at 12 months: Safety belt use at 3, 6, and 9 months (6% increase for BIG, but a 11% decrease for CCG); maximum number of drinks in a 6-h period at 3 and 6 months (20% decrease for BIG, but only 11% for CCG); and  $\geq 5$  standard drinks/day at 3 and 6 months (18% decrease for BIG, but only 10% for CCG).

**Significance/Contribution to the Field** SBIRT can reduce risky driving and alcohol misuse, but its effects did not persist after 9 months.