Falls showed a similar decline from 22.6% in 1888 to 15.9% in 2002 but have since increased. Male firearm injuries showed a similar decline initially from a high of 32.8% to 14.2% in 1999 but have since increased to 19.9% in 2008. The trends for women have been much less consistent although those with a BAC≥0.08 has increased in recent years for MVs but not for other injuries. Patients age 21–34 had highest alcohol involvement with largest trends over time.

Significance Complete testing of patients admitted to trauma centres is essential to inform and evaluate sound policies on alcohol. Our high testing rates have enabled us to uncover previously unrecognised trends in alcohol involvement in non-vehicular injuries.

03 HAVE DECLINES IN ALCOHOL INVOLVEMENT FOR TRAFFIC INJURIES ALSO OCCURRED WITH OTHER INJURIES AND WHAT DO WE REALLY KNOW REGARDING ALCOHOL AND INJURY HOSPITALISATIONS?

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Background Drunk-driving fatalities declined significantly over the past 25 years; however, many more victims survive their injuries, and it is largely unknown if similar declines in alcohol involvement have occurred among surviving trauma patients, especially for non-motor-vehicle (MV) injuries.

Objectives To evaluate trends in alcohol involvement for admissions to a trauma centre from 1988 and develop estimates of alcohol involvement in serious non-fatal trauma.

Methods A toxicology system spanning 25 years was analysed to determine alcohol involvement among injured patients admitted to the busiest US trauma centre. We evaluated trends in alcohol involvement for MV, falls and other injuries.

Results Alcohol testing rates exceeded 90% annually. The % of male MV cases with BAC≥0.08 declined from 34.7% in 1988 to 21.3% in 1997, plateaued till 2000 and has slowly risen to peak in 2007(26.3%).