

Op-Ed/Editorials - The road to responsible alcohol use: Physicians address drunk driving

February 9, 2005

Doctors and physicians are beginning to address the problem of drunk driving. In an attempt to raise awareness about this issue, Howie Forman, a student at Albert Einstein College of Medicine, started an organization called Doctors For Designated Driving (DFDD) (2005b). This organization intends to involve those in the medical field in the struggle against drunk driving. Forman's group has also called on businesses to encourage designated driving by recognizing restaurants such as "the Brown Jug" that offers free responsible drinking guides to all customers and "Tosca" that offers free non-alcoholic beverages to designated drivers. Through their actions, DFDD is working to "increase public safety through the promotion of designating driving" (DFDD, 2005a). Though this is an important campaign, doctors can address the misuse of alcohol that leads to drunk driving earlier in the process; their actions might help prevent drunk driving and other alcohol-related medical problems.

Doctors have a vested interest in preventing drunk driving. For example, emergency care specialists are especially burdened with the traumatic consequences of addictive-behavior generally, and drunk driving specifically. Between 1992 and 2000, 69 million alcohol-related emergency room visits were reported in the United States (McDonald, Wang, & Camargo, 2004); this translates into almost 30% of all emergency visits. Similarly, alcohol and drug use are leading contributors to trauma-related hospital visits (e.g., Gentilello, Donovan, Dunn, & Rivara, 1995). The evidence is overwhelming that drunk driving has been a tragic and costly public health problem for decades. We can only wonder what forces have kept physicians from taking the initiative to develop an organization for doctors like DFDD before now. It is equally interesting to wonder whether a medical student was able to avoid those forces, thus liberating the necessary creative energy to start DFDD.

One-third of those arrested for DUI are re-offenders (NHTSA, 2001). This suggests that alcohol misuse is a pattern of behavior that might go undetected

long before drunk drivers come in contact with the law, and sometimes continues despite this contact. If physicians can recognize signs of alcohol misuse, they can intervene before alcohol use results in drunk driving or other similarly destructive behaviors. For example, emergency care providers as well as primary care physicians need to effectively screen for multiple events and behaviors that often are related to excessive alcohol use (e.g., domestic violence, drinking/smoking habits, and nutrition). Primary care physicians have the potential to be a key resource in identifying and reducing alcohol abuse, because excessive drinkers are more likely to see a doctor than the average citizen. A short visit to the doctor can provide the perfect setting for a small word about how excessive alcohol use can be destructive to a patient and his/her family.

Doctors For Designated Driving is an excellent way of getting physicians involved in the prevention of drunk driving. However, there are other ways that doctors can be influential in this effort. They can participate in more training and be more proactive in how they screen for alcohol related problems. Drunk driving is often an expression of a more serious alcohol problem that can be addressed before someone goes out to the bars. Doctors are in an ideal position to address this problem if they would pay more attention to the cause of the many different ailments that are a result of alcohol misuse.

What do you think? Comments on this article can be addressed to Siri Odegaard and Michael Stanton.

References

DFDD. (2005a). About Us. Retrieved 2/4/05, 2005, from <http://www.dfdd.org/01aboutus.htm>

DFDD. (2005b). Doctors for Designated Driving website. Retrieved 2/4/05, 2005, from <http://www.dfdd.org>

Gentilello, L. M., Donovan, D. M., Dunn, C. W., & Rivara, R. P. (1995). Alcohol interventions in trauma centers: Current practice and future directions. *Journal of the American Medical Association*, 274(13), 1043-1048.

McDonald, A. J., Wang, N., & Camargo, C. A. (2004). US emergency department visits for alcohol-related diseases and injuries between 1992 and 2000. *Archives of Internal Medicine*, 164, 531-537.

National Highway Traffic Safety Administration. (2001). Repeat intoxicated driver laws. Retrieved September 16, 2003, from <http://www.nhtsa.dot.gov/nhtsa/whatsup/tea21/tea21programs/164FinalRule.html>