

The high cost of treating alcohol-impaired drivers

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The costs of drinking and driving are all too apparent, with alcohol involved in 41 percent of all motor vehicle crash fatalities in 2006. In addition to the mortality and morbidity associated with drinking and driving, the economic impact of alcohol impaired driving is considerable, estimated at \$51 billion, with medical costs accounting for 15 percent of that figure. Now a new study from the Injury Prevention Center at Rhode Island Hospital has found that even minimally injured alcohol-impaired drivers account for higher emergency department (ED) costs than other drivers.

Their study appears in the Volume 54, No. 4 October 2009 edition of [Annals of Emergency Medicine](#) and is currently available online in advance of publication. An editorial on the study also appears in the journal.

Treatment of injuries from motor vehicle crashes accounts for four percent of the 120 million ED visits in the United States each year. It is estimated that alcohol is involved in as many as one in eight of these crashes, bringing the total to 600,000 cases each year. Alcohol complicates the clinical assessment of patients within an ED as the patient's perception of pain may be blunted and a period of observation may be warranted until the patient is judged to be coherent enough for an accurate examination.

In the past, research into the cost of treating alcohol impaired drivers focused on the inpatient population. Researchers at the Injury Prevention Center at Rhode Island Hospital led by emergency medicine physician Michael Lee, MD, felt that this was an incomplete representation of the medical costs of drinking and driving as it is estimated that up to 80 percent of alcohol impaired drivers treated in EDs are discharged to home and are not admitted.

The researchers performed a retrospective study of 1,618 patients who had alcohol in their

system and were treated in an urban Level I trauma center and discharged home directly from the ED. The patients ranged in age from 21 to 65.

The study found that the median charges for patients under the influence of [alcohol](#) were higher by \$4,538. Lee notes, "A large percentage of that cost can be directly correlated to a higher frequency of and costlier diagnostic imaging studies. Imaging itself represents 69 percent of the charge differential." In addition, the median length of stay for alcohol-positive patients was higher by 3.3 hours when compared to alcohol-negative patients.

Lee says, "While an alcohol-impaired driver may be treated for only minor injuries and discharged to home, there is still a considerably higher cost to treat that patient in an ED. Further, the time spent on them with a longer length of stay results in delays for other patients who need care in an ED."

Lee concludes, "The magnitudes are striking for this minimally injured population. This represents a burden of alcohol-impaired driving that was underreported in the past."

Source: Lifespan ([news](#) : [web](#))

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