

Abstract

Introduction: Illicit drug use among young adults is a major national public health issue. Substance abuse is prevalent among young adults. Each day in the United States, 16 youth's ages 18 to 24 are murdered and 84% of fatalities involve a firearm. Homicide is the 2nd leading cause of death for young people. Health services are challenged to address this public health crisis by reducing future violence-related incidents, recidivism and retaliation. Nearly half of youth who die annually from trauma die from violence-related injuries. Thus hospital trauma centers are uniquely situated to provide violence-related interventions to these young patients.

Purpose: This feasibility study was a multi-site study which tested the feasibility of implementing of violence screening and brief intervention (SBI) at two major level 1 trauma center (TC) emergency departments in the Southeastern U.S. At each trauma center (TC 1, TC 2) patients were being treated for violence-related injuries which involved illicit substance use. The study examined each sites' feasibility, including supports for and barriers to conducting violence screening and SBI interventions with young adult patients hospitalized with violence-related injuries.

Method: Participants were aged 18-25 admitted to the Level 1 Trauma Centers for violence-related injuries. Eligible participants (TC 1 n= 20, TC 2 n=18) who agreed to be in the study received at least one SBI during their hospital stay. Participants at both sites were administered the Interview versions of FiGHTS; AUDIT-C, and Frequency of Drunkenness (FD); and when possible, the Strengths and Difficulties (SDQ) questionnaires. Participants' demographics and responses to SBIs were analyzed using descriptive and qualitative statistics. Descriptive statistics, frequency tables, and summary graphs were used to examine findings at the two Trauma Centers.

Results: The majority of the participants (TC1, TC2) were male (90%), white (55%), and single (95%). One-half of the participants were admitted due to gunshot wounds, another 25% were admitted for injuries sustained from stab wounds, and the remaining 25% were admitted due to injuries from assaults. All of the participants completed violence screening and one SBI session primarily. The average length of the SBI was 35 minutes, ranged from 24 to 60 minutes. Illicit drug use was highly correlated with violent behavior. At both sites (TC1, TC2) barriers to implementation of SBI were identified, 1) short hospital stays, 2) staffing nurses to implement SBI, 3) need for shorter screening tools, 4) need for additional follow-up sessions. Obstacles exist, including cost factors, lack of reimbursement, staffing issues, confidentiality issue among others.

Implications for Future Practice; Obstacles exist to implementing evidence-based SBI broadly throughout trauma centers. Successful implementation is challenging. Standardized strategies are needed across trauma centers. Future investigations are needed to develop more standardized strategies to address implementation problems across centers.