

Commentary

Drunk Driving, Drugged Driving and Drunken Pedestrians in Kumasi, Ghana: A public Health Menace Begging for Injury Prevention Strategies

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Injury causes gross morbidity and mortality [1,2]. Injury causes more mortality than malaria, tuberculosis, and HIV combined and causes about 20% of ill-health worldwide [3,4]. Alcohol and illicit drug use impair performance and are significant contributors to injury causation. The wide use of alcohol and other substances has led to a global burden of diseases that imperils the life of its users and innocent others [5-7]. Injury on the account of alcohol is known to lead to an increased risk of injury causation [8]. Even more worrying is the proven fact that alcohol ingestion together with illicit substances leads to a multiplied risk of injury [8-11]. The impact of injury due to alcohol and other substances is telling on economies worldwide and the quality of life of many youths [12,13]. This impact is even greatest in low- and middle-income countries. Alcohol and substance (ab) use is known widely among the youth in developed countries with a sharp rise in injury due to road traffic accidents, violence and psychiatric complications. The same trend is beginning to emerge in less developed countries, especially Africa. The spectrum of illicit substances and the variability of their use across the continents are worth looking into [14-17].

Alcohol and substance use among youth and road users is rife in Kumasi Ghana. The commercial district of Ghana with rich vegetation and natural resources has grown into a hub with heavy vehicular activity. This city serves as a major terminal connecting 10 out of the 16 regions in Ghana, to Burkina Faso, Mali, Niger and Northern Togo. With the increase in commercial activities has come increased road traffic collisions, increased pilfering and violence [18-20].

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Significant studies have shown that road traffic collisions, violence, and falls are the main mechanisms of injury of patients who present to the Accident and Emergency Department at the Komfo Anokye Teaching Hospital [18]. Two studies revealed that up to a third of injured patients presented to the emergency department with alcohol on board. Drivers, passengers, and pedestrians were found to have had significant alcohol exposure. Marijuana was the next substance that was identified among injured patients and again drivers, pedestrians, and passengers were more exposed. Cocaine, benzodiazepines, and opiates were among the other substances that were found in injured victims [18,19].

Road traffic collisions are among the top causes of injury in low- and middle-income countries. Injuries from road traffic collisions are projected to be the fifth cause of fatality by 2030 [3,4]. Several factors play a role in road traffic collisions including vehicular factors, state of roads, and driver-associated factors. Increasingly, driver-associated factors are showing up as one of the likely causes of injury causation [21-23]. Mock and others conducted roadside breathalyzer testing of drivers on major roads in Ghana. More than a fifth of drivers tested positive for alcohol [24,25]. Forson et al also conducted breathalyzer and saliva strip tests for alcohol and illicit substances at the emergency department in Kumasi. Pedestrians, drivers, and passengers were found to be most exposed to alcohol and other substances. These points to a worrying trend of driving under the influence of alcohol and substances in Kumasi. This poses a threat to the economic growth of this bustling commercial city in Ghana. Pedestrians under the influence of alcohol and substances pose a threat to motorists and other road users [19].

Road safety campaigns including roadside testing of alcohol and substances may be a potent first step to tackling this menace. The Motor Traffic and Transport Department embarks on routine roadside checks of vehicles all across the city and major highways in Ghana [19]. This is commendable and needs to be encouraged as this has led to a significant drop in highway burglary and attacks. However, there hardly are any routine checks for alcohol and substances of road users in the city. This could be due to the lack of alcometers and other resources for doing roadside checks [24,26,27]. Poor enforcement of the legal limits of alcohol or DUI in Ghana follows the non-existent roadside testing of alcohol and substances. These must be strengthened for us to address some of the major driver-associated factors to road traffic causation [18,24]. Emergency departments in Ghana must be resourced to test for alcohol and illicit substances among injured patients as an aid to properly care for this cohort of patients. Testing for alcohol and substances will also assist in avoiding some expensive diagnostic testing that may be required to rule out intracranial causes of altered mental status [28-30]. The introduction of brief motivational interventions at the emergency departments for road users who are found to have alcohol and drug dependence will be a good step to address this problem [31-34]. Having rigorous data that ties in trends in injury occurrence, mechanism of injury, testing for intoxicants, geospatial mapping of injuries especially from road traffic collisions, violence, gunshots will inform policy and improve interventions to address this menace [35].

Addressing drunk driving, drugged driving, and drugged pedestrians requires a multi-disciplinary approach. There is a need to identify and contextualize a demand-driven injury prevention approach to deal with this creeping menace in Kumasi.

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