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Alcohol and Road Safety

by

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Annex to the Explanatory Memorandum  
on Alcohol Policies in Europe

(Rapporteur: Mr Tarschys)

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APPENDIX A

Young drivers' over-representation in road accidents in general, and in alcohol-related accidents in particular

APPENDIX B

Some current European intergovernmental initiatives

A. INTRODUCTION

1. Accidents are the third cause of death in Europe with a mortality rate of 50 per 100 000 inhabitants, and account for 50% of deaths in the 15-24 age group. Throughout technically developed countries, road traffic accidents alone account for about 40% of accidental deaths, especially in the younger male age groups. Many such accidents are alcohol-related.

2. On the eve of the new millennium, there are a number of compelling reasons for launching a major international political initiative aimed at reducing alcohol-impaired driving in all age groups, and, in particular, amongst the young.

3. One of the bases for a strong renewal of political initiatives deserves much greater emphasis. It can be argued that, since alcohol-impaired drivers not only expose themselves to greater risk but submit all other road users sharing the environment to an increased risk of irreversible physical harm, there is an ethical responsibility laid upon governments to defend more forcefully the rights of such citizens. It is believed that there is, in this idea, important untapped potential for raising the level of political resolve to act more effectively.

B. ALL AGE GROUPS AS TARGET

4. In the field of research into the causes of road accidents, there is probably none that has been more minutely nor rigorously explored nor generated a greater wealth of descriptive and explanatory data than that of the role of alcohol.

5. There is a manifest mismatch between the availability of proven countermeasures to alcohol-impaired driving and the persistently dissimilar composition of alcohol control policies.

6. There are several reasons for fearing an extension of alcohol-impaired driving within and outside Europe. The following should be mentioned: the continuing transfer of technology and motorisation, and of the lifestyles and pathologies associated with them, not only towards the Third World but also towards Eastern Europe; the trend for women to account for a greater proportion of total kilometrage, to be strongly targeted by alcoholic beverage marketers in some countries, and to be amongst the heavy users of other psychoactive drugs; possible adverse consequence resulting from the harmonisation of alcohol beverage taxation in the European Community.

C. YOUNG DRIVERS AS A SPECIAL CASE

7. The life expectancy of those aged 15-24 is less than it was 20 years ago in some industrialised countries, because of motor vehicle accidents of which alcohol is the single most important cause. Young drivers have higher risk than their elders of involvement in traffic conflicts, in personal injury accidents and in fatal accidents. This remains true even when the amount of exposure to risk - distance travelled - and qualitative aspects of exposure such as speeding and a high contribution by youth to night-time driving, are controlled for.

Young drivers are also over-represented in single-vehicle - typically "loss of control" - accidents, and the accidents in which they are involved are likely to be very serious because of the above average occupancy rate of their vehicles and because they and their passengers are less likely than occupants of other age groups to be wearing seat belts. Finally, the economic cost attributed to an adolescent or young adult death is much higher than the average for all age groups; very serious but not fatal injuries may generate a stream of welfare costs lasting decades - see Appendix 'A'.

8. Young drivers' over-representation in its various forms is commonly attributed to several major characteristics of this group. One is that the adolescents and adults in the 15-24 year age bracket are at an immature and vulnerable transition stage in their life cycle, and are inexperienced both in the skills necessary to accomplish the driving task and in understanding alcohol's impairing effects upon those skills. During their early period on the road, experience is necessarily acquired at the "price" of exposing themselves to risk. One view holds that there is then a mismatch between the rate of acquisition of vehicle-control and road craft skills, on the one hand, and of self-confidence on the other. Since driving is largely self-paced - that is to say, the rate at which problems have to be solved is determined to a great extent by one's choice of speed - young drivers may place demands upon themselves which are inappropriately high.

9. Another view proposes that driving risk may be just one aspect of a general health-risk behavioural syndrome among youth. Such an organised constellation of behaviour, interrelated and co-varying in the same individuals, may include, alongside risky driving, smoking, heavy drinking, precocious sexual activity, drug use and poor nutrition. The relative importance of the foregoing and other views of the problem's roots will have consequences for the choice and locus of preventive measures.

D. ALCOHOL-IMPAIRED YOUNG DRIVERS AND OFFENDERS, AND ALCOHOL-RELATED ACCIDENTS

10. It seems that young drivers engage in impaired driving more frequently than older drivers since they are more socially active and have more opportunities to combine drinking and driving. The extent of their impairment, as shown by night-time roadside surveys, is typically no greater than that of older persons and is often lower. It is thought that it may not be the skill-impairing effects of alcohol that are so important among young drivers as much as it is the impairment of the decision-making process, particularly the disinhibition of risk-taking (for example speeding, unsafe overtaking). It may be that the impetuosity of inexperienced youth is enhanced by the apparently arousing effects of relatively lower blood alcohol concentrations (BACs) and that, therefore, they are more likely to crash in the process of riskily testing the limits of self, vehicle and road.

11. In the United Kingdom, a high incidence of drink-driving offences has been shown, with 32% of offenders being under 25 years old. From Canada comes an example of the relative risk of fatal night-time crash involvement for six age groups between 16 and 44 years and by BAC. The risk increases for each group as BAC rises. For 16-19 year-old drivers the relative risk is not only higher than for other age groups in all BAC ranges but rises faster for that group than it does for all those aged 20 years and above.

E. ALCOHOL CONTROL POLICIES

Reducing society's overall exposure to alcohol

12. The misuse of the most widely available psychoactive drug not requiring a doctor's prescription generates, alongside alcohol-related road accident mortality and morbidity, a large number of other problems. These include at-work, domestic and leisure accidents, drunkenness, mental hospital admissions, liver cirrhosis mortality, hooliganism, domestic violence and crime, absenteeism and inefficiency at work. Alcohol dependence frequently causes irreversible conditions including brain damage. Prolonged heavy drinking is associated with cancer and with suicide. It is, therefore, not surprising that the prime strategic countermeasure should be that of reducing overall consumption.

13. The fact that the majority of alcohol-related problems may be attributed to the most numerous kind of drinkers, the moderate consumers, supports the conclusion that a reduction in the overall level of harm, greater than could be achieved by focusing all attention on the very heavy drinker, may well come from a fall in per capita consumption. With alcohol control measures being a means of reaching this aim, the management of alcohol availability becomes a public health issue. State interventions, complemented by private sector initiatives, will be of obviously prime importance; potential positive impacts would include the most radical (such as agricultural crop substitution), taxation to link alcohol duties to the index of disposable income, state support for the temperance movement and more resources for health education, the restriction of alcohol availability: outlet density and opening hours.

14. It has been suggested that alcohol control policies are not always conscious and are often piecemeal, uncoordinated elements of what becomes a de facto alcohol policy only in retrospect. The factor of chance presiding over such a process is a challenge to intergovernmental bodies with a co-ordinating capacity and the motivation to create public and parliamentary arousal. Other factors that could fuel the resolve to act are, first, the "extraordinary lack of balance between social and governmental concern over heroin and other illicit drugs and the neglect offered to the much greater havoc wrought by alcohol and by cigarette smoking" (1); secondly, as is noted elsewhere, the manifest injustice to innocent victims which, often where drunk driving is concerned, continues to be perpetuated with relative impunity. Central features of the challenge are that "more than ever, problems stem not only from pathological or deviant drinking but from an outgrowth of socially-integrated patterns of consumption ...", of which "the core patterns prevailing in each society have to be taken, to a large extent, as culturally given" (2).

Countermeasures to alcohol-impaired driving generally

15. Beneath whatever "umbrella" strategies which in the middle and long term may be expected to reduce exposure to alcohol through a lowered consumption per head, countermeasure programmes will be developed to contain each of the salient forms of alcohol abuse. An

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1. Royal College of Psychiatrists. Drug Scenes - a report on drugs and drug dependence. London, 1987
  2. Makela, Klaus et al. Alcohol, Society and the State - a comparative study of alcohol control. Addiction Research Foundation, Toronto, 1981.

important intermediate objective along the road towards reduced alcohol-impaired driving is that of increasing the degree of public conviction that drinking and driving is a socially unacceptable behaviour. Striking examples of success in this are the Scandinavian countries and the Australian states of New South Wales and Victoria. It is indeed the modification of human factors that offers the greatest promise of success, although some changed environmental factors provide some potential for reducing the probability of alcohol-impaired accidents or for attenuating the severity of injuries associated with them.

#### Education

16. Educational countermeasures at both school and adolescent age, and later, will aim to increase awareness and knowledge of the effects of alcohol, starting at even very low doses, upon the body and its functions. The lesser tolerance of women to a given dose, even when body weight is taken into consideration, will be made known. At the school stage, two practices are now prevalent: first, it is common for various aspects of "road safety" to be integrated into appropriate core subjects in the curriculum rather than to be treated globally as a theme apart. The topic of alcohol might be found within the teaching of biology. Secondly, it is in the context of schooling that the promotion of personal hygiene in a wide sense, and the sowing of ideas concerning the real dangers and addictive potential of health-impairing lifestyles, may be most successfully pursued. It should be borne in mind that both the content and the form of such notions will need to be adapted to cultural, socio-economic and ethnic differences. Stress should be laid on the social costs of accidents; this is especially important since individuals' perception of risk to themselves is low.

#### Enforcement and media/community amplification

17. Mass media will be used to target those most at risk of drinking and driving, and will often be used effectively to amplify the impact of stepped-up police enforcement pressure. Health education bodies will include the countering of alcohol misuse alongside their other public health activities - doing so, in some countries, against the strong and sophisticated "background noise" generated by alcohol marketing, advertising and sponsorship. It has been suggested that, in a way that is analogous to the integration of road safety themes within the school syllabus, mass media campaigns promoting education about alcohol and the dangers of alcohol-impaired driving should be built into locally-based community actions. The mobilising of citizen participation in "grassroots" operations in pursuit of other road safety goals, such as increased adult and child car occupant restraint system use, is already a favourite and successful tactic and should be encouraged.

#### Deterrence and detection

18. The social unacceptability of drinking and driving will be principally created by successful deterrence. It is precisely towards this goal, rather than towards offence detection, that the techniques of enforcement have progressively shifted in those countries that can claim the greatest effectiveness. Deterrence depends for its success on the strength of four perceptions:- the perceived risk of apprehension; the perceived risk of accident; the perceived seriousness of any offence, and the perceived severity of penalties imposed. In some jurisdictions - such as New South Wales - the

perceived risk of apprehension has been able to be brought and kept at a high level by very strong publicity linked to very visible random breath testing (RBT) through the commitment of police resources. The economic costs of accidents and injuries forestalled very greatly exceeded the incremental costs incurred, and before-after surveys showed a doubling of the numbers of respondents approving the state government's initiative. One reason cited for this approval was that RBT involved less police discrimination. RBT is perceived as being fair. A valuable spinoff of RBT is the data that it provides on the evolution of BAC distributions in the general driver population, and, combined with other data (cf. para. 34.1), on the effectiveness of countermeasures. After a period of public acclimatization to RBT, evidence from the State of Victoria suggests that the memory of RBT - rather than visibility per se - may become the key to successful continuation of the policy. Both the perceived and objective risk of apprehension may also be increased by the "citizen reporting" which has been instituted in some States of the USA, and which is a suggested part of New Zealand's current strategy. In this, citizens are encouraged to make known to the police the presence of suspected drunk drivers.

19. Two other countermeasures at the point of sale should be mentioned: one is that of making sellers and servers of alcohol co-responsible for the harm resulting from accidents following manifestly excessive consumption on their premises (so-called "dram shop laws"). Both commercial and individual hosts are concerned. Another tactic is that of installing coin-operated breath-alcohol analysers in bars, so that would-be drivers can verify their degree of impregnation. Such devices are not free from problems - such as the fact that BAC may not peak for up to 2 hours after the end of drinking - and further evaluation is needed.

#### Environmental factors

20. Environmental factors may play some part in reducing the probability of alcohol-impaired driving or the seriousness of consequent accidents; for example, by reducing the autonomy of drivers to use their vehicles, or by reducing the difficulty of the driving task. An example of the former is the ignition interlock which prevents the vehicle's being set in motion by an impaired would-be operator. Obligatory fitting of such a device is sometimes ordered by courts as part of the punishment for an offence, although voluntary fitting may also be a form of parental control placed upon the adolescent licence holder. Examples of the latter are improved road markings, signing and the conspicuity of roadside hazards; all these, especially at night, offset the visual impairment which research has identified as a critical factor in alcohol-impaired accident causation. Such improvements would, of course, as a side benefit assist all drivers including, in particular, those impaired by old age (a major emerging problem) and/or the possible use of prescription drugs. All vehicle passive safety improvements, especially if the occupants are wearing belts, provide greater benefits to alcohol-impaired drivers than to others simply because the probability of their putting such structural improvements to the test is greater.

#### Penalties and rehabilitation

21. The extent to which there are alcohol-impaired drivers in the stream of traffic - most of whom will complete their journey without accident or even being subjected to roadside breath testing - indicates a degree of failure of primary prevention (essentially

education) and secondary prevention (other actions which change the amount and/or the nature of exposure to traffic risk). Tertiary prevention as it concerns drivers apprehended with an illegal BAC takes the principal form of penalties imposed by the courts. Amongst these, a period of disqualification from driving is a main option with its simultaneous disturbance of the offender's lifestyle and a potentially beneficial effect on the general level of risk for all road users. Disqualification may be combined with a fine (sometimes based on the offender's disposable income) or with imprisonment or electronic tagging.

22. Harsher sentencing seems counterproductive in the normal run of drink-driving offences. High-risk offenders are of special concern not only because of their high BACs but also because of their tendency to exhibit other risk behaviours and to commit second or subsequent offences. In the United Kingdom, high-risk offenders are defined as those having had two drink-drive convictions within ten years with either a BAC of 200mg% or more, or one offence of this kind and one refusal to provide a specimen, or in certain circumstances two such refusals. Principles for action to deal with this group are to help offenders to get their alcohol abuse under control. In the event that they do not seek help or cannot benefit from it, the danger that they represent justifies their not being allowed back on the road.

23. The remaining large group of offenders in the 80-150mg% range may be amenable to driver improvement programmes. Reductions in recidivism amongst course participants have been achieved in the Federal Republic of Germany; counselling courses in a British county have been encouraging; and, in California, alcohol programme participation has been shown to have long-term effects on alcohol-related accidents and convictions that are roughly equivalent to those generated by licence suspension.

#### Selective countermeasures to young drivers' alcohol-impairment

24. A major dilemma, now high on the road safety policy agenda in many countries, is that of how best to enable young (or beginner) drivers gradually to learn to cope with a fuller and fuller range of driving conditions; how, in effect, can they acquire experience in stages, during the first of which their potential to inflict harm upon themselves and others is restricted. Some jurisdictions have developed packages of countermeasures such as graduated driver licensing schemes. The components of such schemes can conveniently be grouped into three headings: restricting young drivers' access to alcohol; restricting driving by young drivers or manipulating the amount and the nature of their exposure to risk; and separating drinking and driving.

#### Restricting young drivers' access to alcohol

25. The best-known measure having this purpose flowed from the USA's Presidential Commission on Drunk Driving (1983). It was recommended that a minimum legal age for purchasing and possessing alcoholic beverages should be set at 21 years and adopted by all States. States not complying before October 1986 with the July 1984 law would find a portion of their highway construction funding withheld at the Federal level. All 50 States have now taken this step. Legal drinking age changes, which alter the settings of teenage drinking with less consumption taking place in bars and restaurants, have been estimated to have resulted in 586 fewer fatal crashes amongst the 18-20 age-group between 1975 and 1984. In urban areas, where police may have many competing priorities, enforcement has been reported at a very low level, and the effect of more systematic enforcement needs to be studied.

Restricting the amount and/or the nature of exposure to risk

26. Based on the notion that increasing the age of licensing would retard the start of driving until a later, perhaps more mature stage of development, this countermeasure has been evaluated in the USA and Canada. Crash rates were similar regardless of the age of licensing. Most attention and experimentation is now turning to manipulating the nature of exposure. The strategy is to try to neutralise one or more of the specific characteristics of young drivers which have been mentioned earlier. One of these characteristics is the greater technical difficulty of driving at night and the greater probability of encounters with alcohol - and drug-impaired road users, including pedestrians (which may be countered by curfew laws prohibiting driving between, say, 22h and 05h); another is the above-average occupancy rates of young drivers' vehicles (which may be modified by prohibiting, for example, the transport of any passengers unless one of them is a fully licensed adult).

27. Separating drinking from driving requires, above all, the setting of a permitted BAC lower than the general level allowed; better still a zero BAC. The justification for this includes young drivers' lower tolerance to a given dose of alcohol; to help them to resist the pressures to which they are subjected; to provide their parents with a weapon to maintain control; and to provide young people with an opportunity to test an 'alternative' behaviour. Conformity to a lower or zero BAC will be made easier by the existence of an effective system of deterrence; that is to say, the co-existence of the four strong perceptions mentioned in paragraph 18, and of the behaviour to which these perceptions will normally give rise. Special mention should be made of the need to help young people to resist an important influence to which their elders will have become immune. Young people are particularly vulnerable to pressures to conform to what are presented to them as current social norms. These are the forms of behaviour that supposedly characterise the successful elite in society (ideas that are carefully created and nurtured through marketing, and powerfully reflected on television), or which are current within the peer group to which young people belong or wish to belong.

28. If all these selective countermeasures fail to deter, some countries have developed a rehabilitation procedure specially designed for young drivers. Since November 1986 in the Federal Republic of Germany, novice drivers receive a provisional licence valid for two years. Drink-driving offences during that period involve mandatory participation in courses designed to forestall recidivism by developing a stable behavioural pattern to resolve the drink-drive conflict.

29. A useful principle to keep in mind was suggested by Australian researcher Carol Boughton at IDBRA's 1986 International Symposium on Young Drivers' Alcohol - and Drug-Impairment: - "We should be doing something for young drivers, rather than to them", and it was proposed that by adopting this approach we would not perhaps be too strict but we would be more likely to be successful (3).

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3. Royal Society of Medicine. Young Drivers Impaired by Alcohol and Other Drugs. Edited by Timothy Benjamin. RSOM International Congress and Symposium Series. London 1987.

## F. A EUROPEAN POLICY AGAINST DRINK-DRIVING

30. A European alcohol policy pre-supposes the need for a set of programmes targeted at society as a whole, and at each of the distinct populations at risk. A co-ordinated set of programmes should focus upon drink-driving in general, and upon the special problem of alcohol-impaired young or beginner drivers.

31. Recommendations to combat alcohol-impaired driving (especially amongst young or beginner drivers) may be grouped under four headings:- information systems; countermeasure principles, institutions; and the values of society.

### 31.1 Information systems

The collecting of statistical information is an eminently 'political' act, and failure to do so will make it impossible either to describe, as in our case a major socio-economic and public health problem or to monitor success in tackling it. The statements that 'statistics on alcohol-related casualties and social problems are topics which suffer from comparative neglect' (4), or that 'in very few countries are data for formulating, applying and assessing an appropriate national alcohol policy, even if collected, brought together in one place for analysis as a basis for policy-making' (5) should be a stimulus for urgent action. Another recent source (6) includes the following recommendations to establish a satisfactory statistical and epidemiological basis for management:

- establish the quality and reliability of accident data (possibly graded on an objective scale), and give further consideration to the scope for an integrated programme of data acquisition. It is assumed that this recommendation includes that of renewing efforts to achieve greater linking of 'transport' and 'health' data banks.
- during accident analysis, establish the different aspects of accident causation; included in this: the drinking history and lifestyle of accident victims, this in order to support education programmes and to identify social and environmental factors that increase the risk of alcohol-related accidents.
- review risk assessment methodology; in particular, with a view to determining relative risk rates.

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4. Statistical Recording Systems of Alcohol Problems. Report of an international conference organised by the Finnish Foundation for Alcohol Studies in collaboration with WHO-EURO et al. Helsinki 1987.
  5. Moser, J. Alcohol Problems, Policies and Programmes in Europe WHO Collaborative Study on Community Response to Alcohol-Related Problems. WHO-EURO. ICP/ADA 017/B.D.2 Unedited Draft. 1989
  6. WHO-EURO. Regional Office for Europe. Summary Report of a Working Group on Alcohol and Accidents. EUR/ICP/APR 117 (S). 1987.

The same source also calls for a standard glossary of terms, and for use of the basic data set developed as part of WHO's prevention of accidents programme. For developing and evaluating countermeasures to alcohol-impaired driving or to impairment by other psycho-active substances, the following distributions of blood alcohol concentrations, broken down by age, sex, socio-economic group and showing a time-space pattern, should be systematically collected.

- BAC distributions amongst the general driving population (see also para. 18).
- idem amongst all drivers involved in personal injury accidents.
- idem amongst those stopped for moving traffic offences (example: New Zealand's 1988 Christmas campaign of breath testing non-wearers of seat belts); and additionally,
- the presence of prescription drugs, and drugs of abuse amongst fatally injured victims, whether in conjunction with alcohol or not.

### 31.2 Six countermeasure principles

- develop programmes of 'moral deterrence' to promote the widespread sentiment that drinking and driving is socially unacceptable; aim to reduce the social pressures that lead young people to drink and drive by promoting self-regulation by the media and the alcoholic beverage industry.

"Both advertising and the way alcohol use is portrayed in the media are arguably inconsistent with the goals of a society which seeks to reduce alcohol-related problems in the young, and the onus should be on the presenters to show that such portrayals do not have an adverse effect on young people" (7).

- impose upon beginner drivers a zero BAC, at least for the first two years of driving (see para. 27). Assess the unexploited potential gain from lowering the permitted BAC for all drivers (for example, to 50 mg% as is proposed by the European Economic Community). The zero BAC for beginners would be a key component of more effective new procedures for the gradual 'insertion' of novice drivers into traffic which are currently a major theme for R & D in many countries.
- introduce random breath testing (RBT) at a level of intensity and visibility sufficient to increase greatly the perceived probability of apprehension; that is to say, to deter. Success would be reflected in a high proportion of negative breath tests. RBT must be linked with intense public education and with greater opportunities for self-testing. It is essential that the police should have powers adequate to breath test drivers at selected points without needing cause to suspect intoxication.

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7. British Medical Association. Young People and Alcohol. BMA Board of Science and Education. London. March 1986.

- continue 'conventional' enforcement against drinking and driving in order to increase the objective probability of apprehension - that is to say to detect - and to ensure that the level of convictions does not fall. The need for both deterrence and detection is based on there being 'no clear evidence that a detection policy alone has a significant and persistent effect on alcohol-related accidents' (8).
- test the effectiveness of different punitive and/or therapeutic responses to drinking and driving offenders: combinations of offence frequency (including refusal to provide a sample or other related offences) and BAC level.
- the interdependence of the above and other possible countermeasures should be recognized in programme planning. Measures must be mutually supporting and, if the budget is not too thinly spread across available options, this will help achieve peak effectiveness for the whole 'package'.

### 31.3 Institutions

The success of alcohol control policies, and certainly of countermeasure programmes for alcohol-impaired driving, will be largely determined by meeting the "requirement of a high degree of intersectoral collaboration" (9). The more fully that account can be taken of some of the special features of successful institutional effort that have been suggested in the literature, the more fruitful are likely to be the Council of Europe's intended initiatives:

- need for a more balanced set of criteria for decision-making

One of the major conclusions of a study of the 'social dynamics and structural constraints' of alcohol control policies (10) was the urgent need to combine, in alcohol policy decisions, what were called the 'two agendas'. The authors found that, 'on the one hand, preventive considerations had carried little weight in the formation of economic policies affecting alcoholic beverages; and that, on the other hand, the social and health agencies responsible for the handling of alcohol problems had had little interest in the economy of alcohol'. Some reorganisation of responsibilities among branches of government was seen as a possible need. The difficulty has been reported in a later work (11) to persist, with emphasis on the 'great need for national concern with both sides of the balance sheet'.

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8. Parliamentary Advisory Council for Transport Safety (PACTS). Response to the British Home Office consultation on possible changes to breath testing legislation. London. April 1989.
  9. Ritson, Bruce. The Use and Abuse of Alcohol - An Overview. WHO-EURO. Regional Office for Europe. Paper for the Working Group (see footnote 6).
  10. See footnote 2.
  11. See footnote 5.

- need for greater concerted action internationally

Given that the economic, social and health criteria to be balanced will vary from country to country, there is a need to tackle the 'piecemeal approach, inconsistent enforcement and... general absence of effective co-ordination across national boundaries' (12). The European Single Market should give impetus to efforts to ensure that, in Community decisions, due weight is given to public health considerations.

- need to seek greater 'added value' from intergovernmental organisations (IGOs)

It would be valuable to examine the scope for improving the collective productivity of the European IGOs in the fields of transport, health or general economic affairs. A special need is to raise the level of both ambition and urgency, and for IGOs to identify, and become a more forceful instrument for dissipating obstacles to progress. The output of some IGOs becomes or should more transparently become the input for the programmes of others. It would be both a source of encouragement to all the teams concerned, and provide valuable feedback to increase overall effectiveness if recommendations and resolutions were systematically followed up and the outcomes made known; at least within the restricted circles in which such initiatives originated.

31.4 The values of society

Every effort should be made to take advantage of current trends in public opinion, and of the evolution of the values of society at which this hints. Among reasons for believing that the situation is an auspicious one for promoting the changes outlined in this paper:

- an upsurge in public concern for the quality of the environment

This concern is strong enough to lift these issues to a higher place on the political agenda. The issues have come to include that of the inequity involved when individual or industrial health-impairing, and especially life-threatening behaviour infringes personal liberties. If in the debate on the protection of non-smokers it can be stated that their increased health risk 'has created an entirely new argument' (13), a similar reasoning can be used to promote a greater protection for citizens subjected to the predictably increased hazards of road violence which drinking and driving ensures. In 1986, 50 per cent of the United Kingdom's 20 000 alcohol-related road casualties had not been drinking or driving themselves, and in the same year more than one third of the USA's alcohol-related accident victims were persons other than drinking drivers.

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12. Hilton, ME & Johnstone BM. International Trends in Alcohol Consumption: A Report on a Symposium. Contemporary Drug Problems. Federal Legal Publications. Winter 1988.

13. Council of Europe. Draft Recommendation - Report on the Protection of Non-Smokers. Doc. 5984. 16 December 1988. Strasbourg.

New Zealand provides an assessment: 'We already see less tolerance of those people who abuse others in initiatives against child abuse and family violence, and criminal penalties are increasing. It is likely that social change will flow into the road safety area..., society will demand changes to deal with people who behave unacceptably on the roads... and a stronger line with road violence. Roads will become seen as a social system provided for all as a benefit rather than a right and those who abuse that system with unacceptable behaviours will be removed from it' (14)

- young Europeans' support for 'post materialist' ideas and causes

Freedom of the individual, human rights and environmental protection ranked significantly higher as 'sufficiently worthwhile to do something about' amongst 15-24 year olds than in an overall sample (15). One may speculate that such feelings may be still more pronounced in Eastern Europe.

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14. Ministry of Transport (New Zealand). Road Safety - A Future Strategy. Wellington. December 1989.
  15. EEC. Young Europeans - An Explanatory Study of 15-24 Year Olds in EEC Countries. Eurobarometer. December 1982.

A P P E N D I X A

YOUNG DRIVERS' OVER-REPRESENTATION IN ROAD ACCIDENTS  
IN GENERAL, AND IN, ALCOHOL-RELATED ACCIDENTS IN PARTICULAR

VARIABLES

1. FATAL ACCIDENTS BY AGE, SEX AND DISTANCE TRAVELLED

AUSTRALIA (1984/85)

<u>Age/sex</u>	<u>% travel</u>	<u>&amp; fatal involvement</u>
16-25		
Male	12.1	28.6
Female	6.0	6.9
32-59 (contrast group)		
Male	39.0	28.2
Female	15.4	7.2

2. ACCIDENTS BY SEVERITY, AGE (MALES) PER 100 MILLION VEH. KM

UNITED KINGDOM (1986)

<u>Age (males)</u>	<u>Accident severities</u>		
	<u>Fatal</u>	<u>Fatal + serious</u>	<u>All severities</u>
17-20	2.8	37	170
21-24	0.9	13	60
25-28	0.8	9	43
29-33	0.5	6	28

3. ALCOHOL-RELATED ACCIDENTS

3.1 European overview

Between one-third and half of those responsible for fatal road accidents are under the influence of alcohol.

3.2 Selected countries

i. Drunk driver involvement in fatal or injury accidents,  
by age group, per 1 000 involved drivers

Federal Republic of Germany (1983)

<u>Age</u>	<u>Involvement rate</u>
15-17	37
18-20	76
21-24	87
25-34	80
35 +	68-32 (range)

ii. Comparative risk of fatal accident involvement, by age and for alcohol-impaired versus unimpaired drivers

Canada (1981)

<u>Age</u>	<u>Comparative risk (those above 80mg% versus those below 21mg%)</u>
16-19	40:1
20-24	32:1
25 +	17:1

iii. Alcohol-involved fatal accident rates, by age per 100 million veh. miles

United States (1983)

<u>Age</u>	<u>Fatal accidents per 100 million veh. miles</u>
16-17	2.7
18	3.4
19	2.6
20	2.8
21	3.0
22-24	2.3
25-34	1.3
35-44	0.7
All ages	1.1

A P P E N D I X B

SOME CURRENT EUROPEAN INTERGOVERNMENTAL INITIATIVES

A. Principal initiatives

A.1 United Nations and related organizations

a. Economic Commission for Europe

Resolution No. 123 (Principal Working Party on Road Transport) concerning the campaign against driving under the influence of alcohol (November 1988).

A wide range of recommendations but insufficient mention of special problem of young or beginner drivers with no reference to lower or zero BAC, curfew laws or vehicle occupancy limits.

b. World Health Organization (Regional Office for Europe)

i. 'Health for all by the year 2000'.

Many of the 38 Targets relate to alcohol abuse in general and alcohol-impaired driving in particular; notably 11 (accidents), 13-17 (lifestyles conducive to health).

ii. 'Alcohol and Accidents' Working Group meeting (Reykjavik, September 1987).

This related to all accidents and all age-groups. Progress in applying the large number of recommendations should be monitored.

A.2 Council of Europe

Need to monitor implementation of the guidelines in Recommendation R(82)4 'on the prevention of alcohol-related problems especially among young people'.

A.3 European Conference of Ministers of Transport (ECMT)

Resolution No. 46 [CM(85)18] of 22 November 1985, on measures to reduce the accident risk of young drivers. The ECMT Statistical Report on Road Accidents in 1987 mentioned a few measures aimed specifically at young drivers and their alcohol impairment. The situation could usefully be updated.

A.4 Commission of the European Communities

Proposal for a Directive (COM(88)707 Final. Official Journal of the European Communities. 31 January 1989) to reduce maximum BAC to 50mg% with effect from 1 January 1993.

## B. Related initiatives

### B.1 World Health Organization

WHO Collaborative Study on Community Response to Alcohol-related problems.

Follow-up to the recommendations should include the building up of 'more adequate mechanisms for alcohol data collection and policy formulation'.

### B.2 Commission of the European Communities

- i. Ad Hoc Scientific Consultants Group on Alcohol (Directorate General V - Employment and Social Affairs).

A wide ranging programme includes reducing risk-taking behaviour, evaluation of policy options, health promotion programmes (in the short term); cross-cultural investigation of the bases for establishing prevention programmes, effect of taxation harmonisation on consumption, impact of advertising patterns on consumption, and, most importantly, developing a 'European Compendium on Alcohol Issues' at Community, national and local levels (in the long term).

- ii. Resolution (Official Journal of the European Communities, 29 May 1986) on alcohol abuse.

This calls on the Commission to weigh carefully the interests involved (production, distribution etc.) and the public health interests, and to conduct a balanced policy; to examine what measures may contribute to the objective, and to submit proposals; the Community measures to be closely co-ordinated with those already taken within the framework of the World Health Organization.

- iii. Resolution (Official Journal of the European Communities, 18 January 1989) on measures to combat drugs.

This calls on the Commission to assess policies, and to draw up a comprehensive Community programme to include education and preventive measures aimed specifically at young people, together with measures to encourage the exchange of experience between member States.