Car Accidents and Alcoholism in France

B. Du Barry and J. P. Chodkiewicz

As a representative of the French Ministere de l'Equipment I deeply regret that alcoholism in 1977, in our country has always been and still is a genuine social plague. Consider the following facts:

• The average consumption is equivalent to the intake of 25 litres (almost six gallons of pure per cent alcohol per year, per inhabitant).
• The number of alcoholics in France is between 6 and 7 million people, of which almost 20 per cent are women. Between 2 and 3 million are licensed drivers.
• Alcoholism in toto is third in the causes of mortality, after cardiovascular and cancer or malignant diseases.

Traffic accidents are another plague in this country. The figures in 1972 were appalling, more than 12,000 deaths on the road. In 1976 we recorded: 13,460 dead for 18 million drivers, and 16 million vehicles (four-wheel vehicles).

Alcoholism and traffic accidents, both plagues, are intimately associated. Police statistical studies and estimates show that at least 9% of the deaths due to traffic accidents are directly related to alcohol consumption. This amounted to at least 1100 deaths in 1976. Almost one driver out of five is to one degree or another an alcoholic.

Despite this evident relationship, we are forced to acknowledge that we know this phenomenon rather superficially, for various and intricate reasons, behavioural ones, political ones, in the first wine producing country in the world.

Nevertheless, government agencies, health authorities, and legislators have tried to cope with the problem and have proposed various and combined procedures, with varying but encouraging results.

These procedures are:
(a) control of blood level of alcohol;
(b) systematic medical control of drivers.

CONTROL OF BLOOD LEVEL OF ALCOHOL

In France, according to the law, breath tests are made by the police on the roads systematically after every accident causing injury, and at random on the road and highways for drivers. In case of doubt, or disputation, complementary blood testing is immediately carried out in a nearby hospital. In 1976 two million tests were made, 61,000 or 3% were positive, 52,000 were above the legal limit of 0.8 grams of alcohol per litre.

The break-up of these results is in accordance with the level of alcoholism in the French regions except for the wine growing provinces which are less alcoholised than those in the west, the north and the Parisian area. It is clear that these figures do not give a reliable and accurate picture of the number of licence holders driving under the influence of alcohol.

a Hospitalier Sainte-Anne, Paris
First, these figures do not take into account the drivers with positive levels but still under 0.8 grams per litre. Secondly, overall, there is a surprising discrepancy between the results of the police investigations, and those recorded at casualty departments in hospitals. Other authors, in Denmark or in Belgium for example, have shown that at least 35% of the injured people admitted to casualty were under the influence of alcohol.

We have tried, in Paris, to make such a systematic survey, but our investigation has met considerable resistance from every type of hospital personnel and the results, although instructive, are not sufficient to be presented here.

SYSTEMATIC MEDICAL CONTROL OF DRIVERS

This is the second weapon used in France in an attempt to control drivers. Since 1964, special medical committees for evaluation of driving aptitude have been working throughout the country; 300 have been created, each one of which includes at least two doctors. In most cases these are general practitioners who check medically and systematically all candidates for a driving licence in the heavy vehicle group, all physically handicapped candidates for any type of driving licence, and all drivers involved in a car crash who are threatened by or already subject to licence disqualification. Among them are a great number of alcoholics, and of course all drivers who have an illegal blood alcohol level.

Last year 800,000 drivers were examined by these committees. The medical check-up by an official committee included in every case the search for signs and symptoms of heavy chronic alcoholism, such as the well-known modification of the skin of the face, of the tongue, of the eyes, and the classic tremor of the digits. All the results are classified by the two members of the medical committee into a grid based on the work of Dr Le Go who devised the grid after examining 60,000 clinical records of alcoholics over a period of 20 years.

At the end of the procedure the committee makes two different types of decisions. The medical decision implies referring the driver classified as ‘excessive drinker’ or ‘habitual drinker’ to a medical centre for hygiene and food control (Commission Hygiene Alimentaire). This driver, who has become a patient, will be treated and instructed under strict and regular medical supervision, including if necessary biological tests, evaluation of volume of red cells, photometric evaluation of gamma GT.

The administrative decision concerns licence qualification and disqualification, this decision being either temporary or permanent depending upon the state of health; the degree of alcoholism; and if the medical treatment has been accepted and carried out by the patient himself.

In other words, these medical committees are much more concerned with rehabilitation of drinking drivers than with punitive measures. The results of this policy are not yet well known but some signs are encouraging. Our limited experience shows that at least 50% of the excessive drinking drivers can be socially rehabilitated.

CONCLUSION

In this presentation we have stressed again the particular and evident importance of the French problem of drinking drivers, the benefits of a simultaneous and combined medical and administrative approach, and the evident need for further research.