**A National Program to Reduce Alcohol Related Traffic Accidents.**

L. R. H. Drew

**INTRODUCTION**

The association of alcohol with traffic accidents — and problems of community education — was not unknown even before the advent of motorised transport, as an excerpt from a Temperance book of the nineteenth century suggests:

'A fine, healthy-looking and trustworthy waggoner was sent by his master to market with a valuable load of produce. He had instructions to purchase various groceries and other goods, and bring them back with him. At one place where he had to call, the bottle and glass were soon placed on the counter, and he was invited to help himself. The waggoner, however, declined taking anything, saying he wanted to be home quickly.

'Come, come,' said the shopman, 'take a little; the night is sharp; a little will do you good, it will keep out the cold.' 'I'd rather not, thank you, sir,' replied the man. 'Oh yes, you must; I'm sure you need something, the night is frosty.' As he said this, he poured out the contents into the glass, and, handing it to the man, he added, with an air of politeness, 'There now, drink it off; it will keep you nicely warm.' The goods were placed in the waggon, the driver took his place, and the horses were soon in motion. Before going a couple of miles, the man became so affected by the liquor, that he fell fast asleep. The waggon, knocking against the root of a tree, caused the poor fellow to be thrown out. He was unable to help himself, and in a moment the heavy wheels passed over him. When lifted up, poor fellow, he was found to be DEAD!'

However it is only over the last twenty years that data have been accumulated on this subject in Australia. These data have shown that alcohol on the roads is now a major cause of deaths and invalidity before middle age. However the country and its decision makers have been reluctant to act on this information.

The last ten years have shown a slow development of legislation relating to alcohol and driving. This legislation has been accompanied by a process of community education concerning alcohol. Both the educational process and the development of legislation relating to alcohol and driving have been relatively haphazard. Even so, it would appear that there has been a positive effect on drinking and driving as reflected by statistics.

The 1970s have shown a sudden halt to the rise in road deaths seen throughout the sixties (see Figure 1).

It has been presumed that this has been due mainly to the introduction of seat belts but the imposition of more restrictive speed limits on country roads has also been important. However, it would appear that people have modified their drinking/driving behaviour over recent years.

People significantly affected by alcohol are less likely to use seat belts, and are less likely to take notice of speed limits than others. Hence, one would have expected that they would represent an increased proportion of accident statistics now. As the level of per capita

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consumption of alcohol has continued to increase in recent years it would be expected that, on this ground also, the role of alcohol in serious accidents would have become greater. The literature does not reveal this increase. The involvement of alcohol has remained more or less constant.3, 6, 7 (See Tables I and II.)

Figure 1  

<table>
<thead>
<tr>
<th>TABLE I  Post Mortem B.A.L.s in Victorian Drivers.6, 7</th>
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<tbody>
<tr>
<td>BAL above 100mgm/100ml</td>
</tr>
<tr>
<td>June 70 – May 71 (pre-seat belts)</td>
</tr>
<tr>
<td>53.8% (n:158)</td>
</tr>
<tr>
<td>Jan. 72 – June 73 (post-seat belts)</td>
</tr>
<tr>
<td>37.4% (n:251)</td>
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<thead>
<tr>
<th>TABLE II  Percentage of persons killed in Tasmania, involving drivers with significant blood alcohol levels.3</th>
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<tbody>
<tr>
<td>1971 : 49%</td>
</tr>
<tr>
<td>1972 : 54%</td>
</tr>
<tr>
<td>1973 : 47%</td>
</tr>
<tr>
<td>1974 : 56%</td>
</tr>
<tr>
<td>1975 : 58%</td>
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</tbody>
</table>
This beneficial result — the failure of the situation to get worse — has been achieved with a very half-hearted approach. It gives cause for confidence that an excellent response could result from a disciplined approach. The effort to provide such a disciplined approach is surely warranted, even on the basis of the single statistic that alcohol on the roads was the major cause of deaths in Australians aged 15–24 years in 1974.²

GENERAL PRINCIPLES

A program to reduce alcohol related traffic accidents will need to place a special emphasis on the interrelationship of alcohol and traffic and be set within comprehensive programs relating to traffic, patterns of living, and the place of alcohol within the community. A program which simply focuses on alcohol and driving can have only limited success.

Programs must be developed to give attention to all aspects of traffic engineering and control, driver education and the control and management of deviant drivers. An adequate emphasis should be placed on alcohol in each of these areas.

Patterns of living should be the focus of school and community education programs, rather than a purely vocational orientation. They should enable people to realise their full potential for life and enjoyment. In particular, they should cultivate independence of action and responsible decision making. Considerable emphasis should be given to the impact of transport and alcohol, separately and together, in modern life.

Formal education programs have a very difficult task, for the aim of developing individuals who will make their own choices on the basis of the evidence available is hardly compatible with the values and influences of the wider society. And education is not simply the exchange of information. It is a process of identification. Education does not simply occur for six hours for five days a week. It is a constant process. The community patterns with which children identify are those portrayed by the media, the public behaviour of people, and the attitudes embodied in commercial and government practice. These patterns, so far as both alcohol and traffic are concerned, are not those of responsibility. Formal school based programs can thus have only extremely limited value unless the practice of governments, commerce, the media and key persons change.

The most common public expression about alcohol in Australia over the last eighteen months has been concern that the rate of increase in production, sales and consumption has been slowed as a result of the increase in excise in August 1975. There has been no public statement that this is a good thing as it has meant a slowed increase in alcohol problems. Similarly, so far as traffic is concerned, the emphasis has been upon improved car performance, and improved road surfaces, to improve traffic flow. There has been relatively little emphasis upon safety. Commercial interests and personal convenience come first.

THE CURRENT SITUATION

I have attempted, by writing to appropriate authorities, to obtain an accurate picture of the situation in Australia at this time.

Currently there is inadequate attention being paid to either motor traffic accidents or to the health problems related to alcohol in our community. Particularly, there is a dearth of attention paid to the association between them, outlined, with supportive argument, in the Law Reform Commission’s Report on its inquiry into breathalyser legislation in the A.C.T.⁹

In relation to vehicle design there is a singular reluctance to pursue the development of cheap devices to prevent intoxicated persons from driving.
In legislative control there is reluctance to pass legislation, and to provide police resources to enable a realistic level of identification to be attained. Even with the current provisions for prosecution of drinking drivers, over 60,000 are convicted annually, and the numbers are rising (Table (III)).

### TABLE III  
Annual rates of convictions for driving offences involving alcohol in Australian States 1972–75.

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<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>New South Wales</td>
<td>20 108(a)</td>
<td>n/a</td>
<td>17 873(c)</td>
</tr>
<tr>
<td>Victoria</td>
<td>14 359(a)</td>
<td>14 854(b)</td>
<td>n/a</td>
</tr>
<tr>
<td>Queensland</td>
<td>9 052</td>
<td>5 423</td>
<td>4 027</td>
</tr>
<tr>
<td>South Australia</td>
<td>5 171</td>
<td>3 404</td>
<td>2 920</td>
</tr>
<tr>
<td>Tasmania</td>
<td>4 605</td>
<td>n/a</td>
<td>1 606</td>
</tr>
<tr>
<td>Western Australia</td>
<td>4 439</td>
<td>n/a</td>
<td>1 519</td>
</tr>
<tr>
<td>Northern Territory</td>
<td>n/a(d)</td>
<td>613</td>
<td>409</td>
</tr>
<tr>
<td>Australian Capital Territory</td>
<td>1 707</td>
<td>n/a</td>
<td>751(c)</td>
</tr>
</tbody>
</table>

(approx.) TOTAL 60 450 n/a n/a

Note:  
(a) Calendar year 1974  
(b) Calendar year 1973  
(c) Calendar year 1972  
(d) n/a — not available.

The management of those convicted of drunk driving is hardly geared to improve them. The traditional criminal approach of deterrent punishment, temporary protection of the community (by suspension of licence) and occasional recourse to retaliatory imprisonment has been followed. There has been no disciplined attempt to use this situation to its best advantage. Drunk driver re-education programs are developing slowly and haphazardly. Although a program has been operative at St Vincent's Hospital, Melbourne, since August 1973, there is still no state in which facilities are available to assess, motivate and re-educate drunk drivers as a routine. In Tasmania there is provision for a high percentage of offenders to be assessed. South Australia is in process of passing legislation to ensure assessment of persons with repeated drunk driving offences. An exploratory trial of re-educating some drunk drivers was undertaken there a couple of years ago. There appears to be no program in Queensland, ACT or Western Australia. In N.S.W. a number of programs were initiated in 1976. It is unlikely that even 5% of all offenders in Australia are being involved in re-educational programs.

There has been little attempt anywhere to effectively educate potential drivers about the hazards of drinking and driving. In no State is there any question concerning alcohol in the driving licence tests. In Victoria notices concerning the ‘0.05 legislation’ have been distributed with registration and licence papers for some years, and consideration is being given to inclusion, in the near future, of questions about alcohol in learner driver permit papers there and in Western Australia. Most States have procedures for reviewing progress made before returning licences where these have been cancelled because of alcohol related convictions. Except in Western Australia driving instructors are not routinely supplied with information concerning alcohol and driving, although in Victoria instructors are tested on their knowledge of traffic law, including that relating to alcohol. Some information on the subject of alcohol and driving is beginning to appear in learner driver courses conducted by special institutions, such as motoring organisations. Recently, the Commonwealth Department of Transport, in co-operation with the traffic and road safety authorities of the States
and Territories, produced 750 000 copies of a useful pamphlet on *The Facts About Drinking and Driving*. It is hoped that this will be used appropriately.

Educational curricula are increasingly the responsibility of school principals or school councils. In this setting central educational institutions can produce resource materials and supply resource persons to influence curricula content. In Victoria and the Northern Territory, at least, there are now sections of the education departments responsible to develop driver education programs in schools. Each gives attention to the question of alcohol and driving. Tertiary institutions should include elective courses for trainee teachers and students for other professions concerning alcohol and driving. Unfortunately, Diploma or Degree courses in health education are yet to be developed in Australia. It would appear that the question of equipping teachers and other professionals to be competent in dealing with these issues has still not become a priority to administrators.

There is in each State a Health Education Resource Centre, mostly with a bias towards concern about alcohol and drugs. However the impact of these on the education system, and on the community in general, is extremely limited. The resources are simply inadequate. There was, in 1973, a successful information orientated communications campaign conducted in N.S.W. aimed at promoting knowledge of the drink/driving legislation. This was followed by a communications campaign directed at changing attitudes and behaviour. The results of the evaluation are awaited. In Western Australia the liquor industry has, in cooperation with other authorities, recently launched a road safety campaign with a major focus on alcohol. However there has never been a sustained campaign in any State, nor a national campaign of any significance.

NEW DIRECTIONS

The overall response to the challenge of alcohol and traffic safety gives little cause for joy. There is more concern about the appearance, horsepower and economy of motor cars than about safety features. Alcohol is still labelled a social lubricant although the continuing escalation of its use threatens the health of society. There is little concern expressed. The Director-General of the Australian Department of Health has given a lead by featuring issues concerning alcohol in his 1976 Annual Report to Federal Parliament.

New initiatives are required if the impact of alcohol and motor vehicle traffic on health is to be reduced. A comprehensive approach will be needed including attention to engineering; pre-licence education; detection and re-education of deviant drivers; school and community education based on an increasing emphasis on health education at tertiary level; and changes in community orientation towards traffic and to alcohol. There will need to be a mechanism for the exchange of information, and for co-ordination and co-operation, between local groups across the nation. We need diversity but we must avoid confusion.

An important issue, in the field of education concerning alcohol (and particularly its relation to traffic), is the use of a standard, readily understood nomenclature. People need to be given simple, consistent, information upon which they can make responsible decisions. They need to know about the importance of blood alcohol level, its determinants, and its implications for behaviour. They need to know about the statistical relationships between quantities of alcohol consumed and health and social problems. They also need to know about the strength of alcoholic liquors and the sizes of various drinking containers. This information should be offered so that it can all be simply interrelated together by 'the ordinary citizen'. If each of these 'facts' is expressed differently (the legal Blood Alcohol Level limit is 0.05%; a daily safe intake of alcohol is 40 grams; beer contains 6% alcohol by volume; and a wine glass holds 4 ounces) then only confusion can result.
As the primary elements in the alcohol picture — bottles and cans — are labelled by volume (x ml or y oz) it would seem reasonable to routinely express measurements in terms of volume. This should extend to usage in scientific literature, in legal proceedings, and in educational material.

New initiatives to reduce alcohol related traffic accidents could come from Governments. However, at this time of financial stringency, this is extremely unlikely. It could only happen if there was a strong, vocal, community demand. Alternatively, a driving force could be created if those who are vitally concerned with this issue organised themselves together for a regular exchange of information, to develop proposals for programs, to enlist community support, and to press governments for reform.

Two leads have been given. The first is in the field of the impact of alcohol in industry. Significant progress has been made in this field over the last five years. Management and Unions have been educated and are working together towards developing policies and programs to reduce harm to employees, and inefficiency in all areas of operations, secondary to the misuse of alcohol in commerce, industry and service situations. Progress has occurred because those concerned developed a disciplined, co-ordinated approach in association with the Australian Foundation on Alcoholism and Drug Dependence and affiliated State organisations. The second lead is the development of NADMI (the National Alcohol and Drug Multidisciplinary Institute) which has been held in Canberra in August for the past two years. In 1976 it was organised on the basis of workshops, one of which was devoted to ‘Driving and Alcohol and Drugs’ and another to ‘Evaluation/Prevention (Alcohol and Drugs)’. In 1977 NADMI should again involve workshops on alcohol and traffic safety. At that institute, plans should be made to use AFADD as a base upon which to organise resources by which to facilitate and accelerate progress in developing various programs, in different places, concerning alcohol and traffic safety.

Alternatively, or perhaps in a complementary fashion, it could be possible to build on the programs of organisations such as Lions International.

For the best results from our efforts we need to make our programs comprehensive, pool our resources, and make our voice heard.

REFERENCES