Prevention of drink—driving in Viet Nam

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Abstract

Context

Road traffic injury is a leading cause of death and disability in Viet Nam, but information on the contributions of specific behavioural risk factors is limited. Research has highlighted that alcohol is a major contributor to road trauma in Viet Nam with surveys estimating more than 30% of road traffic fatalities and up to 60% of hospitalized road trauma patients with a blood alcohol concentration (BAC) above the legal limit (0.00-0.05g/dl).

Objectives

An ongoing collaboration between international partners and national and provincial government stakeholders is supporting the development and implementation of a comprehensive drink drive prevention program.

Key Outcomes

The adopted approach includes the following elements:

1. Review and revise legislation to close relevant enforcement loopholes and substantially increase penalties;
2. Training of large cohorts of national stakeholders (particularly police) in strategic enforcement principles and the development and implementation of social marketing campaigns;
3. Developing and implementing three mass media social marketing campaigns for national television;
4. Procurement of essential enforcement equipment (breathalysers) and training police in their use;
5. Intensive roadside enforcement operations;
6. Monitoring and evaluation

Discussion and conclusions

With recognition of the role of alcohol in road trauma in Viet Nam, prevention of drink driving has been elevated to become a national road safety priority with support from the highest levels of Government.
The major challenge remains to see consistent and widespread implementation of the new enforcement and public advocacy capacity developed through this program so that the lessons learnt from this small but successful pilot program can be scaled up nationally for the improved safety of all Vietnamese road users.

Context

Road traffic injuries are a leading cause of death and disability in Viet Nam. 2011 Statistics from the Ministry of Health reported 17,150 road traffic injury deaths, representing a mortality rate of 20.2 per 100,000 population. Alcohol consumption is a well-established risk factor for road traffic crashes and the severity of injuries sustained in the crash, with research dating back several decades highlighting the exponential increase in crash risk associated from relatively low blood alcohol concentrations, particularly for motorcycle riders.

The most recently reported adult per capita (APC) alcohol consumption data for Viet Nam was 3.8L of pure ethanol per year, lower than the average for the countries of the Western Pacific Region of WHO (4.8L), however certain provinces have substantial consumption with a sub-national survey estimating average daily consumption of more than 64g which represents 29.9L APC per year.

The high alcohol consumption in Viet Nam is a strong predictor that it will also be associated with road trauma. Official reports suggest approximately 6% of injurious road traffic crashes are attributed to alcohol but this assessment is not based on empirical data and is thus recognized to be a likely underestimation of the true association. In contrast, a study by the National Forensic Medicine Institute found that 34% of fatally injured drivers had a BAC greater than the legal limit while a study from Hue Central Hospital found that 60% of all road traffic injured patients presenting in the Emergency Department, had a BAC exceeding the legal 80mg/dL limit at the time.

Striving towards consistency with international good practice, there has been a shift in Vietnamese Government policy towards prevention of drink–driving, resulting in a revision

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2 Borkenstein RF, Crowther RF, Shumate RP, Zeil WW, and Zylman R. The role of the drinking driver in traffic accidents. Bloomington, IN, Department of Police Administration, Indiana University, 1964.
to the 2001 road safety law\textsuperscript{10}. The 2008 revision of the law\textsuperscript{11} reduced the BAC threshold from \(0.08\text{g/dL}\) to \(0.05\text{g/dL}\) blood for motorcyclists and from \(0.08\text{g/dL}\) to zero for drivers of all other motorized vehicles. Taking effect in 1 July 2009, Viet Nam has one of the most stringent legislations in the region. With the revisions to the law, new penalties were also established including heavy fines, vehicle impoundment and loss of driving license\textsuperscript{12,13}.

Prioritization for the prevention of drink–driving in Viet Nam is increasing. In 2009 a national action plan was promulgated and commenced implementation\textsuperscript{14}. Despite the increasing priority, there is still a low perception among road users of their chances of being caught and penalized by police. A WHO supported study on attitudes towards drink–driving in patrons of bars and restaurants in Da Nang in the central region of Viet Nam, reported that male drinkers generally perceive the possibility of being caught by police or suffering a punishment for drink–driving to be very low\textsuperscript{15}. With such low public expectation of enforcement, it is essential that police demonstrate their presence and capacity to enforce anti-drink drive legislation with highly visible, enhanced enforcement operations in random locations and times.

**Objectives**

As part of the Bloomberg Philanthropies funded “Road Safety in Ten Countries” (RS10) program\textsuperscript{16}, the World Health Organization (WHO), the Global Road Safety Partnership (GRSP) and the International Injury Research Unit (IIRU) of John’s Hopkins University have been working with the National Traffic Safety Committee (NTSC) and local counterparts in five provinces (Ha Nam, Ninh Binh, Quang Ninh, Bac Ninh, Vinh Phuc) to scale up road safety and specifically the prevention of drink—driving since 2010. The intervention model being implemented is an enhanced enforcement program where roadside operations of police are supported by legislation review and revision, intensive mass media social marketing campaigns, capacity building, essential equipment and monitoring and evaluation.

Further details of each component are outlined in the outcomes section

**Key outcomes**

\textsuperscript{13} Government of Socialist Republic of Viet Nam. Regulating the sanctioning of administrative violations in road traffic domain. Decree number 34/2010/ND-CP dated 2 April 2010.
Legislation

Review of relevant legislation has identified various loopholes relating to the definitions and enforceability of drink—driving. Evidence based recommendations made by WHO and other partners have been noted in many instances and factored into legislation revision processes. Although some issues remain, the resulting national legislation for the prevention of drink—driving is both comprehensive and provides for heavy penalties for violators.

Capacity building

Through GRSP, a capacity needs assessment has been prepared and is being implemented with counterparts in all RS10 provinces. The primary target group are the provincial traffic police and the objective of all training programs is to strengthen capacity for the safe, strategic and efficient enforcement of drink—driving. Other components of the capacity building program have included principles and practices of developing social marketing campaigns as well as road safety systems for provincial based road transport companies.

Social marketing and public advocacy

In conjunction with the NTSC, WHO has produced three social marketing campaigns between 2009 and 2012, all of which have been broadcast nationally on state and cable television. Associated with the preliminary stages of intervention in Viet Nam and the corresponding low public awareness of the risks as well as the illegality of drink—driving, campaigns to date have focused on the dangers and consequences of drink—driving as well as the scaling up of police enforcement.

Essential equipment

Since 2010, 120 fuel cell breathalysers as well as a large supply of consumables have been procured and distributed to national and provincial traffic police for use in road side enforcement operations as part of the program. Police have been fully trained in the use of the equipment and centralised training in the calibration and certification of equipment was also provided.

Roadside enforcement

Since 2010, WHO and now GRSP have supported national and provincial traffic police in the implementation of effective road side enforcement of drink—driving. Operational support includes the development of procedures and guidelines for safe and efficient operations. Between November 2010 and December 2012, enforcement operations in two provinces (Ha Nam and Ninh Binh) stopped and tested more than 9500 road users. 77.1% had no detectable
alcohol, but 4.5% of motorcycle riders (0.25mg/L), 27.9% of car drivers (0.00mg/L) and 8.2% of bus and truck drivers (0.00mg/L) exceeded the legal limit for that particular class of vehicle.

Monitoring and evaluation

The International Injury Research Unit of John’s Hopkins University School of Public Health is supporting the monitoring and evaluation of the intervention program. A wide variety of data are collected from multiple sources including hospital and police data on road traffic injuries and deaths and self-reported knowledge, attitude and practice (KAP) related to drink—driving via road side and household surveys.

Discussion and conclusions

With greater recognition, both publicly and governmentally, of the role of alcohol in road trauma in Viet Nam, prevention of drink driving is a major new priority for national road safety efforts.

Through the RS10 program (and its predecessor pilot in 2008-2009), WHO, GRSP and JHU have greatly contributed to this prioritization. The model programs and the lessons learnt in the five intervention provinces are being noted nation-wide which will hopefully result in a much wider scale up of similar implementation for the improved safety of all Vietnamese road users.

With implementation in this current phase continuing until the end of 2014, results are continually being generated and are reported at regular intervals through various mechanisms.

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