A city aims to rid itself of drink-driving

The city of Coventry in the United Kingdom aims to be free of drink-driving by the year 2000. The recommendations of a seminar held to consider this goal are presented below.

There is no safe limit for alcohol consumption by drivers of motor vehicles. Since the Breathalyzer was introduced in the United Kingdom, the government’s Christmas road safety campaigns have tried to communicate the simple message: “If you drink, don’t drive; if you drive, don’t drink”. Unfortunately, the country’s legislation remains inconsistent with this advice.

Approximately 1100 of 5500 annual road deaths in the United Kingdom are caused by drivers who have been drinking. During 1985 in the city of Coventry there were 25 road deaths, eight of them attributable to alcohol; assuming that a tenth of road injuries in the city involved alcohol, we can deduce that 140 cases of injury were caused by drinking. In 1985, Coventry set itself the goal of being free of drink-driving by the year 2000. The implications were considered at a seminar in 1986, attended by decision-makers, people engaged in the alcohol trade and in transport in the city, and experts in the field. The recommendations from the seminar are outlined below.

National action

It was considered that the blood alcohol limit for drivers should be reduced to 50 mg per 100 ml; this, in effect, meant that people intending to drive should consume no alcohol at all, that the slow metabolism of alcohol consumed the day before testing was allowed for, and that the possibility in law of claiming that alcohol was produced in the body would be precluded. It was felt that random breath-testing should be introduced.

More resources were needed for alcohol rehabilitation programmes for drink-driving offenders considered to be at high risk for alcohol abuse. Some speakers felt that the
return of the driving licence to an offender after conviction should be conditional on attendance at an alcohol rehabilitation course.

Publicity about drink-driving was desirable at all times of the year, not only at Christmas. Information on the law relating to alcohol consumption by drivers was necessary in the Highway Code (a guide to correct practices for road users) and as part of the instruction given during driving lessons.

Local action

All parties agreed that they were not seeking to campaign against alcohol in general and that measures tending to reduce drink-driving should be encouraged.

A “Coventry says no to drink-driving” logo was to be used in a campaign in which firms with a special interest in safe driving would be invited to take part, e.g., taxi firms, insurance companies, and soft-drinks manufacturers. The city’s motor manufacturers and motor dealers were asked to supply customers with literature on drinking and driving. The Royal interests of the alcohol trade. The logo could be used on beer mats or displayed by off-licences together with a “thanks for your custom but don’t drink and drive” message. Landlords of public houses could participate in a “walk to your local” campaign.

Because life expectancy among people aged 15-24 has been declining in Europe, largely due to drink-driving, it was recommended that the clear message be given in schools that there is no safe level for drink-driving. It was also mentioned that access to alcohol by young people could be restricted if magistrates limited the number of new licences they granted for its sale.

It was noted that there were considerable variations in the interpretation of the law, in its enforcement, and in prosecuting and sentencing practices. Some participants felt that magistrates should be able to withdraw driving licences as a condition of bail prior to cases coming to trial. Finally, it was considered essential to increase the resources for the work of rehabilitation of convicted drivers carried out by the city’s alcohol advisory service, in collaboration with the probation service.

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Of the holders of driving licences questioned in 1986, 15% admitted having driven while under the influence of alcohol during the year. However, most people are aware of the dangers of drink-driving—the problem is not one of ignorance.

In order to make the law consistent with the message that drinking and driving do not mix, the legal limit for blood alcohol clearly ought to be reduced. In the United Kingdom, random breath checks are likely to be seen as an infringement of personal liberty. However, the point has to be made
that the law as it stands neglects the interests of the innocent victims of drink-driving accidents. It is worth noting that, in 1986, the British Medical Association passed a motion in favour of random breath checks. Such checks have been accepted in Finland, where it is recognized that they save lives. Furthermore, they free police resources otherwise used in the detection and prosecution of drink-drivers.

Realistically, however, it seems that British law will not be changed at present and local initiatives will be required. A document summarizing the main recommendations of the seminar, aimed at making Coventry free of drink-driving by the year 2000, has been endorsed by the city’s public works and protection committee. The pressure for changes in the law will, perhaps, become irresistible if enough local authorities say that drink-driving is not acceptable. Until this happens, over 1000 deaths will continue to be caused by drunken drivers each year in the United Kingdom.

Acknowledgements

We are grateful to Dr James Dunbar and Mr Graham Buxton for their support.

When disaster strikes

In collaboration with the League of Red Cross and Red Crescent Societies, WHO has produced a Guide to help communities and local health personnel cope with natural disasters such as earthquakes, cyclones and floods. External relief (from governments or international organizations) is essential for solving many of the problems, but if those affected do not rely upon it entirely, and if they organize themselves properly, they will help to improve the quality of the relief.

The Guide sets out clearly, with the help of explanatory illustrations and practical annexes, what should be done by the community and by local health personnel at the time of the disaster to organize rescue work and emergency care, and later on to solve the many survival and health problems resulting from the disaster. Finally, the Guide describes the various emergencies to which natural disasters can give rise and the steps that can be taken to prepare for the eventuality of a disaster and to prevent and mitigate its consequences.