2

Assessing the situation and choosing priority actions

Assessing the situation and choosing priority actions

Module 1 highlighted why it is important to invest in measures to reduce crashes involving drinking and driving. Before designing and implementing a programme aimed at achieving this, it is important to understand the current situation within your country or region so that appropriate interventions can be selected. The information you gain in this process will be essential in monitoring the progress of the programme that is developed.

The sections in this module provide guidance on the following issues:

- **2.1 Why do you need to assess the situation before deciding which measures to take?** Developing appropriate measures to address drinking and driving requires accurate data on the extent and characteristics of the problem in your country or region. The data you collect will be critical in designing a programme that is relevant and successful.

- **2.2 Collecting relevant data – where to begin:** There are numerous types of assessments that will provide you with the information you need to design an effective programme. This section provides guidance on:
  - ▷ collecting and assessing health and crash data on incidents involving alcohol – to assess the extent of the problem in your community and identify main target groups (section 2.2.1);
  - ▷ assessment of laws on or relevant to drinking and driving – to understand the current legal framework and whether changes may be important in order to implement a programme with potential for improving the situation (section 2.2.2–2.2.4);
  - ▷ stakeholder assessment – to identify the interest groups, their positions and how to involve them effectively in the programme (section 2.2.5);
  - ▷ identifying community perceptions – to assess the level of community understanding of the problem and support for interventions and to determine whether other programmes are being undertaken/have been undertaken from which lessons can be learned (section 2.2.6).

- **2.3 Choosing priority actions:** This section outlines a series of initiatives that have proven effective in reducing the incidence of drinking and driving in numerous countries, or are critical to the success and sustainability of an anti-drinking and driving programme. The initiatives are listed in terms of their priority (high, medium, low) for countries in the early stages of developing a programme to prevent drink-driving. Your choice of initiatives should be based on the outcome of the situation assessment (see section 2.2).

2.1 Why do you need to assess the situation before deciding which measures to take?

There are three main reasons to assess the situation before embarking on a programme to prevent crashes involving drinking and driving.

- To identify the magnitude of the problem and to provide evidence of why a programme aimed at preventing drink-driving crashes is necessary.
- To understand the current mechanisms in place, their strengths and weaknesses, and the effectiveness of any previously implemented solutions, particularly in terms of legislation and its enforcement.
- To provide baseline data that can be used to monitor progress once the programme is being implemented.

2.2 Collecting relevant data: where to begin

Assembling comprehensive road crash data of any kind can be difficult. Since political and administrative responsibilities differ from country to country, it is not possible to give a general prescription as to how to go about this task. In addition, (crash) under-reporting is commonplace in low-income countries *(1)*, and even the information that is collected may not be analysed, reported or accurate. However, the following points probably have general validity and should be considered when trying to estimate the extent of road trauma involving drinking and driving.

The following entities generally collect and maintain road crash and road-crash injury data that could be helpful in gauging the extent and understanding the nature of the problem.

Police authorities: In most jurisdictions, investigating crashes is the responsibility of police. Since police are responsible for detecting breaches of traffic law, it is probable that police crash records would include details of any involved road user being affected by alcohol. In countries where breath or blood tests may not be regularly collected, the presence and role of alcohol can be subjective rather than objective.

Road authorities: Crash records may also be maintained by the road authority. However these records may not include comprehensive information about crashes. The primary interest of the road authorities is to identify shortcomings in the road system for which they have responsibility, so it is probable that alcohol involvement may well not be covered in the records they hold.

Health system: In some countries, the health system is the only comprehensive source of data about road crash injuries. In all but the most advanced countries, this is likely to be confined to admissions to the hospital system and therefore to take into account only the more serious injuries. Since the primary responsibility of the hospital is the care of injured people, details of the location of the crash, the events associated with it and the blood alcohol content (BAC) of the injured person may not be part of the records. For example, frequently, those admitted to hospital accident and emergency departments are simply recorded as having been involved in a road crash without being identified as a driver, passenger or pedestrian.

> **NOTE**
>
> ### Data collection through a sample survey, China
>
> Official crash records in China show fewer than 4% of crashes involve alcohol. This very low proportion reflects the limited enforcement levels resulting from shortage of equipment and limited targeting of the problem.
>
> In order to obtain another perspective, the Global Road Safety Partnership (GRSP), World Health Organization (WHO), the Ministry of Health and the traffic management bureau (traffic police) in Guangxi province are carrying out two surveys: random roadside breath tests in the cities of Nanning and Liuzhou, and blood tests of crash victims admitted to hospitals in the two cities. The goal is to obtain a wider picture of the involvement of alcohol in road injuries, in order to assist the police in targeting their resources more effectively.

Other potential sources of information on alcohol involvement in road crashes include employee and insurance records.

Even if comprehensive crash records can be assembled from one or more of the sources described above, the *extent* of alcohol involvement in crashes needs to be determined in order to make an overall assessment of the true scope of the problem. For example, references to alcohol presence may vary from *subjective* reports such as "alcohol consumed" or "drunk" to more *objective* breath or blood test scores.

Ideally, alcohol involvement in crashes should be based on *objective* breath or, where appropriate, blood testing of drivers at the roadside and/or of those injured at the hospital.

If the record of alcohol involvement is based on *subjective* opinion there is likely to be considerable underestimation of the problem because an investigating police officer or a medical practitioner is unlikely to consider a driver impaired until a relatively high BAC is reached.

2.2.1 Assessing road crash and health data

This assessment involves examining data on road crashes and injuries from, for example, the sources above in order to gauge the extent of the problem with regard to drinking and driving, and collecting information on injuries and fatalities resulting from crashes involving alcohol use.

Information will be needed on the incidence, severity and types of crashes, while a thorough understanding of the causes of crashes is also important. The data may also provide insight to drinking patterns and how to target interventions on those at greatest risk. Such information will be valuable for focusing the programme. For instance, it may turn out that busy urban roads are a high-risk area, or rural roads; young males may be the group found to be at greatest risk for drinking and driving.

If available crash data includes reliable information on BAC for a reasonable pro-portion of the drivers and riders involved in crashes, then assessing overall alcohol involvement is a relatively straightforward process. Should information on BAC lev-els not be available, another alternative is to conduct cross tabulations using existing crash data. Cross-tabulations that include location, month, day of week, time of day, speed limit and road class can be used to build a picture of where and when crashes occur. Cross-tabulating alcohol involvement by age, gender and type of vehicle can be expected to give guidance about which drivers to target in publicity and educa-tion campaigns.

NOTE

High-alcohol times, Australia

In Australia, researchers established alcohol hours on the basis of roadside breath alcohol surveys *(6)*. The percentage of drivers with a BAC greater than 0.05 varied throughout the day as follows:

- less than 1% between 0900 and 1500 hrs
- 2–4% between 1500 and 2100 hrs
- 12–16% between 2100 and 0300 hrs
- 3–7% between 0300 and 0900 hrs.

The higher percentages in each period were found on Thursdays, Fridays and Saturdays.

Table 2.1 provides a guide to assessing road crash data.

Table 2.1	Road crash data assessment			
	Question	YES	NO	DATA/EXAMPLE
1.	How many injuries and deaths occur as a result of road traffic crashes in the project region? (Note that it is important for the working group to predefine the project unit or region of assessment – see Module 3. For example, this may be the entire country, or it may be a particular province/state, or town or community.)			e.g. from police records, hospital records
2.	Is data available on road crashes involving alcohol that can be analysed? (If not, see 2.2.1 for ways to determine the involvement of alcohol in road crashes.)			e.g. from police test records, hospital blood tests
3.	What is the scale of the problem of alcohol related crashes in terms of the number of crashes and the number of fatalities? What proportion of all road traffic crashes does this comprise?			e.g. from police records, hospital records
4.	Does the data provide detailed information on where and when the crashes occur and who is involved?			e.g. police records of crash locations
5.	Who are those most likely to be involved in crashes involving alcohol?			e.g. police crash records, hospital records, surveys of alcohol users
6.	Are the primary risk factors known? (Example risk factors may include age, gender, time of day, prior history of drinking and driving.)			e.g. studies on drinking patterns within society
7.	Are hospitals equipped and legally allowed to take blood samples?			
8.	Are police trained and equipped for on-road enforcement of drinking and driving laws?			

Source: *(12)*

2.2.2 What laws exist?

Many countries have laws on drinking and driving. Understanding what laws exist and whether they are adequately enforced is a critical part of understanding the situation and identifying priority actions. It is therefore useful to begin by reviewing the current state of the laws, as in Table 2.2.

Table 2.2   **Assessment of laws**

	Question	YES	NO	SPECIFY
1.	Are there laws relating to road safety in general?			
2.	Is "drunk driving" illegal? If so, is "drunk" defined? (The answer generally will be yes but "drunk" is not always clearly defined, for example as a BAC level.)			
3.	Is there a law on BAC and/or a BrAC? Are there different BAC levels for different driver groups? (E.g. lower BAC levels for novice and commercial drivers.)			
4.	What evidence is needed by the courts in order to convict an offender?			
5.	Can police or other traffic enforcement officers require that a driver provide a breath test (or other evidence of sobriety) at any time without having to wait for the driver to make a mistake before pulling him or her over? (E.g. at sobriety checkpoints or random breath testing.)			
6.	Are all those involved in a crash tested for blood alcohol or breath as a matter of routine?			
7.	Is the judicial system equipped to support drink-driving legislation?			
8.	Do judges have discretion in imposing lighter penalties than those recommended or prescribed in legislation?			
9.	Is there compliance with existing laws? (See section 2.2.3)			
10.	Is the public aware of existing laws on drinking and driving? (See section 2.2.4)			

To understand the fuller context in which drinking and driving takes place, it is also worth considering:

- laws pertaining to what constitutes "evidence" of a particular BAC/BrAC level;
- laws governing the sale of alcohol – what sort of establishment, opening hours, laws and practices relating to the responsible serving of alcohol;
- legal drinking age and how this relates to the driver licensing age.

Sample legislation from diverse countries is provided in Module 3, section 3.3.

2.2.3 Is there compliance with existing laws?

Experience has shown that road safety legislation without proper enforcement is unlikely to have the desired effect. In part, this is because road users do not always recognize the risks involved and the benefits to them of the protective measures contained in the legislation. For this reason, they do not always comply with laws designed to improve their own safety on the roads.

It is important to know the extent to which existing laws are being complied with and, if compliance is low, why this is.

BOX 2.1: Factors compromising compliance with laws, British Columbia, Canada

In 2003, the Government of British Columbia, Canada, commissioned a discussion paper on *Drinking and Driving Issues and Strategies in British Columbia (3)*. An outcome of research conducted for the paper was an understanding of factors that may be detracting from compliance with drinking and driving laws.

These factors included:
- Drivers are unaware of the consequences of drinking and driving.
  - ▷ 44% could not identify a single administrative sanction that a driver faces for driving with BAC over 0.08 g/ml or refusing a breath test.

- Low risk of a drink-driver being stopped.
  - ▷ The number of impaired driving charges recommended by police decreased by 20% (from 8738 to 6932).

- Low risk of being charged if stopped.
  - ▷ Officers surveyed suggested that police are more reluctant to proceed with or recommend the more severe criminal charges for a number of reasons:
    - – the time it takes to process the charge (62%)
    - – insufficient staff to process the impaired driver (49%)
    - – drivers unlikely to be found guilty of the charge (40%)
    - – drivers likely to plead to a lesser or included offence (36%).

- Slow nature of criminal cases, and uncertainty of conviction.
  - ▷ Although the provincial suspensions for criminal drinking and driving convictions are severe, their deterrent effect as was found to be compromised by lack of "swiftness" and "certainty". Drinking and driving charges are far more likely than other criminal provincial court matters to need a trial to reach resolution, a process that was found to take up to 18 months to complete.

- No compulsory treatment countermeasures for problem drinkers.
  - ▷ 25% of British Columbia's fatally injured drivers in 2002 had BACs in excess of 1.5 g/ml. However, British Columbia lacked a compulsory rehabilitation programme for drinking drivers.

A variety of statistics and measures can also be used as a guide for determining compliance with drinking and driving laws, including:

Percentage of drivers and riders killed with a BAC over the legal limit

In some countries, this information is routinely available, although coverage is rarely complete. Coverage of drivers and riders killed is generally easier and therefore much better than coverage of drivers and riders injured. Even if there is a legal requirement that blood samples are taken on admission to hospital, the pressure of work in emergency departments often means that this is not done.

Number of alcohol offences detected

This measure can give reasonably complete numbers of driving offences involving alcohol impairment over time, but it is dependent on the extent of police effort put into alcohol enforcement and so may not provide a true reflection of the actual situation.

Percentage of drivers stopped with a BAC over the legal limit

This can be a useful measure, particularly where sobriety checkpoints (where drivers are "pulled over" in order for a measure of their BAC to be taken) are in use and large numbers of drivers are tested. However, the proportion of drivers encountered with a BAC over the legal limit can be expected to fluctuate depending on where and when enforcement operations are carried out. This measure should therefore be treated with caution when assessing individual operations, or operations over a short period. If the intensity, timing and type of location for operations are stable over the long term, then it can be a useful measure.

Driver surveys

The best way to assess levels of drinking and driving and trends is to conduct independent surveys where researchers stop vehicles, or approach vehicles stopped at lights, and request breath samples. Care must be taken in deciding which times of day and which locations to use to ensure that the breath sample is representative of driving over the time period and road network for which the information is required. Another effective measure is to work closely with police and ask them to conduct a breath-test on all drivers involved in crashes (if they have ready access to breathalysers). In some countries this is required by law. In Module 3 the process for conducting such a survey is described.

BOX 2.2: **Drinking and driving in an urban setting, Kenya**

In Kenya, alcohol is believed to contribute to the growing problem of road crashes in the country. However, the proportion of drivers who consume alcohol before driving is not routinely collected in road crash statistics. A study was undertaken to objectively establish levels of BAC in the general driving population, and to identify the proportion and travel characteristics of drivers who consumed alcohol, including information on their BAC levels by age, sex and occupation. The findings were used as the basis for setting an appropriate legal limit for drivers, and to promote measures to deter drinking and driving.

Methods

A roadside survey of drivers was conduced in Eldoret town in western Kenya over a period of seven consecutive days in 1995, between 7pm and 12 midnight. Seven locations on all major roads passing through the town and those leading to the main residential areas were selected as sampling sites. Drivers were selected at random at each location and all motor vehicles were eligible for inclusion.

The research team was made up of a primary investigator and four medical students working in full cooperation with the traffic police, who stopped vehicles as well as maintaining orderly traffic flow and security. The police stopped vehicles and after conducting a routine traffic check, asked he driver for his or her consent to be interviewed by the research team. Interviewers approached the consenting drivers (while the police withdrew), introduced themselves then conducted a short interview to find out the driver's age, occupation, origin and destination of the journey and whether the driver had taken a drink in the previous six hours. The driver was then asked to take a breath test.

Selected results

90% of the drivers agreed to the breath test. Of these, 19.9% had a BAC under 0.05, 8.4% had BACs greater than 0.05 and 4% exceeded 0.08. A greater proportion of males had been drinking (20%) in comparison to females (12.5%). All drivers with BACs over 0.05 were male.

BOX 2.3: **Random breath testing (RBT), Australia**

The potential value of the types of data described above is demonstrated by a programme of sampling carried out in the Adelaide metropolitan area, South Australia, between 1979 and 1992. Random breath testing was introduced in South Australia in 1981, following a period of public controversy. However, after RBT was introduced, the number of alcohol related road crashes was substantially reduced.

Roadside surveys (conducted by research assistants who breath-tested the first driver stopped at each red light cycle) revealed a substantial drop in the number of drivers with a BAC exceeding the legal limit of 0.08, from 12% to 4%.

The early style of RBT made it relatively easy for drivers to avoid being stopped and tested by using back-streets to circumnavigate testing stations, as was confirmed by observational studies. The investigation of locations where crashes involving drink-driving frequently occurred suggested a move away from the major arterials would be better.

This demonstrates how roadside surveys, observational studies and crash analysis can provide insights which would not be available from a consideration of the operational statistics alone, and that these methods can help to ensure enforcement programmes are appropriately targeted, especially during the early years of a comprehensive alcohol programme.

2.2.4 What does the public know about the existing laws?

The driving population's knowledge of laws can be assessed through focus group discussions, face to face or telephone interviews. For countries with a reasonable degree of literacy and access to the internet, e-mail questionnaires directed to individuals – or web-based questionnaires – are also possibilities. Although this is only a small proportion of the population at present, it is expected to grow rapidly, especially among younger people who are likely to be at risk of drinking and driving.

When assessing community knowledge in relation to drinking and driving legislation and enforcement, as well as the risks involved in drinking and driving, it is particularly important to find out:
- how well people understand the basis of the law, e.g. the BAC limit (where one applies), or the definition of impaired driving where there is no set limit;
- how well people understand how alcohol impairs judgement and the ability to drive a motor vehicle safely;
- how well people understand the relationship between drinking and the BAC limit, or the definition of impaired driving, as appropriate;
- people's estimate of the probability of being detected if driving while impaired by alcohol;
- how well people understand the punishments if convicted for drinking and driving, including fines and disqualification, and the likely impact on their livelihood and social life.

The information gathered through a survey such as that outlined in Table 2.3, combined with information on the respondent (e.g. age group, gender), can help identify target groups of individuals who may drink and drive. This in turn is useful in planning a drinking and driving programme, and knowing which high risk behaviour and segment of the population to focus on.

2.2.5 What is a stakeholder assessment and why is it necessary?

A stakeholder assessment sheds light on the social environment in which a programme on drinking and driving will be developed and implemented.

The key objectives of a stakeholder analysis are:
1. to identify key stakeholders, define their characteristics and examine how they will be affected by the policy (e.g. their specific interests, likely expectations in terms of benefits, changes and adverse outcomes);
2. to assess their potential influence on the development, approval and implementation of a programme or legislation on drinking and driving;
3. to understand the relationship between stakeholders and possible conflicts of interest that may arise;
4. to assess the capacity of different stakeholders to participate in developing a programme and the likelihood of their contributing to the process;

5. to decide how they should be involved in the process to ensure the best possible quality and viability of the programme, in particular:
   - the nature of their participation (e.g. advisers, consultants or collaborating partners)
   - the form of their participation (e.g. working group members, advisers or sponsors)
   - the mode of their participation (e.g. individual participants or group representatives).

Table 2.3	Sample community survey on drinking and driving

	Question	Possible responses
1.	Do you know the BAC limit in your country? (If yes, check BAC value is correct.) Alternatively, if there is no BAC limit, the question could be: "Do you know the legal definition for impaired driving in your country?"	1 yes (with correct or incorrect value) 2 no 3 don't know what BAC is
2.	In your opinion, is operating a motor vehicle after consuming alcohol dangerous?	1 yes 2 no 3 don't know/unsure
3.	In your opinion, does the consumption of alcohol before operating a motor vehicle increase the risk of causing a road crash?	1 yes 2 no 3 don't know/unsure
4.	Have you consumed alcohol before operating a motor vehicle?	1 regularly 2 occasionally 3 no 4 don't know/unsure
5.	Have you travelled as a passenger in a motor vehicle with someone who has consumed alcohol before driving?	1 regularly 2 occasionally 3 no 4 don't know/unsure
6.	In your opinion, what is the likelihood of being stopped by the traffic police on suspicion of drinking and driving?	1 high 2 moderate 3 low 4 don't know/unsure

Key stakeholders can include:
- government departments
- senior health department officials
- surgeons and influential medics
- non-government organizations with a focus on community health perspectives
- employers
- local communities
- individuals (e.g. representatives of work forces, victims of drinking and driving crashes).

Additionally, there will be stakeholders, sometimes representing the voices of those opposed to the intervention, which have a strong interest in the activity, including:
- owners of licensed premises and retailers of alcohol
- manufacturers of alcoholic beverages
- manufacturers of alcohol-testing equipment
- motor vehicle manufacturers.

Experience has shown that involving members of a wide variety of groups, representing diverse interests, in discussions about the project is important as well. Such an approach can often overcome initial concerns and opposition before reaching the public sphere.

The second important function of the analysis is to understand the interest each of the stakeholders might have in the project. A careful analysis should be made of the position of all major stakeholders, as this will help in designing appropriate approaches for involving them. It is especially important to identify supporters and opponents and, moreover, to appreciate the reasons for their respective positions, so as to be able to develop a marketable package that satisfies all concerned parties.

Stakeholders can have:

- **Operational interest in the issue of drinking and driving.**

  These include police, road authorities, community road safety agencies and safety research organizations. These organizations usually have crucial operational roles in road safety in general, and a vested and substantial interest in reducing the number of traffic crashes involving alcohol. They should be involved in any programme related to alcohol-impaired driving.

- **Professional and social interest in the issue of drinking and driving.**

  The medical profession, emergency services groups (e.g. crash recovery, ambulance), community care organizations, citizen advocacy groups, social workers, alcohol rehabilitation service providers and educators are examples of those with a fundamentally professional or social development interest in the issue of drinking and driving.

Generally these groups are very interested in the scale and effectiveness of what is planned. Some of these organizations can be very influential in society and this influence can be tapped by planning a range of activities which they can undertake within the scope of their day-to-day activities. Examples might include, information on drinking and driving handed out by doctors at clinics, educational materials used by teachers with young pre-drivers in their classrooms, information on how to deal with excessive alcohol consumption (amongst partners and other family members) provided by social workers.

- **Financial interest in the issue of drinking and driving.**

  This group includes owners of licensed premises, events organizers, alcohol manufacturers, and the breath testing equipment industry. Motor vehicle and alcohol beverage manufacturers may also have a financial interest if any countermeasure initiatives are planned which could change the price and appeal of vehicles and alcohol beverages to consumers. Many examples exist where support for responsible alcohol consumption and activities supporting anti-drinking and driving campaigns have been undertaken or funded by the beverage alcohol industry.

Entrenched behaviour is difficult to address and requires a long and sustained approach for success to be achieved. There will be opposition in all communities to the change being promoted and sometimes those in opposition have considerable power and influence.

Consequently there is a need to establish strong partners and influential groups in the community who are prepared to support the intervention and engage in community debate with those who oppose the activity. These stakeholders need to be contacted in the early development of an intervention and be kept informed about the progress of the activity, changes in community views and the nature of opposing arguments which are generated in the media and placed before the public.

In some countries a separate authority may be responsible for public safety publicity.

The road safety agency also needs to consider the potential role of other organizations that may have special roles to play in the programme. These can include many of the financial and social interest stakeholders identified in section 2.2.5 and Table 2.4. Two types of organization that should be considered for special attention are insurance companies and hospitals.

Table 2.4 **Potential roles and responsibilities for stakeholders involved in anti-drinking and driving programmes**

Authority	Major role and responsibility
Road safety authority	Legislation
	Funding
	Programme coordination, strategy, monitoring and reporting
	Major publicity campaigns
Police	Enforcement of drinking and driving laws
	Public commentary
	Participant in community education activities
Hospitals/Health Authorities	Political lobbying in support of interventions
	Community leadership in discussion and debates
	Highlighting health benefits from effective programmes
Insurance companies	Support for funding interventions from profits generated by effective road safety interventions
	Risk based premiums policy
Education department	Alcohol and its influences included in school programmes
Community road safety groups	Community education activity
	Localisation of major publicity campaigns
Citizen advocacy groups	Promoting community-driven initiatives
Producers, distributors and retailers	Responsible marketing in the context of road safety
	Server training and programme sponsorship
	On-premise education and awareness campaigns
Road safety research authority	Problem identification
	Programme evaluation
Road authority	Road engineering treatments
	Vehicle speed and traffic management policies
Employer	Company policies regarding drinking and driving
	Employee education regarding drinking and driving
	Driver training
	Fleet safety management policies
Media	Communicating to the public about the drinking and driving situation in the country, and risks of consuming alcohol and driving
	Communicating about a national programme or campaign on drinking and driving
Beverage alcohol licensing authority	Licensed premises supervision
	Responsible alcohol-serving policies and training

NOTE   **Insurance**

For those insurance companies that insure against injury resulting from a road crash the major component of their costs is insurance claims payments for compensation and injury rehabilitation.

A high quality drinking and driving program that reduces the incidence of alcohol-impaired driving will result in substantially lower claim costs for the insurance company. An excellent example is that of the Transport Accident Commission in Victoria, Australia, which reported a 20% decline in injury claims between 1999 and 2004, largely attributed to road safety programs.

Insurance companies are direct beneficiaries of effective road safety programs. In most jurisdictions where this is understood, insurance companies provide financial assistance for drinking and driving interventions

NOTE   **Health sector**

The health sector is also a beneficiary of effective anti-drinking and driving programmes. The major benefit derived by this sector is a reduced demand from road crash victims for hospital beds and access to emergency equipment and staff. This leaves facilities available for other patients and increases the scope of emergency medical services available to the community. This means that the health ministry or authority needs to be involved and constantly apply pressure on other agencies to keep road safety high on the political agenda.

In addition, senior health sector representatives often have substantial standing within the community – seeking their assistance in supporting major components of a programme, such as legislation for legal BAC limits, or powers for police to participate in random roadside checking of drivers, can be an important for the success of a programme.

2.2.6 How to identify community perceptions

Alcohol consumption is a part of life and social customs in many communities worldwide. Thus it is important to understand drinking patterns and the role of alcohol in society, local opinions in relation to road safety and attitudes towards drinking and driving. This information can help shape a programme on drinking and driving, and decide how much should be invested in raising public awareness about the risks associated with it.

Specifically, a community assessment could address the questions in Table 2.5.

Table 2.5	Community assessment			
	Question	**YES**	**NO**	**SPECIFY**
1.	Does the community view drink-driving as a problem?			
2.	Will community representatives support or oppose the intervention? (The answer might be found after your stakeholder assessment.)			
3.	Are there ways of building community support for an anti-drinking and driving programme?			
4.	Are there key community stakeholders who would want to assist?			

Where will this data come from?

Data of this type may have been collected as part of an earlier programme. There may also be studies conducted by market research firms, universities, non-governmental organizations or other agencies working in road safety.

If such data is not available, it might be useful to conduct a public opinion survey to collect it. If the programme is still being developed, there are likely to be time and budget constraints. Therefore, only a preliminary survey is suggested at this stage, and a more detailed one can be undertaken later. In a preliminary survey, it is most useful to focus just on the geographic area and population groups estimated to have the highest risks.

2.2.7 What other factors should be addressed as part of the situation assessment?

As a part of the general situation assessment, it is critical to look at other factors that could influence the type and scope of programme implementation, including operational, financial, and political issues.

Additional questions that should be addressed as part of the general assessment include:

Operational issues

- Are there agencies that are enthusiastic about the intervention and could act as "champions" (maybe answered as part of the stakeholder or community assessment)?
- Can the intervention be mounted with some agencies not involved initially?
- Does the intervention require special training or equipment? Are these items available? What training needs are there?
- Does an intervention rely on new laws? If so what lead times are required to prepare?
- Do the police have the capacity to enforce a new law?
- Are key agencies prepared to coordinate their efforts?

Financial issues

- What are the costs involved in financing an initiative? (See Module 3, section 3.2.8 for ideas regarding the components of a possible programme, or for which budgets would need to be identified).
- What sources of funds are available for financing an initiative?
- Is the scale of funding required for the intervention likely to be available? If not, is there potential for a prior activity designed to generate funding?
- Can a pilot be mounted with available funds to show effectiveness?

Political issues

- Are politicians aware of the problem?
- Is there a need to sensitise them to the issues?
- Will the intervention create community opposition? If so, how can this be addressed?
- Are there political benefits which can be provided through the programme?

2.3   Choosing priority actions

The above section provided information on conducting important assessments and reviewing critical issues to gain a better understanding of how a range of authorities and individual organizations might contribute to a successful intervention on drink-driving. In many countries, however, the circumstances may not be conducive to establishing a multi-faceted programme as a first step.

The key issue to be highlighted in this section is to choose actions and design an intervention which is feasible in the circumstances facing the authorities in each country *and not to wait until the situation exists where the ideal programme can be commenced.* While this approach to selection of solutions is recommended, there are some key factors noted in Module 1 which are essential if a programme is to be effective, including:

- strong political commitment to prevent drinking and driving;
- legislation that clearly defines illegal (for driving) levels of BAC and penalties for drinking and driving offences;
- strong and well-publicised enforcement campaigns;
- public education, to change attitudes to drinking and driving;
- strict penalties for those caught breaking the law.

2.3.1 Possible programme elements

Table 2.6 presents a number of elements that could be included in a national or regional programme to prevent crashes involving drinking and driving in your community. They can also contribute to the overall effectiveness and sustainability of a programme.

The elements are presented in terms of their level of priority, with high priority indicating that this particular element is essential to any programme to prevent drinking and driving. In addition, assessments are made on the effectiveness of each element in terms of reducing road crashes involving alcohol; this is based on experience and research, the level of difficulty in implementation and the cost to implement. There is also a guide to where more information can be found on each element in this manual.

Summary

- It is critical to have a comprehensive understanding of the drinking and driving problem in your country or region in order to design a relevant and effective programme.
- In order to develop an understanding of the drinking and driving problem, a situation analysis should be undertaken that examines:
  ▷ crash and health data on road traffic incidents involving alcohol;
  ▷ laws pertaining to drinking and driving such as maximum BAC/BrAC levels for motorists, how these laws are enforced, and why compliance with laws may be low;
  ▷ relevant stakeholders and their potential role in a programme aimed at deterring drinking and driving;
  ▷ drinking patterns and community perceptions of drinking and driving.
- Projects aimed at reducing road crashes involving drinking and driving require high-level support which must be garnered from many different agencies.
- Interventions chosen should be relevant to the country's specific drinking and driving situation.
- There are a few key factors, which are essential for any anti-drinking and driving programme to be successful. These are:
  ▷ Assess available data to identify target groups.
  ▷ Ensure laws on drinking and driving are clear and enforceable.
  ▷ Enforce the laws fairly and firmly, with appropriate punishments.
  ▷ Ensure that public information supports the law and its enforcement.
  ▷ Monitor and evaluate the programme.

Table 2.6 Possible programme elements by priority for countries implementing a first-generation programme to reduce drinking and driving

Element	Description	Research	Effective-ness	Difficulty to undertake	Cost to implement	Section in this manual
Road safety/ crash data assessment	Without this, any expenditure of funds and effort could be wasted by underestimating the scale of the problem, or by tackling a problem which is too hard to address in the current circumstances.	yes	high	low	low	2.2
Laws on BAC or BrAC levels	An enforceable law is a pre-condition for effective enforcement by the police. While some jurisdictions have had success with sobriety testing methods, in general the existence of a specific law defining BAC levels provides the base conditions usually required by police in order to generate the high levels of enforcement required to influence drivers.	yes	high	Low if there is political commitment	low	3.3.1
Strong enforcement of drink-driving laws	Undertaking sufficient enforcement measures such as sobriety checkpoints and random breath testing to influence drivers' views on the likelihood of apprehension is a key element. Experience shows that behaviour will not be changed by encouragement or education alone. Enforcement of laws by the police is critical to reinforce public education aimed at preventing drinking and driving in the first place.	yes	high	Low if there is political commitment	medium	3.3.2
Strict and swift punishment for those who break drinking and driving laws	Penalties considered serious by the general public and which are applied swiftly by the authorities can effectively deter individuals from drinking and driving. Examples include fines, driver licence suspension, imprisonment and vehicle sanctions.	yes	high	Low if there is political commitment	low	3.3.3
Public information and education	These should be linked to other elements of the programme (enforcement, legal limit etc). Education is the supportive element rather than the central one. However some educational elements are required to commence the process of changing attitudes while behaviour is being addressed during the programme.	some	High when combined with enforce-ment	medium	medium to high	3.4
Monitoring and evaluation	If a programme is not measured and the desired objectives are not monitored then any success will not be known. Monitoring will also identify the need for amendments to the programme during operation. Monitoring and evaluation data also helps reinforce community and political support, and encourages the activities of agency staff involved in the project activities.	yes	high	low	low	4.1
Lower BAC for driver groups such as bus drivers or young drivers	Making the legal level of blood alcohol lower or zero tolerance for specific groups – such as those with responsibilities for passengers or dangerous cargo, and high risk groups such as young drivers.	yes	high	Low if there is political commitment	low	3.1.1

High Priority

Element	Description	Research	Effectiveness	Difficulty to undertake	Cost to implement	Section in this manual
Medium Priority						
Laws prohibiting alcohol sales at certain locations and times	Intended to make access to alcohol more difficult for drivers.	yes	medium	low	low	3.1.1
Initiatives to control alcohol access and distribution	Regulations that require licensing alcohol sale and distribution to help address the problem of drinking and driving. Most alcohol licensing regulation is meant to protect individuals and segments of the population (e.g. under legal drinking/purchasing age) as well as society at large from alcohol-related harm.	yes	medium	low	medium	3.1.1
Graduated licensing for novice drivers	Graduated licensing programmes control the rate and manner in which young drivers gain access to full driving privileges. They may include delayed access to a full licence and curfews, as well as lower BAC limits for novice drivers.	some	medium to high	low	Low if there is political commit-ment	3.3.1
Employer programmes	These aim to use employers' relationships with and responsibilities towards staff to influence or control drinking and driving. Can be effective in large fleet operations.	some	medium	low	medium	3.5
Vehicle sanctions	Vehicle sanctions such as vehicle impoundment, vehicle licence plate impoundment, vehicle registration cancellation and vehicle immobilization have been used effectively in reducing repeat drinking and driving. In order for a programme to be effective, countries must have a good vehicle registration system.	some	medium	low	Medium, if there is political commit-ment	3.3.3
Low Priority						
Designated "driver and ride" service programmes	These strategies aim provide safe transport following a drinking event. Designated driver programmes encourage one person in a group to abstain from drinking and provide safe transport for the others. Ride service programmes provide transportation to intoxicated people who would otherwise drive.	little	low	low	low	3.5
Treatment for repeat offenders	Treatment rehabilitation programmes are part of drink-driving countermeasures in many countries. The programmes are diverse and range in effectiveness, which is often unknown. In order for treatment programmes to be seriously considered, countries must have sufficient information on repeat drinking and driving offenders.	some	low to medium	medium	low to medium	3.3.3
School education programmes	Introduce education in schools about the dangers of drinking and driving. This can include visits to schools by representatives of the health sector or traffic police, particularly if specific materials are not available.	some	low	low	low	3.4.1

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