



Alcohol and Traffic The Regions' Perspective **FACT SHEET**

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Facts & Figures

- More than 1 in 3 traffic accidents deaths on EU roads is caused by drink-driving
- Approximately 17 000 deaths per year result from drink-driving.
- Out of these, 10 000 deaths affected someone other than the driver.
- There is a gender gap in deaths: 15 000 male victims, as opposed to 2 000 female victims.
- The most common cause of death among young people is traffic accidents.
- Two thirds of people involved in drink-driving accidents are aged 15 to 34.

(Source: Farke (2008), p.3 & Anderson and Baumberg (2006), pp. 195 & 212)

The EU strategy to reduce alcohol-related harm (2006):

Aim 4: To contribute to reducing alcohol-related road fatalities and injuries

- Maximum BAC* limit of 0,5mg/ml or less would be desirable
- Enforcement, systematic random breath testing
- Education and awareness campaigns
- Lower or zero BAC limits for young and novice drivers, public transport drivers

We all agree that focusing on traffic situations is important when it comes to preventing alcohol-related harm. But we do not always agree what the most effective policies are to prevent such harm.

* BAC = Blood Alcohol Concentration

Research tells us that:

HIGH effectiveness	LOW effectiveness
License suspension	Alcohol locks
Lowered BAC limits	Server training
Random breath testing	School-based education courses
Low BAC for youth	Designated drivers campaigns

(Source: Farke (2008), p. 9)

The Regions' Perspective

In preparation to the AER Alcohol Peer Review on Alcohol and Traffic in Terceira (Azores-P) on 24th October 2007, participating regions were requested to respond to a questionnaire on their competences and policies as regards alcohol and traffic.

3 out of 5 regions surveyed have a policy specific to alcohol and traffic situations, as this is a key priority area for action in most regions. However, 3 out of 5 regions surveyed had no special resources allocated directly to their policies on alcohol and traffic. Nonetheless, all regions still contributed to developing and implementing policies in this area.

Regional Strategies to prevent alcohol-related harm in road traffic

During the AER Alcohol Peer Review on Alcohol and Traffic in Terceira (Azores-P) on 24th October 2007, regions discussed the key problems they encounter in this area and what they feel regional authorities can do to respond to the challenges.

Outcomes of the AER Peer Review on Alcohol and Traffic

1) Regions need to have a policy for preventing alcohol-related harm.

Not all regional authorities across Europe may have a direct competence in preventing alcohol-related harm. This notwithstanding, even where there is no direct regional competence in this field, the services that regional authorities manage will at some point have to deal with the results of drink-driving, whether this is in the health, social, education or other services. It is therefore necessary for regions to have a policy for preventing alcohol-related harm in their territories, as part of their responsibility towards their citizens to provide a safe and healthy environment and a good quality of life.

2) Regions should coordinate stakeholders and actions.

Within their territories, regions should work with all relevant stakeholders in this area in order to create a coordinated, rounded policy approach and ensure that they can tackle the problem of drink-driving from the early stages of prevention to the later stages of treatment. To this end, regions can work with their health and social services, education establishments, youth groups, parents' associations, police and justice services to ensure that drink-driving is prevented and effectively dealt with. Non-governmental organisations (NGOs) also have an important role to play and are often skilled, enthusiastic and innovative in their approach. Regions should give financial support to such initiatives.

3) Improve our preventive work with clear targets and indicators.

Regions acknowledge the need to improve their preventive work and establish more clear targets and indicators in order to better measure their progress in preventing alcohol-related harm in traffic situations. Regions need better access to evidence-based policies and tools for monitoring and evaluating the implementation of these policies. Interregional cooperation networks such as AER, the EU institutions, organisations active in the field of preventing alcohol-related harm and also national governments should provide fora for disseminating best practice.

4) Low BAC levels are meaningful only if they enforced.

Low BAC levels are important when it comes to preventing drink-driving. But they are not a sufficient policy measure in themselves. These limits will have an impact only if they are enforced. Regional authorities have to work with the police to ensure that BACs are respected and that offenders are identified, disciplined and treated.

5) Drunk drivers need to receive treatment also, not just punishment.

In particular in light of many regions' competences over social services, it is important to improve the coordination between the various stakeholders and social services. There is often an important lapse of time between the moment an offender is apprehended and the time this person is referred to social services and receives treatment and this needs to be remedied.

6) Restrict the availability of alcohol

Regions highlight the importance of restricting the availability of alcohol in order to reduce drink-driving. Minimum drinking ages need to rise in order to prevent harm among young people who represent a very important percentage of victims. In many cases alcohol is more easily available than non-alcoholic alternatives and at a cheaper price. In order to encourage people not to drink and drive, alternatives must be readily and visibly available and must be better value for money than alcohol. Alcohol should also not be made available in locations that are clearly linked to traffic such as gas stations or roadside shops and restaurants.

7) Change peoples attitudes towards alcohol

Preventing alcohol-related harm means changing people's attitude towards alcohol. A number of regions acknowledge the existence of a permissive culture towards alcohol consumption in their territories, sometimes also linked to the fact that they have a tradition of making alcohol. If prevention policies are to be effective, it is important to

make people understand that consuming alcohol and then taking the steering wheel is not OK. In particular in the case of young people, it is important that they learn from parents and schools not to abuse alcohol and not to consume it at all when they will drive.

8) Regional actions should complement and influence national and local strategies.

Regional policies to prevent alcohol-related harm and drink-driving more specifically are very important, but are not sufficient. Regions should ensure that the policies they develop are in line with national policies and guidelines in this area. And regional policies should complement and strengthen the actions taken at local level. Cooperation and coordination among all levels of government will increase the effectiveness of policies to prevent alcohol-related harm.

Bibliography, References & Links

- European Commission Communication “An EU Strategy to support Member States in reducing alcohol related harm”, Brussels 24/10.2006, COM(2006) 625 final. Available at: http://ec.europa.eu/health/alcohol/policy/index_en.htm [accessed March 2010]
- Eurobarometer Survey “EU citizens’ attitudes towards alcohol”, Special Eurobarometer 331 (April 2010), available to download at:
http://ec.europa.eu/public_opinion/archives/eb_special_en.htm [accessed April 2010]
- Farke, W. (ed.), German Centre for Addiction Issues (DHS) (2008), “Reducing Drinking and Driving in Europe- Recommendations & Conclusions”
- Available at: http://www.dhs.de/web/dhs_international/pathways.php [accessed April 2010]
- Further information on the AER Alcohol Peer Reviews is available at:
<http://www.aer.eu/main-issues/health/alcohol-prevention/aer-alcohol-peer-reviews.html>

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