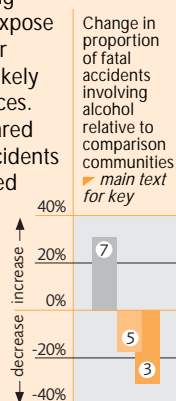


13.10 Communities can reduce drink-driving deaths

Findings A multi-million dollar attempt to equip US communities to tackle substance misuse only succeeded in reducing alcohol-related traffic deaths when treatment initiatives were supplemented by measures to limit the availability of alcohol.

Between 1990 and 2002 the *Fighting Back* initiative funded 14 community coalitions to develop community-wide prevention and treatment systems. Each could devise its own strategies as long as these included public awareness campaigns, preventive measures aimed at young people, early intervention, treatment, and 'environmental' changes intended to make the area and the community more resistant to substance misuse problems. Trends at 12 of the sites could be compared against matched communities but the results were disappointing. Surveys of residents revealed no positive relationships between the initiatives and drug, tobacco or alcohol use, problem use, or community awareness, either overall or for the outcomes expected from particular types of interventions.

But a later analysis (▶ *Featured study*) of traffic accident records showed that there had been substantial benefits in five of the communities. Overall their coalitions had not been markedly more vigorous, but they had made more extensive efforts improve access to treatment (including screening emergency patients for substance misuse) and allied this with a much greater focus on restricting alcohol availability. They had mounted 'sting' operations to expose illegal sales, conducted responsible service training, closed or blocked the opening of alcohol outlets, and were also more likely to have limited advertising and established city-wide task forces. When the decade before these projects went live was compared with the following ten years, the proportion of fatal traffic accidents involving alcohol had fallen by 22% more than in their matched communities ▶ *chart 5*. The three projects which had operated on a city-wide basis recorded particularly large relative reductions, from 31% at the lowest blood alcohol level to 39% at the highest ▶ *chart 3*. In contrast, the remaining seven *Fighting Back* communities which had focused less on treatment and availability had seen relative *increases* (albeit not statistically significant) in the proportions of fatal accidents involving alcohol ▶ *chart 7*.



In context Apart from in one community, these results were achieved without including roadside police sobriety checks in the campaigns, the most direct way to reduce alcohol-related accidents and one with a positive research record. Availability restrictions were probably the major active ingredients. These most clearly distinguished the five successful communities from the remaining seven, and previous research has demonstrated their potential to reduce heavy drinking, drink driving, and alcohol-related accidents, injuries and deaths. Without a focus on regulatory action and availability restrictions, media campaigns and community mobilisation are less effective. However, these can help generate and sustain support for intensified regulation and may in their own right reinforce social norms against drink driving. Improvements in treatment access may also have helped. Treating people seeking help for their alcohol problems and screening and intervention among emergency patients both reduce accidents among the patients concerned. Though yet to be clearly demonstrated, such effects may cumulate into public health benefits visible at a community level, including impacts on accidents and drink-driving.

LINKS
Nuggets 10.9
4.13 3.4 3.3

Practice implications In England and Wales, transfer of licensing powers from magistrates to local authorities has paved the way for increased community involvement in the regulation of alcohol availability. Though powers to regulate at a neighbourhood level (as opposed to an individual site) are limited, the kind of mobilisation and actions trialed in the featured study are feasible in Britain. They are likely to have their greatest impact when implemented across a circumscribed community, particularly if the alcohol-related accidents in that area mainly involve residents drinking in local venues.

Featured study Hingson R.W. *et al.* "Effects on alcohol related fatal crashes of a community based initiative to increase substance abuse treatment and reduce alcohol availability." *Injury Prevention*: 2005, 11, p. 84–90 **AC**

Contacts [Ralph Hingson](#), Center to Prevent Alcohol-related Problems Among Young People, 715 Albany Street, Boston, MA 02118, USA, rhingson@mail.nih.gov.
Thanks to Professor Mike Maguire of Cardiff University for his comments.