

## 4.13 Community action cuts drink-driving deaths

**Findings** One of the two most comprehensive community drug/alcohol interventions ever to have been studied more than paid for itself by reducing alcohol-related injuries.

Outcomes were assessed by comparing trends at each of three US project sites against a similar community. The projects began in 1991 with community mobilisation. From 1993 anti-drink driving components were activated; study ① largely reflects their impact. These featured police roadside checkpoints at which all passing motorists were breath-tested plus publicity to raise awareness of the risk of detection and to stimulate public support. Later components addressed sales to minors and responsible serving and used planning powers and controls on public events to restrict access to alcohol. Core aims and activities were set centrally but timing, methods and extra aims/activities were decided locally. Projects relied on community resources and were coordinated by a local leader. They achieved 78 fewer alcohol-related traffic accidents over 28 months – a 10% reduction and a saving of \$3 (in medical, legal and insurance costs and lost wages) for each dollar spent. Sales to minors were halved.

Study ② from one of the sites (Salinas) includes outcomes from a further year of activity. The focus was alcohol-related crashes and injuries at weekend nights. 116 fewer injuries and an annual reduction of 37 crashes could be attributed to the intervention, a saving of over \$7 per \$ spent. There was also a significant reduction in hospital admissions due to traffic accidents among men under 35.

**In context** British drivers exceed the alcohol limit in accidents which cause over 500 deaths and 300 serious injuries a year. Though national and regional measures have reduced this tally, the featured studies show that further reductions can be achieved locally. However, these gains are not easily achieved. Community projects are complex and unpredictable and often face opposition from vested interests. Centrally instigating locally-led action involves an inherent tension, one noted in the studies. **LINKS** Nuggets 3.3 3.4 3.10 3.14 1.10

Adjustments to exclude extraneous influences give confidence that the improvements were caused by the interventions. Awareness of the heightened risk of legal sanctions seems to have been the primary influence. The most important anti-drink driving activity was probably the checkpoints. On their own these can save \$6 per dollar spent. Enforcement's impact is magnified when awareness of the risk of detection is raised through publicity of the kind the projects generated, and maintaining the effort requires public support.

Study site conditions were relatively ideal. Harnessing media and community support in the more amorphous locales and among the shifting populations of Britain's cities would almost certainly be harder, and research support would not normally be available.

**Practice implications** *Additional reading.* The studies illustrate lessons common to community alcohol interventions: devolve decision-making to the community; rapid feedback of results motivates participants and keeps projects on track; recruit influential local leaders; a long lead-in is needed to build the social and organisational infrastructure for community action; projects need years to fully deliver; project staff must expect and allow adaptation of methods and objectives in response to a community's strengths and priorities; success is easier if the project's aims are already high on the community's agenda; social norms and alcohol availability restrictions have their greatest impacts in self-contained, stable communities whose residents and businesses can less easily escape them; a key element is public awareness of the surer detection and sanctioning of transgressors due to more active use of existing legal powers; however, these powers must first have the *potential* to be effective. Given such conditions, worthwhile reductions in alcohol-related injuries can be achieved by concerted community action.

**Featured studies** ① Holder H.D., *et al.* "Summing up: lessons from a comprehensive community prevention trial." *Addiction*: 1997, 92, supp. 2, p. S293–S301  
② Roeper P.J., *et al.* "A long-term community-wide intervention to reduce alcohol-related traffic injuries: Salinas, California." *Drugs: Education, Prevention and Policy*: 2000, 7(1), p. 51–60. Copies: for both apply Alcohol Concern.

**Additional reading** Graham K., *et al.* "Community action research: who does what to whom and why?" *Substance Use and Misuse*: 2000, 35(1&2), p. 87–110. Copies: apply DrugScope.

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