

## WMA STATEMENT ON ALCOHOL AND ROAD SAFETY

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### INTRODUCTION

1. On a worldwide scale, the anticipated growth in the number of vehicles in circulation (barely 1% per capita in China in 2001, 74% in the United States) has led the World Health Organisation (WHO) to forecast a considerable rise in the global death toll. Road crashes are set to become the 3rd greatest cause of death in the world by 2020, whereas in 1990 they were in 9th place. The WHO estimates that during this period the number of road deaths will fall by 30% in rich countries, while lower and middle income countries will see an increase of 20%.
2. Deaths and injuries resulting from road crashes along with collisions between vehicles and pedestrians are a major public health problem. In many countries where alcohol consumption is an integral part of daily life, driving while under the influence of alcohol has been shown to be the cause of around half of all the deaths and serious injuries in road crashes.
3. A change in the behaviour of road users with regard to alcohol consumption would appear to be the most promising approach to preventing traffic deaths and injuries. Measures forbidding driving while under the influence of alcohol will lead to a considerable improvement in road safety and an appreciable reduction in the number of dead and injured.
4. Driving a vehicle implies the acceptance of a certain number of risks. The careful driver will always be aware of the risks, while at the same time ensuring that the level of risk never rises to an unacceptable level. Alcohol alters a driver's subjective assessment of risk so that he or she drives more recklessly, while at the same time the ability to drive is impaired.
5. Irrespective of the amount of alcohol consumed, the maximum concentration of alcohol in the body is reached:
  - after half an hour when taken on an empty stomach;
  - after an hour when taken with a meal.

On the other hand, it takes the body a long time to eliminate alcohol. An individual in good health eliminates alcohol at a rate that reduces blood alcohol concentration by 0.1 to 0.15 gram/litre/hour.

6. At the present time, permitted blood alcohol levels vary from country to country. It would be desirable to introduce a uniform maximum permissible level of blood alcohol of 0.5 gram per litre, low enough to allow the average driver to retain the ability to assess risk.
7. The information dispensed by health professionals and physicians should be aimed at making every driver aware of these risks. When motorists have been thus informed, it is important that they make the decision whether or not to drive before consuming alcohol in sufficient quantities to alter their perception.
8. Alcohol is a psychotropic substance that acts on the central nervous system. In essence, alcohol abuse or drug dependency are addictive practices that can lead to neurological or psychiatric difficulties, which can in turn trigger a sudden alteration in brain function and thus endanger road safety. Certain drugs interact negatively with alcohol, and in particular some combinations are known to reduce alertness. When drugs, whether legal or illegal, are taken with alcohol, the effect of the latter is intensified. This mixture can trigger mental dysfunctions that are extremely dangerous for road users. Physicians should be educated and informed about these pharmacological facts.
9. When physicians and other health professionals issue fitness-to-drive certificates, they can use this opportunity to educate road users and pass on a message of prevention and personal responsibility. In certain countries, the significant public health problems caused by alcohol on the roads justify more coercive policies requiring the coordination of different initiatives. Physicians could also play a part in this, by complying with current legislation and by exercising the high level of vigilance required by the scale and seriousness of the road safety issue. In the event of a second offence, or of heavy dependency on alcohol indicating regular excessive drinking, the driver may be declared unfit to drive for a period of time sufficient to ensure that when he is again certified fit to drive, he will no longer be a threat to road safety.
10. In most countries, road crashes linked to alcohol consumption affect adolescents and young adults to a disproportionately high degree, and every available resource should be mobilised to reduce their consumption of alcohol. Physicians should also be involved in reducing the likelihood of impaired driving by participating in the detoxification and rehabilitation of drunk drivers. These initiatives should be based on a detailed analysis of the problem as it manifests itself within each country or culture. Generally speaking, however, alcoholism is a medical condition with concomitant psychological or social and interpersonal difficulties that affect the family, work or social environment.
11. In order to be effective, educational and preventive initiatives should:
  - a. Educate the population, especially young people, about the seriousness of the problem and the dangers of drinking and driving, with the aim of changing individual attitudes and behaviour in terms of driving and consuming alcohol and/or drugs;
  - b. Support this change in behaviour by implementing appropriate legal expectations and coercive measures, such as fines or the revocation of licenses;

- c. Identify alcoholic subjects, which requires setting up practical measures such as a questionnaire, psychological tests and random checks;
- d. Restrict the promotion of alcoholic beverages, including advertising and event sponsorship.

Additional measures should be examined and adopted as appropriate. For example:

- e. Development of strategies to assure safe transportation home in situations where alcohol consumption occurs;
- f. Experimenting with devices that prevent individuals with an unauthorised level of blood alcohol from starting the engine of or operating the vehicle;
- g. Wider use of breath alcohol tests (chemical or electronic);
- h. Adoption of a minimum legal age for alcohol purchase and consumption in each country; countries should also adopt policies that penalize the driver and withdraw the driver's license if the driver is under legal age and is convicted of driving under the influence of alcohol.

## RECOMMENDATIONS

1. The WMA urges National Medical Associations and individual physicians to continue promoting the following principles:
  - a. Road accidents linked to the consumption of alcohol are a major but avoidable public health problem. The authorities should allocate public health resources that are proportionate to the scale of the problem.
  - b. When preventive measures are introduced and followed through, a good understanding of age and social groupings involved is required, as well as a grasp of the social conditions which often lie at the root of their problems.
  - c. Where specific social groupings are concerned, overall response strategies should be set up that could include limiting the consumption of alcohol and asking those involved in selling alcoholic beverages to take on a share of responsibility for the consequences of selling such products. Education and policies should promote moderation and responsibility in the consumption of alcohol and seek to reduce the likelihood that someone will consume alcohol and drive afterwards. In particular, eliminating alcohol from the workplace and in situations where consumers must drive after drinking should be a goal of organizational policies. The promotion of non-alcoholic drinks is an important tool to facilitate these policies.
  - d. Road accidents linked to the consumption of alcohol can be considered as possible predictors of other addictive and violent behaviours. This should be taken into consideration in the medical treatment of the patient.

- e. Alcoholic subjects should be given access to rehabilitation services. When motorists are found to have excess alcohol in their blood (or their breath), other factors linked to their excessive drinking should be examined and included in a rehabilitation programme. These rehabilitation programmes should be publicly funded.
- f. Educating the population about alcohol should focus on making people aware of alcohol's negative influence on one's ability to drive and one's assessment of risk. The public should understand the risks and medical complications linked to drinking while under the influence of alcohol.
- g. The problem of alcohol consumption in adolescents and young adults and its relation to road safety should be addressed in the school curricula and in community preventive measures and policies so that a responsible attitude becomes the norm.
- h. As even small amounts of alcohol have a direct effect on the brain, with disturbances noted at levels as low as 0.3 gram per litre, physicians should argue the case for setting the blood alcohol level considered acceptable to drive a vehicle as low as possible and no higher than 0.5 gram per litre.
- i. Any motorist who has been in a road traffic accident must undergo a blood alcohol concentration test or a breath test.
- j. The practice of random driver testing for breath alcohol levels should become more widespread, and there should be further research into other ways to test urine, breath and saliva to identify impaired drivers and prevent subsequent operation of motor vehicles.