



Get Me Home

Socialising, drinking and
safer car travel for young adults

Wendy Sykes, Jean Hopkin & Carola Groom
Independent Social Research
June 2014



ROADSAFE

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About the Authors

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The members of the Steering Committee were:

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Disclaimer

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Foreword

Drink driving remains a problem in Great Britain. The number of drink driving deaths and serious injuries has declined in recent years, but despite this drink driving still accounts for 1 in 6 deaths and 1 in 20 serious injuries on the road, with young people disproportionately effected.

Improving young driver safety is a live political and public debate. With the delay and then postponement of a promised Government green paper on young driver safety in 2013/14, public discussion has turned to the learning to drive process, driver testing options and developments to the post licence regime. For now at least, with the 2015 general election on the horizon, no further legislative change is expected.

The RAC Foundation and RoadSafe, with the support of AB InBev and the IAM commissioned this report to establish what might be done today, to reduce death and serious injury on the road amongst young adults. This work seeks to inform the development of effective communication activities and interventions aimed at making car travel safer for young adults on social occasions involving alcohol.

Drinking remains an important feature of social occasions and the car remains a common and popular method of travel. Young adults generally understand the importance of not drinking and driving, but like the rest of the adult population, do not always act on this knowledge.

This report concludes that interventions should focus on passengers, new drivers who have not yet had the opportunity to develop bad habits and those who aim not to mix drinking and driving, but do not always stick to their original plan. Interventions to change driver and passenger behaviour need to be based on a detailed understanding of what underpins behaviour and what works best to change it. Designated driver interventions and campaigns have not delivered wholesale safer car travel, but they have provided important lessons about success factors for messages to drivers and passengers.

The report concludes that if interventions are to be successful they should encourage and incentivise positive behavioural change and provide targeted messages developed in collaboration with young people. In particular, the report highlights the need for passengers to take responsibility for their actions. We hope that the findings of this report will assist both public bodies and marketers in developing effective campaigns and initiatives to promote safer car travel amongst this age group.



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Executive Summary

About the report

This report, commissioned by the RAC Foundation and RoadSafe, and funded by the RAC Foundation and AB InBev, takes a fresh look at car travel among young adults aged 17–25 years on social occasions involving the consumption of alcohol.¹ The purpose of the research was to inform the development of effective communications and interventions aimed at making car travel safer for young adults on such occasions. The report covers findings from a focused review of literature and small-scale qualitative research with young adults.

Key findings from the research

Some important findings from the research are as follows.

Drink-driving casualties have declined among young adults but are still a cause for concern

Deaths and serious injuries in the UK from drink-driving have halved since 2000, including among young adults aged 17–24. However, drink-driving still accounts for 1 in 6 deaths and 1 in 20 serious injuries on the road. Drink-driving is a problem seen across the driving population, although the risks are particularly high for younger drivers. In 2011, 25% of young drivers and riders killed in collisions were over the legal limit for driving, compared with 15% of those in older age groups.

Drinking remains an important feature of social occasions for young adults, although recent data show that levels of alcohol consumption among young adults have declined

Socialising is important to young adults, and social occasions frequently involve the consumption of alcohol, with certain types of occasion more likely to feature drinking than others. However, since 2005, the average weekly consumption of alcohol among young adults aged 16–24 has declined by about a third and is now less than the average for the population as a whole.

¹ The youngest age at which it is legal to hold a driving licence in the UK is 17 years old.

The car is still a common and popular method of travel on social occasions; for a variety of reasons, young adults prefer car journeys to other alternatives (which can be limited)

The car is the most important method of travel in the UK; around two thirds of all journeys made are by car, either as a passenger or a driver. This is true for social occasions as well as trips made for other purposes. Although car travel is less important for younger people than for the population as a whole, it is still the dominant mode of transport, and this looks set to continue for the foreseeable future.

Young adults understand the importance of not drinking and driving, but, like the rest of the adult population, do not always act on this knowledge

Although young drivers are more lenient than other age groups in some of their attitudes towards drinking and driving (e.g. towards driving if someone is unsure if they are over the legal limit for driving), this is less the case when it comes to situations when drivers know they are over the limit. Some 85% of young people agree that it is dangerous to drive over the limit and 94% agree that it is extremely unacceptable to do so (compared with 90% and 95%, respectively, of all adults).

In terms of their propensity to drink and drive, young adult drivers can be loosely grouped into the following categories. Those who:

- never mix drinking and driving
- aim not to mix driving and drinking but, in practice, don't always stick to their plan; and
- regularly drive over the limit or make little or no conscious effort to avoid doing so.

Driving after drinking was recognised by focus group respondents as a habit that could form as new drivers gained confidence after passing their test. For this reason, focus group respondents thought it would be a good idea to intervene before new drivers start to drink and drive. Novice drivers who do not mix drinking and driving are, therefore, one group who could be targeted to prevent the later development of bad habits.

Young adults who broadly aim not to mix drinking and driving, but whose behaviour in practice is not always consistent with these objectives, make up another group of drivers for whom behavioural change interventions are likely to be most effective.

Drivers in this second category may decide to drink below the legal limit or may plan not to drink at all, but still end up driving over the limit. This value-action gap results from the interplay of a whole range of factors that can have an

impact on behaviour: for example, patchy or inaccurate information about the legal limit for driving and what affects blood alcohol levels; a clash on particular occasions between wanting to drive and wanting to drink (e.g. so as not to be left out, to be part of the fun); and having ‘got away’ with taking risks on previous occasions.

Passengers have an important part to play in the safety of car travel on social occasions involving alcohol

Lifts are an important part of the travel behaviour of young people on social occasions involving alcohol. For passengers, ‘getting a lift’ means having the advantages of car travel but without the constraint of not being able to drink, and at lower cost than getting a taxi. On the other hand, ‘giving lifts’ is normal and may even be expected of drivers who decide to take their car. Not all lifts are arranged in advance; drivers often ‘acquire’ passengers while socialising. Drivers are sometimes reluctant to give lifts, but it can be difficult to refuse; there may be pressure from other people but they may also feel guilty if they refuse a lift and worried about how friends will get home otherwise.

Passengers can contribute to the risks of car travel on social occasions involving alcohol. The passenger load can be high, and on occasions even exceed the capacity of the car. A car full of people can feel like a social gathering in its own right, and loud conversation and music are a potential source of distraction for drivers. If passengers have been drinking, this effect may be amplified.

In the past, the behaviour of passengers has received much less attention than that of drivers, but interventions targeted at passengers also have the potential to improve the safety of car travel on social occasions involving the consumption of alcohol.

Interventions to change driver and passenger behaviour need to be based on detailed understanding of what underpins behaviour and what works to change it

Behavioural decisions are often based on inadequate or wrong information and on low levels of deliberation rather than on careful reasoning. Attitudes may show little correlation with behaviour caused by intervening barriers. Social and personal norms can be important in affecting behaviour as well as bringing about change. Habit drives a lot of behaviour and can be hard to change, but interventions to prevent habits forming can be effective (and could be targeted at novice drivers, for example) as well as interventions that cause people to re-examine their habits. Emotions are powerful influencers of behaviour and can also be galvanised to help change behaviour, break habits and increase people’s sense of ability to change. Cost and convenience are important in explaining certain patterns of behaviour, and can also be obstacles to change. Compulsion is very effective in some contexts, such as drink-driving, and

may bring about adjustments to attitudes and norms. Personal, social and environmental factors should be considered and the most effective approaches to behaviour change take all three levels into account.

Designated driver interventions and campaigns have not delivered wholesale safer car travel

Existing designated driver schemes provide some important lessons about success factors for messages to drivers and passengers and for methods to encourage and influence behaviour. Key success factors identified by the research are outlined in the tables below.

Messages for designated drivers should...

Personal	Social	Environmental
<ul style="list-style-type: none"> • Be positive and respectful • Highlight benefits to the driver and others • Demonstrate the ease with which safe travel behaviour can be adopted • Be firmly linked to the context in which behaviour change is sought (i.e. focus on drinking on social occasion, relaxing and celebrating) • Reinforce the message that those who plan to drive should not drink any alcohol 	<ul style="list-style-type: none"> • Reinforce that the objective of safe travel is to get everyone home safely • Stress that everyone should contribute to making safe travel work • Emphasise the principles of fairness (e.g. turn-taking if driving is involved) • Remind that past experience of incident-free travel after drinking is no guarantee of future safety – it takes only one false move for an accident to happen • Counter unsafe cultural norms (e.g. stress that if the driver drinks too much it is socially acceptable for others to intervene, and for the driver to disappoint people's expectations of a lift home) • Include positive messages about the 'normalness' of not drinking and driving 	<ul style="list-style-type: none"> • Publicise the effects of safe travel arrangements

Methods to encourage and influence behaviour include...

Personal	Social	Environmental
<ul style="list-style-type: none"> • Rewards and recognition (e.g. free soft drinks for driver abstaining from drinking alcohol) 	<ul style="list-style-type: none"> • Using clear, simple messages that are delivered by peers 	<ul style="list-style-type: none"> • Multiple positive messages aimed at different segments and the surrounding population so the entire social environment communicates and supports the messages • Consistent, concerted promotion to maintain improvement • Mass media activity combined with actions on the ground to promote safe travel, especially at drinking venues, and integrated with enforcement of the law • Partnerships between road safety organisations, social responsibility organisations from the drinks industry, and other stakeholders such as local authorities

Reactions of young adults who took part in focus groups

The focus group respondents:

- were concerned about negative stereotyping of young people. They were sceptical about being at higher risk than older drivers who had consumed equivalent amounts of alcohol, and thought differences between individuals were likely to be greater than differences between age groups;
- showed strong interest in information provided about alcohol limits for driving, blood alcohol concentration (BAC), alcohol units, the relative strength of different drinks and the links between all of these. They thought it was important as a component of interventions aimed at safer travel and that it would enable them to make responsible decisions. However, they would be unlikely actively to seek out such information, so it would need to enter their orbit in other ways;
- stated resistance to messages about not drink-driving being the norm among young adults because they believed that their personal experience provided evidence to the contrary;
- welcomed a focus on passengers, as well as drivers. This was seen as novel, interesting and fair. For example, messages about how passengers should behave towards drivers, and how they should conduct themselves

to make car travel safer. Principles such as reciprocity, friendship, loyalty and looking after one another were seen as a good basis on which to build such messages;

- thought that if messages emphasise the consequences of being caught, these need to be credible and salient to the target group. For example, losing their licence because of drink-driving is highly pertinent to young adults, potentially embarrassing and generally seen as a more likely outcome than being involved in a crash; and
- said that friends and parents were both important and influential sources of information and messages about safer car travel.

Overall lessons for improving the safety of car travel for young adults on social occasions involving alcohol

These lessons include:

- reinforcing the need to separate drinking and driving;
- focusing more on the role of passengers (e.g. by discouraging passengers from travelling with drivers who have been drinking and by promoting responsible behaviour by passengers);
- encouraging and incentivising positive behaviour change;
- having targeted, clear and impactful information and messages, developed in collaboration with young people;
- implementing packages of inter-related measures and combined approaches through a wide range of stakeholders in the public and private sector at local and national level; and
- careful evaluation of initiatives in order to assess what works and what does not work to change behaviour.

1. Introduction

1.1 Background

The RAC Foundation and RoadSafe commissioned this research into making car travel safer for young adults on social occasions involving alcohol. It was funded by the RAC Foundation and brewers AB InBev UK. AB InBev UK's financial contribution came from a Budweiser 'give back' pack sold in ASDA supermarkets between October and December 2013. The packs also featured responsible drinking messages, including 'celebrate responsibly', 'designate a driver' and 'be considerate of others'. Messages on the packs were reinforced by a PR and social media campaign in the last quarter of 2013.

The research was carried out by Independent Social Research between January and April 2014. The research team was supported by a steering group including representatives from the RAC Foundation, RoadSafe, IAM and AB InBev.

1.2 Aim and objectives

The research was to bring currently available evidence and theory together with findings from a small amount of new qualitative research, to establish a basis for developing effective safer car travel interventions for 17–25 year olds on social occasions involving the consumption of alcohol.

An initial brief for research to support the development of effective designated driver campaigns aimed at adults aged 18–24 and targeted at the home and in bar market was broadened subsequently to encompass safer car travel more generally for 17–25 year olds on social occasions involving alcohol.

The main objectives were to:

- paint an up-to-date picture of what is happening in the UK with regard to drinking and driving and other relevant trends – especially among the target audience of young adults, but more generally as well;
- provide insight into factors that can lead to risky situations for young adults travelling by car on social occasions involving alcohol; and
- draw together evidence about what works or what might work to promote safer car travel for young adults on these occasions.

1.3 Key terms and definitions

Certain terms and definitions are used throughout this report. These are the main ones.

1.3.1 Young adults

This term is used to cover people aged 17–25, a group that is at relatively high risk of death and injury through car crashes in which the driver involved has been drinking (see Chapter 2). Legally speaking, 17 years olds are not adults and are not allowed to buy alcohol or drink on licensed premises, but they can and do drink in home settings and, of course, are able to drive and travel as car passengers.

1.3.2 Car travel

This refers mainly to private car travel. The research was concerned with the risks associated with private car travel on social occasions involving alcohol and what could be done to improve safety. This included measures and interventions that encouraged or enabled young adults to:

- *start* new and safer patterns of behaviour in relation to car travel;
- *stop, change or modify* behaviour that was risky or harmful; and
- *avoid adopting* risky or harmful behaviour.

1.3.3 Social occasions

This term refers to times when young adults get together socially with friends and peers. The research was concerned in particular with social occasions that involved alcohol. Such events ranged from small gatherings at someone's home to watching a football match and going clubbing.



1.4 Approach and method

Much of this report is based on a focused review of literature from a range of policy and academic fields including health, transport and road safety, and behavioural psychology. The review of literature was augmented by small-scale focus group research with young adults conducted in an area near London. Four focus groups were held in two stages, a month apart, in order to explore:

- experiences, attitudes and behaviour in respect of socialising, drinking and travel (Stage 1 – involving two mixed-age focus groups: one male and one female); and
- responses to ideas for improving the safety of car travel drawn from the review of literature, the first focus groups and discussion with key stakeholders at an interim workshop (Stage 2 – involving two mixed-gender focus groups: one of 17–20 year olds; and the other of people aged 21–5).

A total of 23 respondents took part in the focus groups – 8 of them attending at both the first and second stage. A simple breakdown of the sample is shown in Table 1:

Table 1: Characteristics of focus group participants

Characteristic	Total
Males	11
Females	12
17–20	9
21–25	14
Drivers – full licence	15
Drivers – provisional licence	4
Non-drivers	4
Ever driven after drinking (drivers only)	13
Last occasion in previous 6 weeks	8
Passenger in last 6 weeks with a driver who had had a drink	14

Source: Authors' own

1.4.1 Note on the qualitative research

Qualitative research is essentially inductive in nature. It allows research issues to be approached in an open way without preconception, and with the emphasis on listening to participants and what they have to say. It is especially useful when there is concern to deepen understanding and gain insight and when there is complexity to be unravelled and ideas to be explored. Focus groups in particular provide an opportunity to hear how the target audience talks about key issues and to listen to the language they use.

Qualitative research is typically small scale, but this was a small study even by qualitative research standards and confined to a single geographical location, even though it included a spread of participants in terms of key variables. A larger number of focus groups conducted in different kinds of locations would have added robustness to the findings; nonetheless, many of these are consistent with results from other studies discussed in the report.

In reporting the focus groups, terms such as ‘most’ or ‘few’ are used in places to indicate, for example, where the weight of the opinion in groups was largely behind certain views or backed by only a small minority. But these terms should not be overly interpreted; we have avoided the use of numbers of percentages, which could lend spurious accuracy to such findings.

1.5 Report structure

This report has three main parts to it.

Chapters 2 and 3 provide important background and contextual information. Chapter 2 gives a statistical picture of drink-driving in the UK, highlighting results for young adults, while Chapter 3 focuses more on the ‘story’ behind the statistics, drawing on the focus groups and some other studies to understand young adults’ travel behaviour on social occasions involving alcohol.

The next two chapters present potentially useful ideas and lessons that can be drawn from the literature on behavioural theory (Chapter 4) and from evaluations of interventions aimed at reducing drinking and driving – especially designated driver schemes (Chapter 5). Chapter 6 highlights findings from the second round of focus groups, which were used to explore reactions to ideas for types of message and interventions that could contribute towards safer car travel for the target audience.

Final observations and concluding remarks are contained in Chapter 7.



2. Drinking and Driving – Background and Trends

2.1 Introduction

This chapter supplies the essential statistical context for the remainder of the report. It sets out information about: the importance of car travel for social and leisure occasions; the effect of alcohol on driving ability and the risk of collision; and trends in drink-driving behaviour and attitudes. Results for young people are highlighted. Final sections look at how the UK compares with other countries in terms of legislation and enforcement aimed at reducing drink-driving.





2.2 Car travel in the UK

According to recent data from the National Travel Survey (NTS), nearly 90% of all reported trips in 2012 were made by private transport modes (DfT, 2013). The public transport share of all trips has risen since 1995 but a large part of this expansion has come from an increase in trips on London buses and surface rail links. Outside London, bus trips have fallen by 17% (DfT, 2013).

Travel by car either as a passenger or driver remains the most important journey mode in the UK; around two thirds of all trips made by respondents in 2012 were by car – 42% as a driver and 22% as a passenger. To put this in perspective, the next most important mode was walking (22% of all trips made), followed by local and non-local buses (6%) and rail (3%); other modes accounted for the remaining 5 percent. (For more on the importance of car travel, and trends in this, see Lucas & Jones (2009) and Le Vine & Jones (2012)).

Car travel by young adults, either as passenger or driver, was a less important mode of travel than for the population as a whole, but was dominant, nevertheless, with around half of all trips made by car or van. People aged 17–20 travelled by car or van 47% of the time and those aged 21–9 did so 57% of the time; the former were more likely to travel as passengers than the latter (26% and 17% respectively).

2.3 Car travel on social occasions

The NTS has two categories of journey purpose that might broadly be termed social occasions: ‘visiting friends’; and ‘other leisure’. The latter covers ‘entertainment’, ‘sport’, ‘day trip’, ‘just walking’ and also ‘holiday’.

Social occasions accounted for nearly one third (30%) of all trips in 2012, 70% of which were made by car, 15% on foot, 5% by local bus, 3% by surface rail and London underground and the remainder by other forms of transport.

Although readily available data from the NTS does not provide a breakdown by trip purpose, mode and age, nor does it distinguish between social occasions that involve alcohol and those that do not, it is reasonable to infer the importance of car travel on such occasions, even for younger people.

2.4 The risks of drinking and driving

The private car is more dangerous as a mode of transport if the driver has been drinking alcohol. This is well-documented in the literature on the effect of alcohol on driving ability; even at low levels of alcohol concentration (e.g. 20 mg/100 ml), the ability to carry out basic driving tasks is impaired, thereby increasing the risk of being involved in a collision and also the risk of death or serious injury if a collision occurs.

The enforcement of legislation on the legal limit of alcohol for driving combined with regular campaigns designed to change attitudes and behaviour, have had a significant impact over the decades in terms of reducing driving after drinking and drink-driving over the limit. Since 1979 there has been a six-fold reduction in the number of deaths and serious injuries in drink-drive collisions. However, the most recent figures – the provisional estimates for 2012 – still show that there were more than 6,600 drink-drive accidents in Great Britain, in which it is estimated that 280 people were killed and 1,210 were seriously injured.

2.4.1 The effect of alcohol on driving ability

A European Commission project on alcohol and driving (DaCoTA, 2012) summed up the effect of alcohol on driving ability as follows.

Even a small amount (e.g. 20 mg/100 ml) of alcohol reduces driving ability:

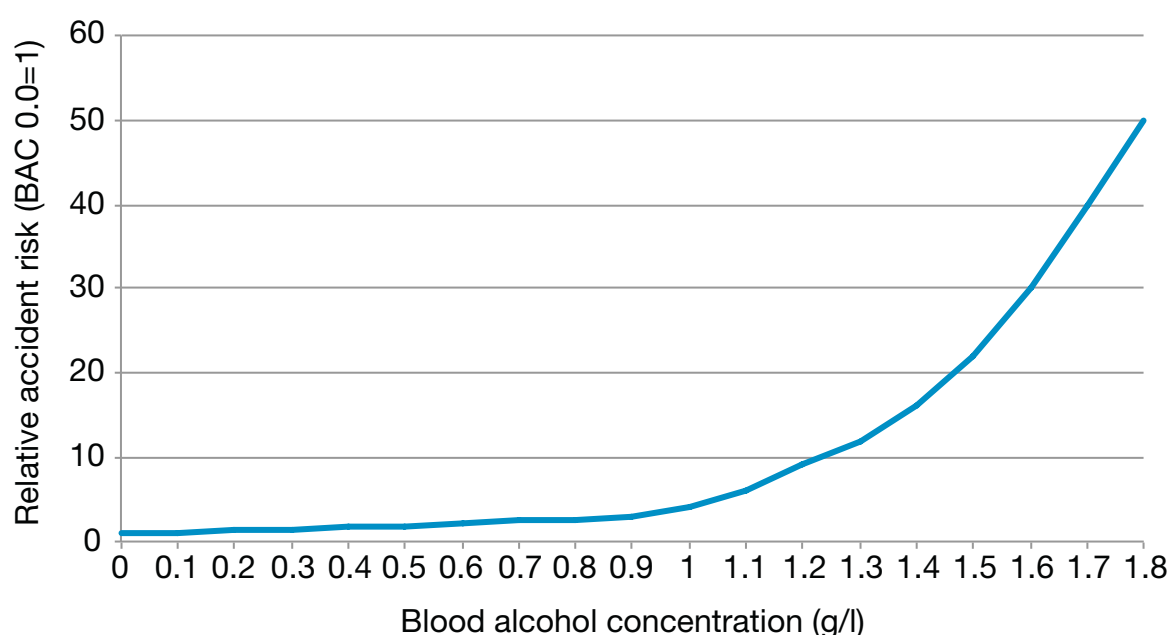
- *Low-level driving tasks* such as maintaining appropriate speed and path are governed by reaction time, visual detection and tracking performance, all of which begin to deteriorate at blood alcohol concentration (BAC) levels *below* the drink-drive limit of 50 mg/100 ml, which applies across much of Europe, and well below the UK limit of 80 mg/100 ml (see Section 2.6 on legislation and enforcement).
- *Intermediate-level driving tasks* relating to the driving environment are also affected as drivers compensate for alcohol impairment by focusing more on keeping their vehicle on course. They are also more likely to use their central vision than their peripheral vision and to experience deterioration in skills such as dividing attention, scanning, and general information processing about other vehicles, road users, signs and incidents, which underpin manoeuvring decisions.
- *High-level driving tasks* such as the decision to drive or not. Even at low levels of blood alcohol, self-control reduces and people are more likely to think they are still safe to drive.

2.4.2 The effect of alcohol on the risk of collision

The risk of involvement in a collision increases with the amount of alcohol consumed by the driver. A report from the DaCoTA (2012) European project states that the risk for a driver with a BAC of 80 mg/100 ml (the legal limit in the UK) is 2.7 times higher than the risk for a driver who has consumed no alcohol; at 150 mg/100 ml, the risk is 22 times higher. The severity of collisions also increases with the amount of alcohol; at 150 mg/100 ml, the risk of a fatal collision is 200 times greater than for a driver who has drunk no alcohol.

Compton et al. (2002) examined the relationship between BAC and the risk of being involved in a collision, by using data from random breath tests to compare the distribution of BAC levels among all drivers with those found in drivers involved in collisions. The results in Figure 1, in which the collision risk for a driver who has drunk no alcohol is set at 1, show a gradual rise in risk up to about 70 mg/100 ml, increasing exponentially with BACs above this. Similar results were obtained in a case control study in the USA published in 2005 (SWOV, 2011).

Figure 1: Relative rate of collision involvement and level of blood alcohol concentration

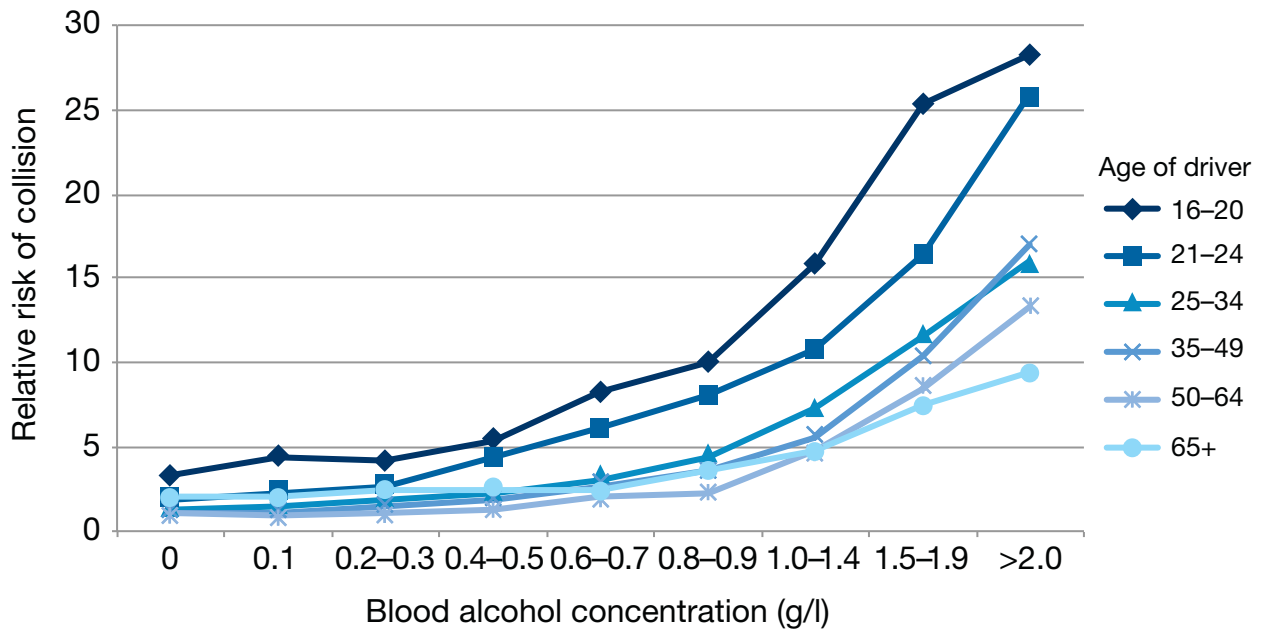


Source: Compton et al. (2002)

With increasing BACs, the curve climbs more rapidly for young drivers than older drivers, thereby demonstrating a relatively higher risk of collision. Analysis of accident data from the Fatality Analysis Reporting System in the USA between 1987 and 1999 shows that the risk was much higher for drivers under 25 than among drivers over 25; the results are summarised in Figure 2. Even

small amounts of alcohol have a greater effect on drivers under 25 than on drivers aged 25 and over.

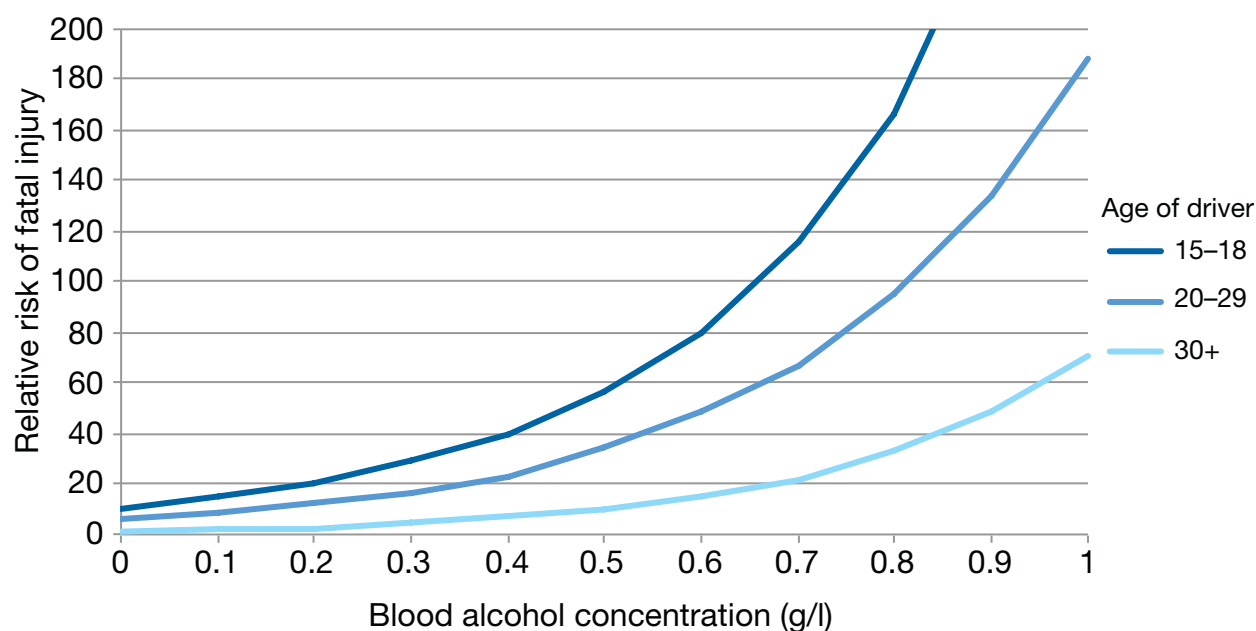
Figure 2: Relative risk of collision by blood alcohol concentration and age of driver: USA 1987–99



Source: Data from Preusser (2002)

Another study, which looked specifically at deaths in night-time collisions in New Zealand, shows an even greater difference in risk between younger and older drivers (Keall et al., 2004); see Figure 3.

Figure 3: Relative risk of fatal injury in night-time collisions by blood alcohol concentration and age of driver: New Zealand



Source: Keall et al. (2004)

2.5 Drink-driving in the UK

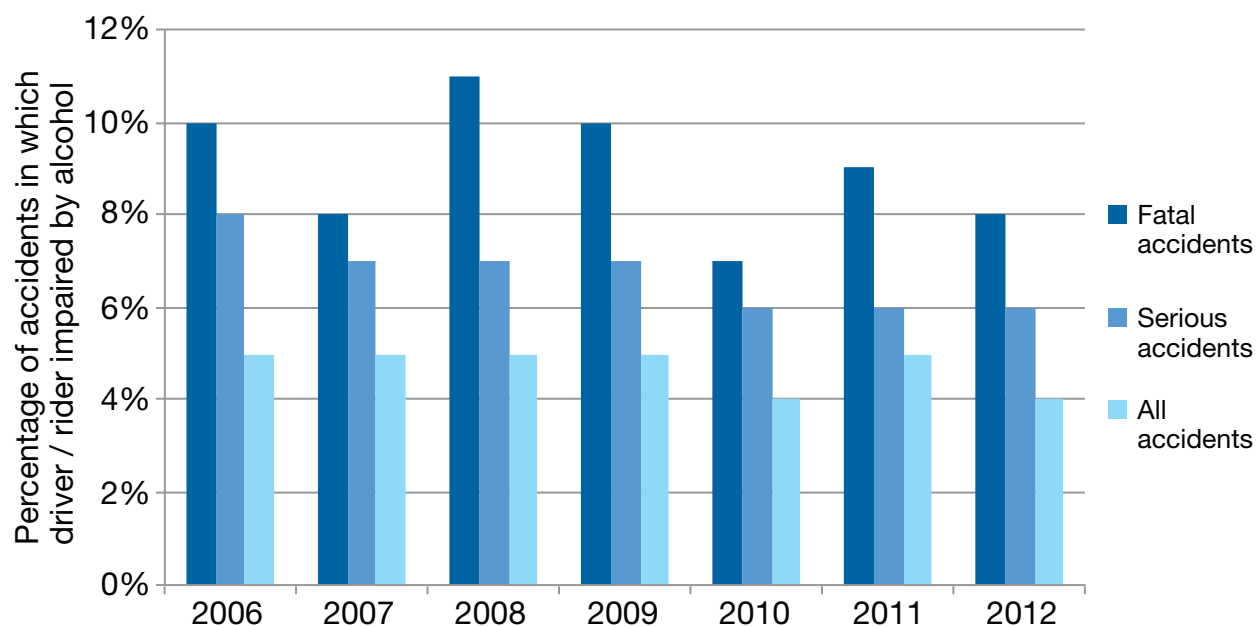
2.5.1 Drink-drive collisions – latest statistics and trends

In the UK, drink-drive collision statistics and trends are published by the Department for Transport (DfT) through their annual reports and statistical table series. This section summarises key statistics from the annual report for 2012 (which contains provisional estimates for 2012 and final estimates for 2011) and presents the most relevant statistical tables in graphical form (DfT, 2013; DfT, 2014).

In 2012 provisional estimates indicate that there were 6,670 drink-drive collisions, in which 1,200 people were seriously injured and 280 people killed (DfT, 2013). The serious injuries represented 5% of all seriously injured road casualties in 2012, and the deaths comprised 16% of all road deaths that year.

Police officers attending collision scenes in 2012 cited alcohol as one of the contributory factors in 4% of all accidents – 6% of accidents involving serious injury and 8% of fatal accidents (Figure 4). There has been no increase in these proportions since 2009, but neither has there been a clear decrease.

Figure 4: Proportion of collisions in which alcohol was a contributory factor: Great Britain 2006–12

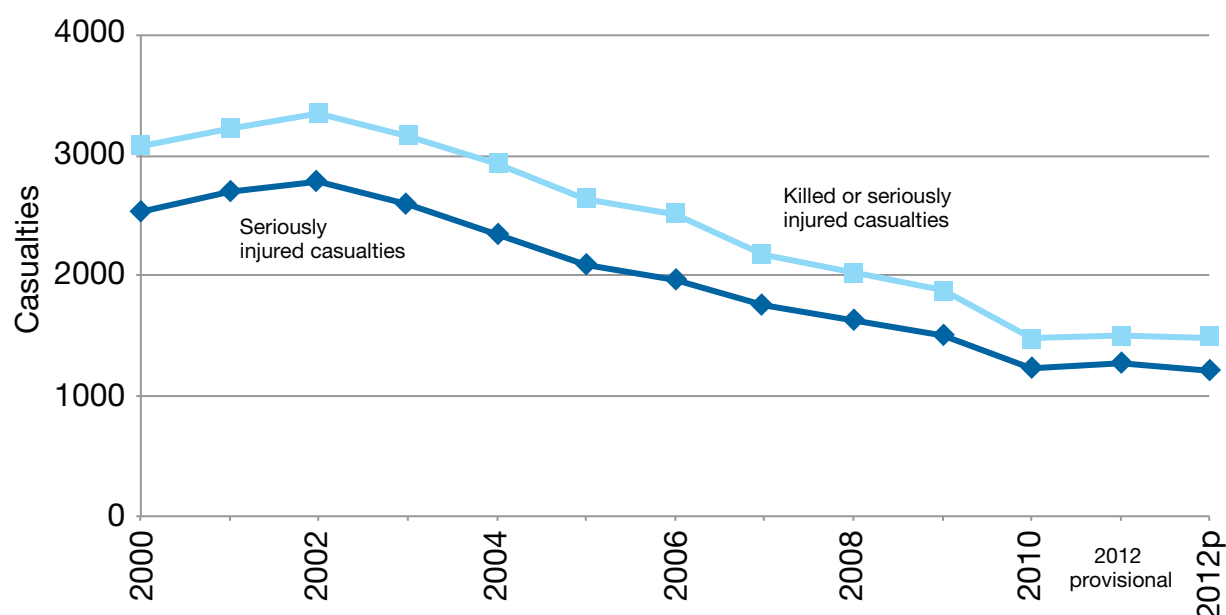


Source: Compiled from DfT 2007, DfT 2008, DfT2009, DfT2010, DfT 2011, DfT 2012a, DfT 2013

As already noted in Section 2.4, since detailed reporting of drink-driving began in 1979, there has been a dramatic decline of almost six-fold in the number of people killed and seriously injured in drink-drive collisions. There has been a three-fold reduction in the overall number of drink-drive casualties. The general downward trend has continued in recent years and is shown in Figure 5, which tracks the number of reported deaths and serious injuries in drink-drive collisions from 2000 to 2012 (figures for 2012 are provisional).



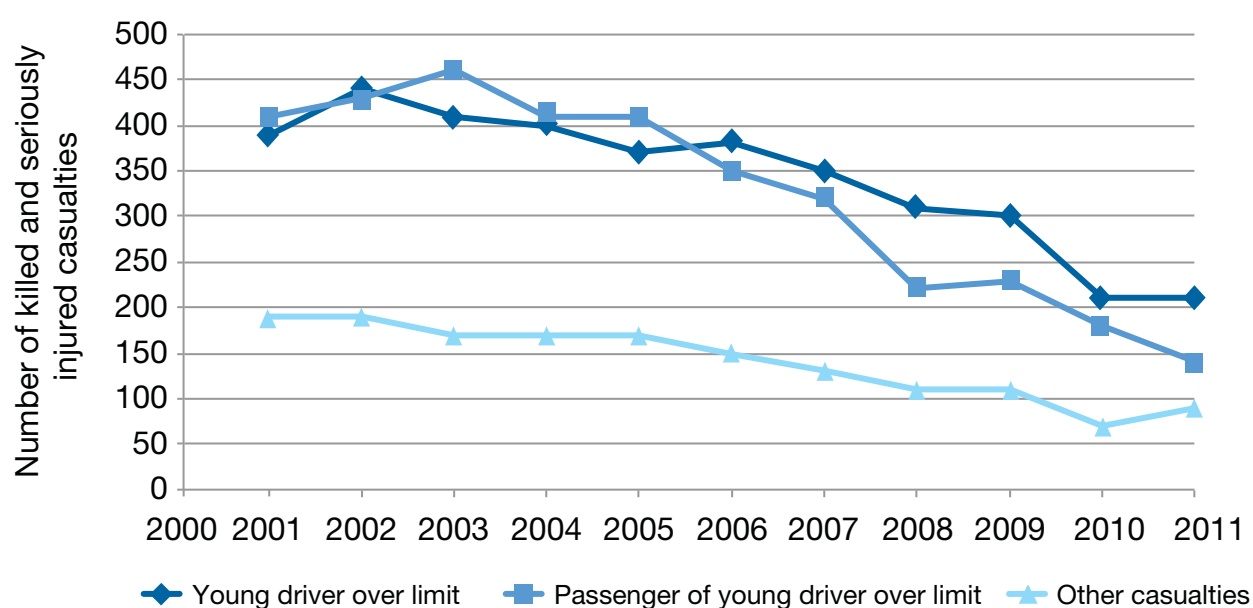
Figure 5: Trends in deaths and serious injuries in reported drink-drive accidents: Great Britain 2000–12



Source: DfT (2013)

As for all drink-drive casualties, young drivers' involvement in deaths and serious injuries from drink-drive collisions has also reduced substantially in recent years; the number has halved since 2000 (see Figure 6).

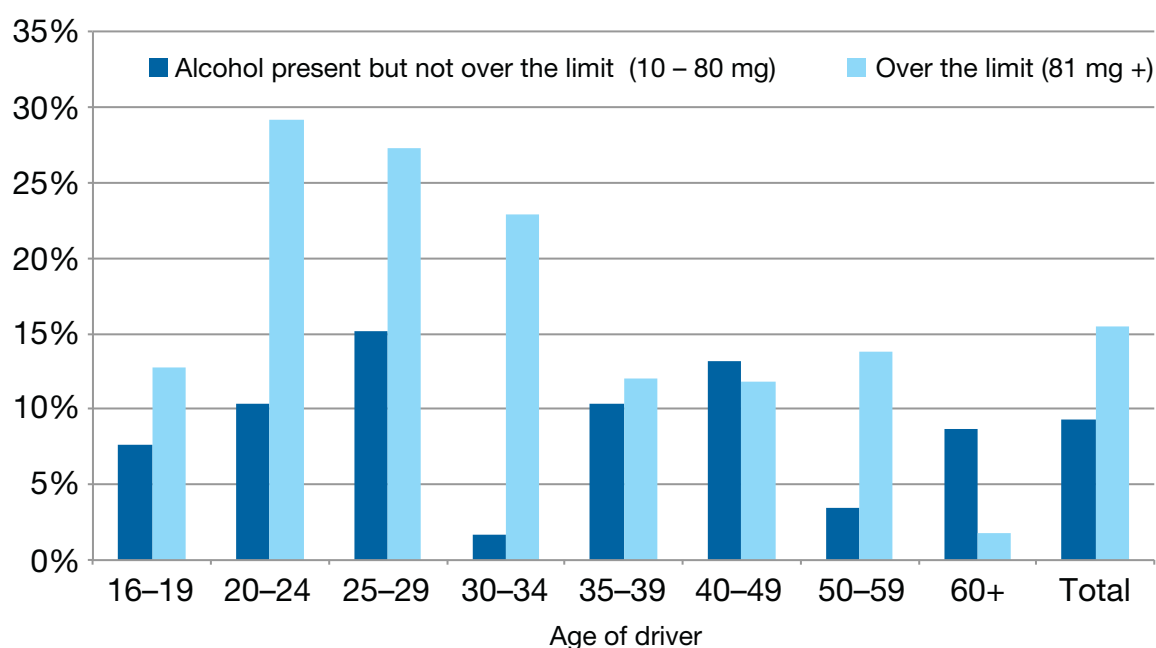
Figure 6: Trends in deaths and serious injuries in reported drink-drive accidents involving young drivers (17–24 years) over the legal alcohol limit: Great Britain 2000–11



Source: Estimates based on STATS 19, coroners and procurators fiscal, DfT (2013)

Some 15% of drivers (and riders)² killed in collisions in 2011 were over the UK legal alcohol limit for driving, two thirds of them at least twice over the limit. A further 9% had been drinking alcohol but were not over the legal limit. Among young people the figures were substantially higher: 25% of 20–34 year olds killed in 2011 were over the limit compared with 15% of those in older age groups (see Figure 7).

Figure 7: Proportion of killed drivers and riders who were driving after drinking and drink-driving: Great Britain 2011



Source: STATS19, coroners and procurators fiscal, DfT (2013)

The greatest risk of death from drink-driving is to the driver and their passengers rather than other road users. The majority of people killed in drink-drive accidents were drivers and riders who were over the legal alcohol limit (71%). Of the remaining 29% (who were not necessarily over the legal limit themselves), more than half were the passengers of drink-drivers.

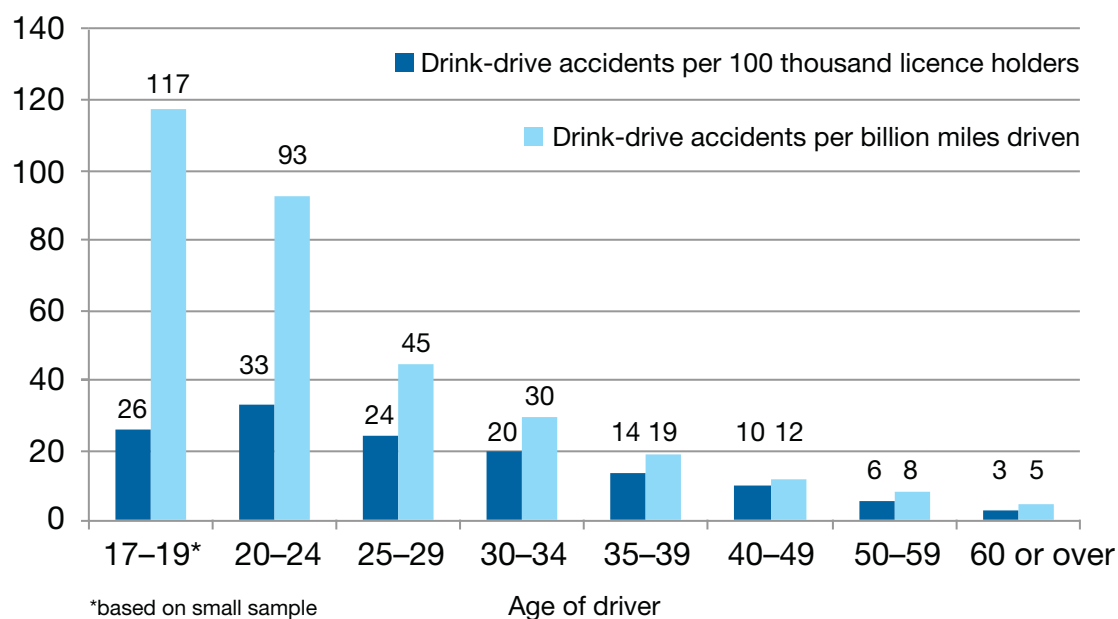
In drink-drive collisions in which a young driver (aged 17–24) was over the legal limit, young drink-drivers themselves and their passengers accounted for 80% of the casualties.

When the number of drivers and the distance they drive is taken into account, young drivers are involved in a disproportionate number of drink-drive collisions (see Figure 8). The greatest difference is in the rate per mile driven: in 2011 there were estimated to be 117 drink-drive car accidents per billion

² Riders are defined as people in control of pedal cycles, motorcycles and ridden animals.

miles driven by 17- to 19-year-old drivers and 93 per billion miles driven by 20–24 year olds, compared with 12 per billion miles driven by 40–49 year olds. The rate per driver (as measured by licence holding) in both these younger age groups is estimated at more than double the rate for 40–49 year old drivers.

Figure 8: Rate of involvement in drink-drive car accidents per licence holder and per mile driven by age: Great Britain 2011



Source: DfT (2013)

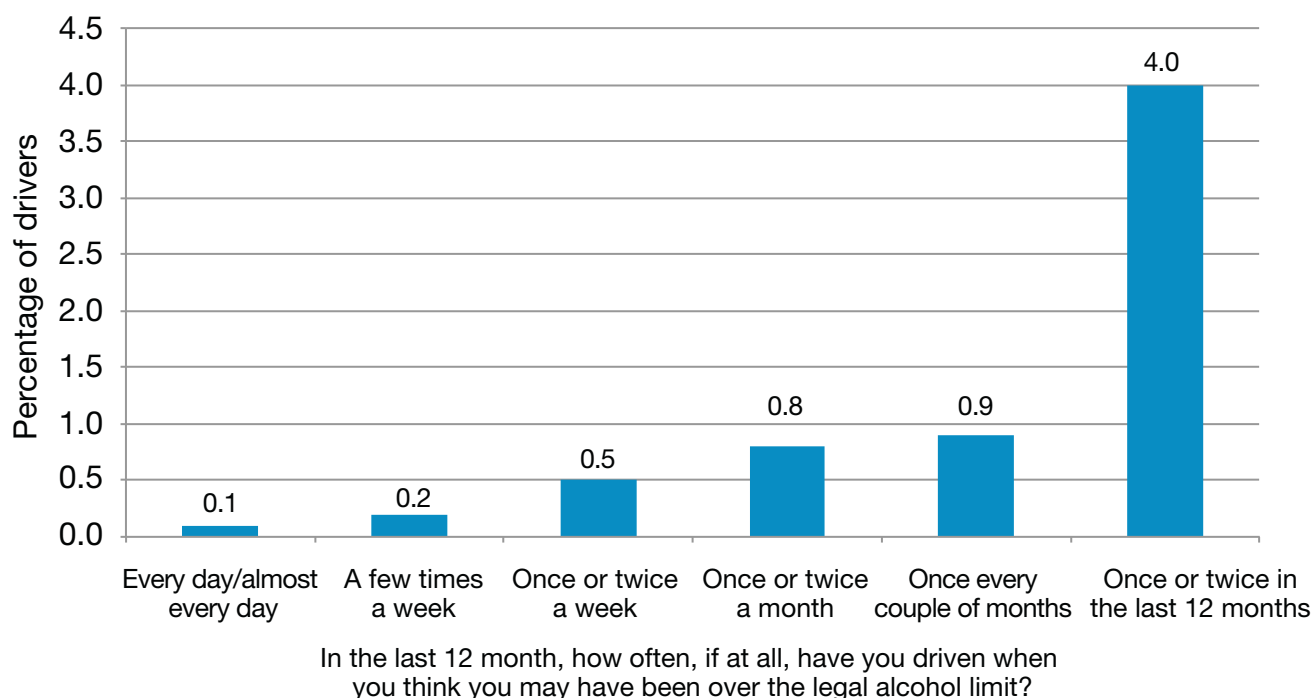


2.5.2 Incidence and prevalence of drink-driving in the UK

The most reliable data on the incidence of drink-driving is available from random breath testing at the roadside, but the most recent roadside surveys identified as part of this research were carried out in the late 1990s, so are relatively old.

Self-report surveys also provide data on the incidence and prevalence of drink-driving. Under-reporting is the main problem associated with these kinds of surveys, although computer-assisted, self-completion methods have been used in the most recent surveys to try to minimise this kind of response bias. According to survey statistics from the Office of National Statistics Crime Survey for England and Wales, around 7% of drivers in 2012/13 said that in the last 12 months they had driven when they thought they may have been over the legal limit for alcohol (see Figure 9). Of these drivers, two thirds said they had done so once or twice in the last 12 months, but nearly 17% said they had done so at least once a week, and 2% said it was nearly every day (DfT, 2014).

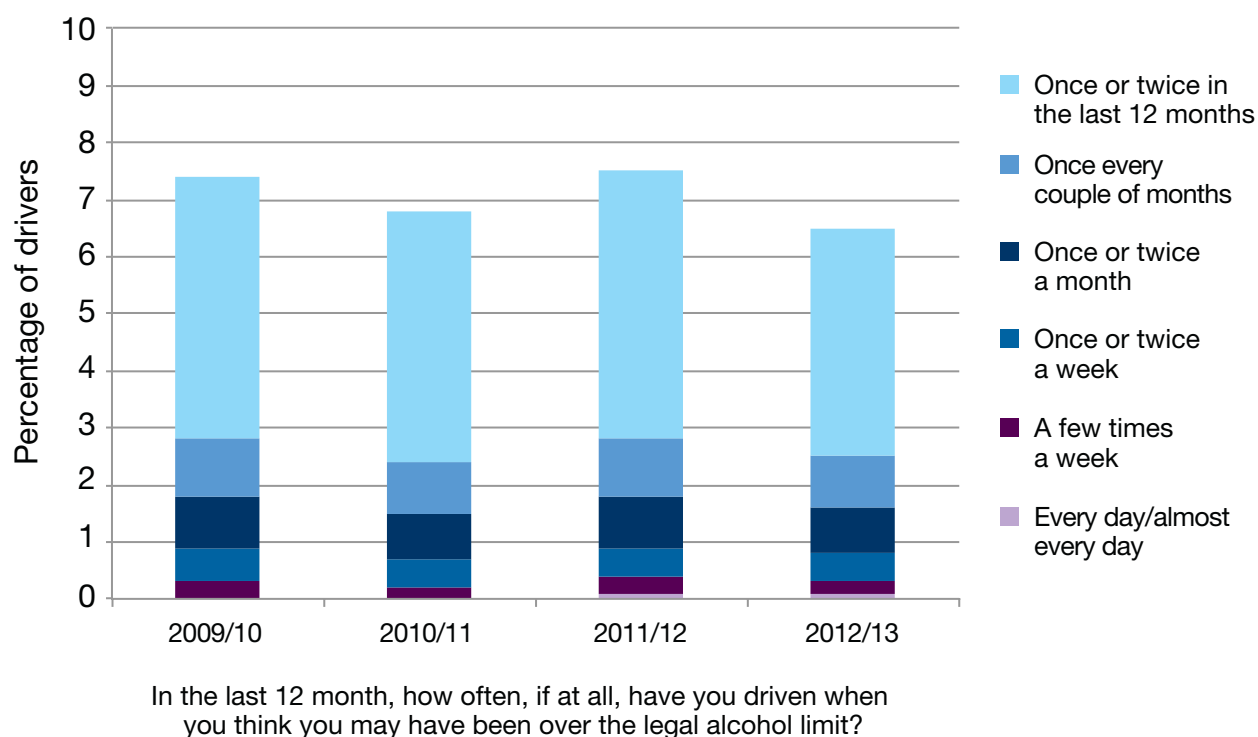
Figure 9: Self-reported drink-driving: England and Wales 2012/13



Source: DfT (2014)

Survey statistics from the same source published over the last few years show little change in the incidence of self-reported drink-driving over this period (see Figure 10). The Office for National Statistics (ONS) warns against reading too much into small differences in the results, because of the small sample sizes.

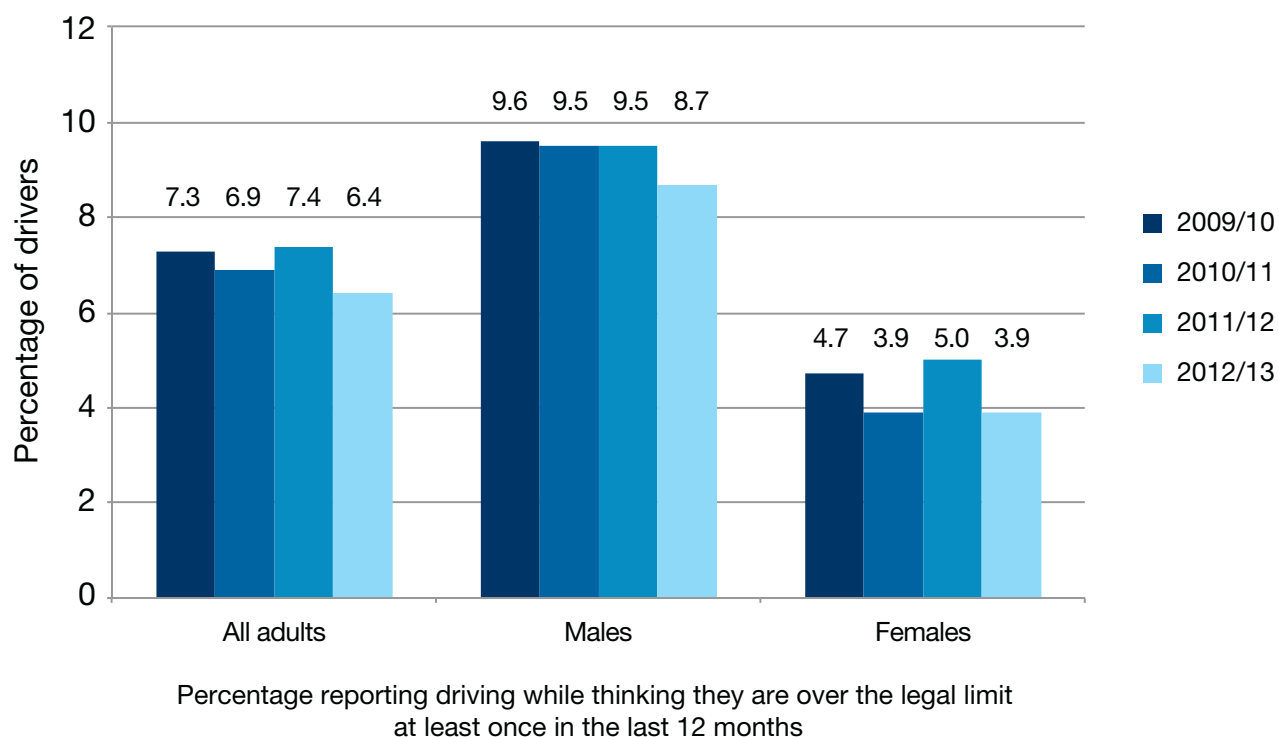
Figure 10: Self-reported drink-driving: England and Wales 2009/10 – 2012/13



Source: DfT (2014)

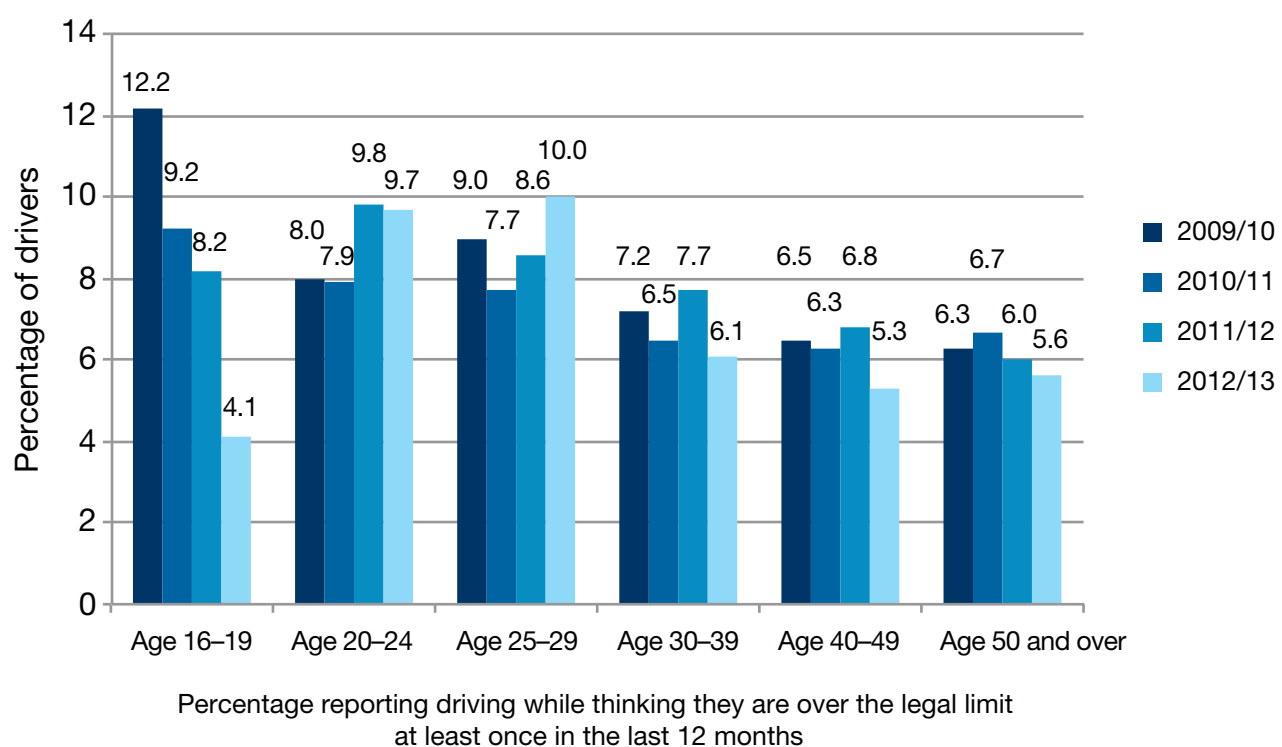
Self-reported drink-driving rates as measured by the Crime Survey are markedly higher among men than women (Figure 11), and somewhat higher among drivers under 30 than among older drivers (see Figure 12). Although the figures appear to show a decrease in self-reported drink-driving among 16–19 year olds, this may reflect the small sample size.

Figure 11: Self-reported drink-driving: England and Wales 2009/10 to 2012/13 (by gender)



Source: DfT (2014)

Figure 12: Self-reported drink-driving: England and Wales 2009/10 to 2012/13 (by age)



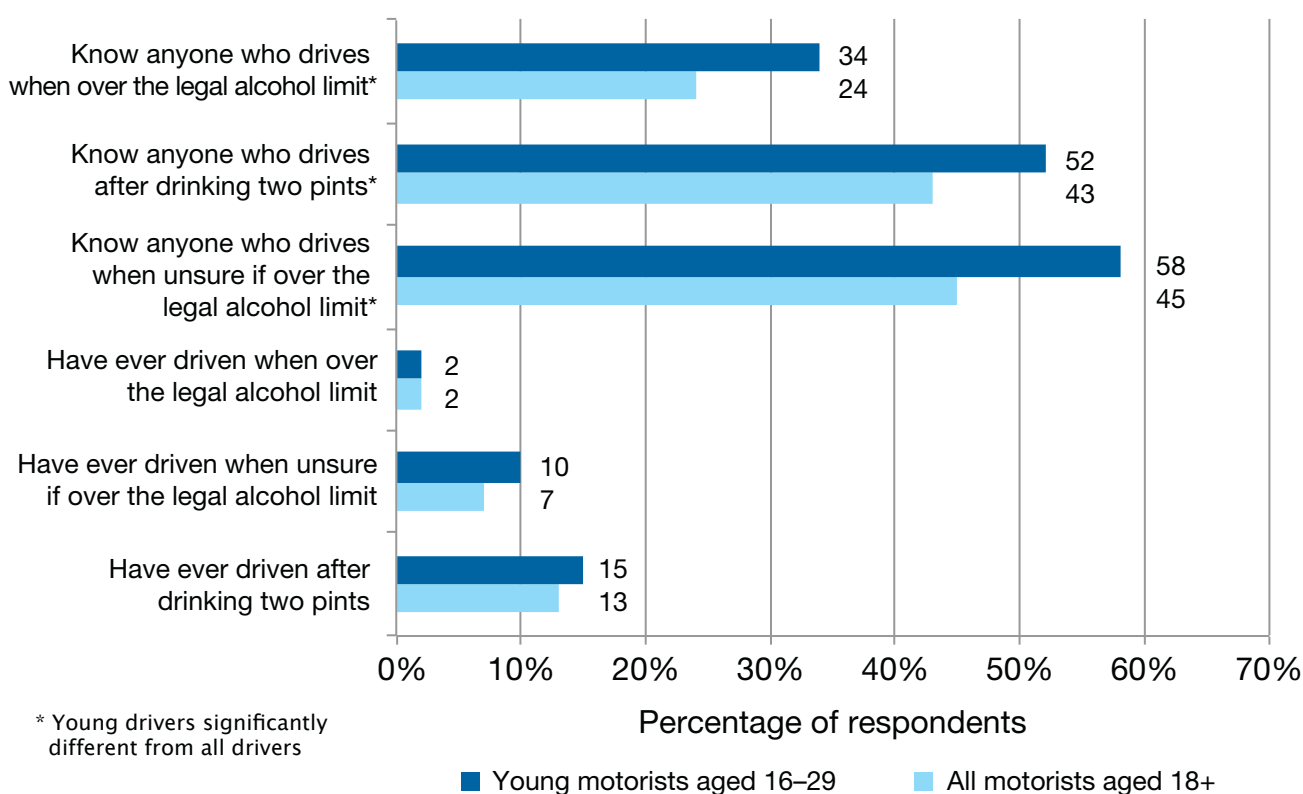
Source: DfT (2014)

Another source of recent statistics about the prevalence of drink-driving in England and Wales is a survey conducted in 2013 on behalf of the DfT as part of its evaluation of the 'THINK! road safety' campaign. Some 2% of drivers who responded said that, on at least one occasion in the past, they had driven when over the legal alcohol limit, 7% said they had driven when unsure if they were over the limit and 13% said they had driven after drinking two pints (TNS-BMRB, 2013).

A higher percentage of drivers, however, reported knowing *someone else* who drove when unsure if they were over the legal limit (around a quarter). More than 40% said they knew someone who drove when they were unsure if they were over the legal alcohol limit, and a similar proportion said they knew someone who drove after drinking two pints.

When the responses of young drivers (aged 16–29) are compared with those of all drivers aged 18 and over, statistical testing shows that the younger drivers are significantly more likely to say they know someone who drives when over the legal alcohol limit and to say they know someone who drives after drinking two pints (see Figure 13).

Figure 13: Associating with drink-drivers and self-reported drink-driving: England and Wales 2013 (young drivers and all drivers)



Source: TNS-BMRB (2013)

A review of literature on drink-driving that included four studies in Scotland, England and Wales over the period 2001–7 found that between one fifth and two fifths of drivers reported having driven within a few hours of drinking alcohol at some point in the preceding 12 months (Hopkin et al., 2010). Most said it was a rare event (48% said they had driven after drinking just once or twice during the year), but, for a minority, driving after drinking was reportedly more common: for example, in 2002 in England and Wales 14% said that they drove after drinking, once a month or more.

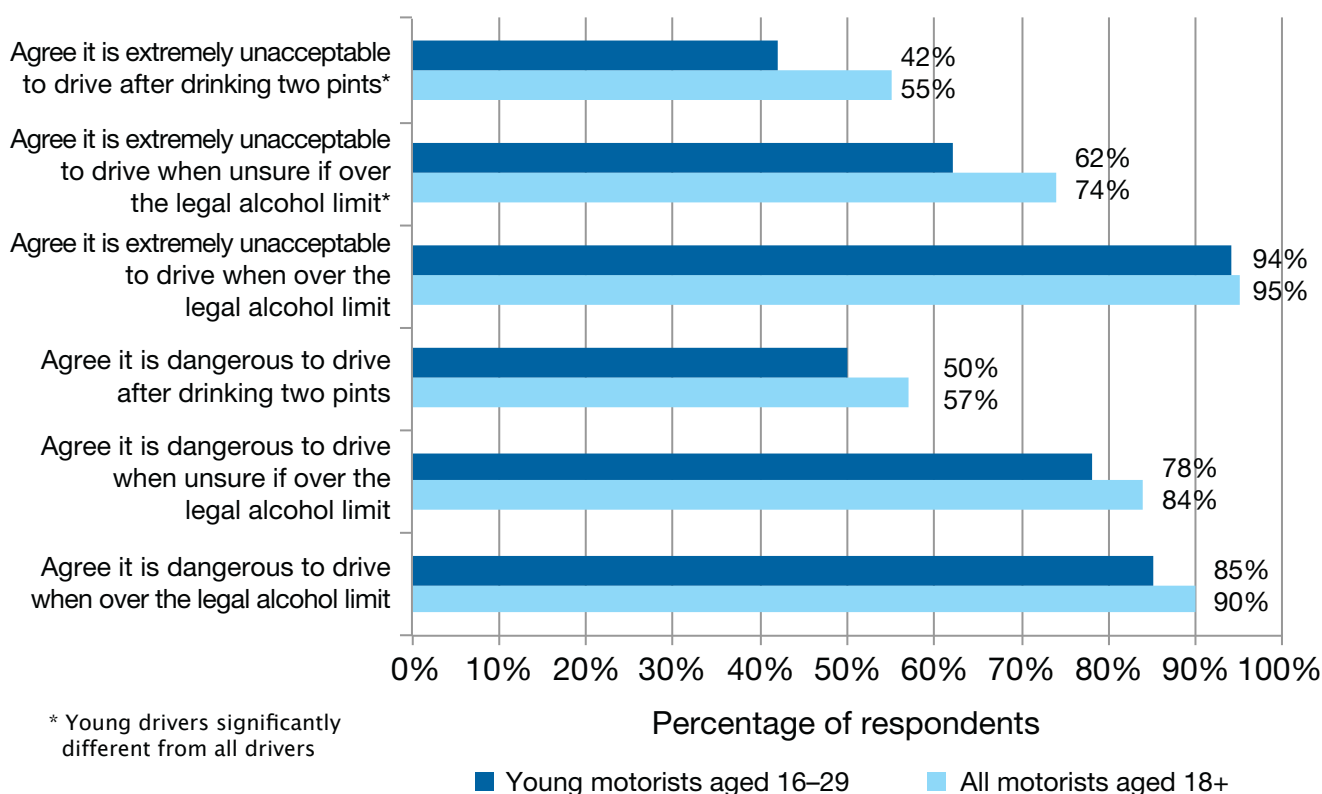
Information on the incidence of passengers in England and Wales at risk from drink-drivers was included in the same review. A study by Brasnett found that 13% of respondents reported travelling as passengers with drink-drivers during the previous year (Brasnett, 2002). Among all drivers and non-drivers in the sample, a larger proportion of drinkers (15%) compared with 2% of non-drinkers had been a passenger at least once in the past year with a driver who they believed to be over the legal limit. Some 9% of drivers who said they personally had not driven while over the limit in the last year had nonetheless been a passenger with a driver who they believed to be over the legal limit. These findings suggest an association between drinking behaviour and travelling as a passenger with a drink-driver which is highly relevant to this study.

2.5.3 Attitudes to drink-driving

A finding from public opinion surveys that has been consistent for some years is that most people are strongly against drink-driving. For example, one of the most recent national surveys to gauge public opinion on this topic (DfT, 2012b) found that 80% of respondents agreed that someone should not drive if they had drunk any alcohol. Women and non-drivers were more likely to be against driving after drinking any alcohol than men and drivers.

The DfT's 2013 THINK! Survey – mentioned in the previous section – found that more than 90% of drivers agreed that it was extremely unacceptable to drive when over the legal alcohol limit, and more than 90% agreed that this was dangerous. Three quarters agreed that it was extremely unacceptable to drive when unsure of being over the alcohol limit, and 84% agreed that it would be dangerous to do so (TNS-BMRB, 2013). However, levels of agreement with statements about driving after drinking two pints were rather lower: just over half agreed that it was extremely unacceptable to drive after drinking two pints, and just over half said this was dangerous (see Figure 14).

Figure 14 Attitudes to drink-driving: England and Wales 2013 (young drivers and all drivers)



Source: TNS-BMRB (2013)

Young drivers aged 16–29 were consistently less censorious in their responses to these questions than all drivers (aged 18 and over), statistically significantly so in some cases. For example, two fifths (42%) of young drivers agreed that it was extremely unacceptable to drive after drinking two pints compared with over half (55%) of drivers over 18. Around two thirds (62%) of young drivers agreed that it was extremely unacceptable to drive when unsure if over the legal alcohol limit compared with three quarters (74%) of drivers over 18. However, in their responses to questions about the acceptability of driving when over the limit, and about it being dangerous to drive over the limit, young drivers were not significantly different from drivers of all ages.

2.6 Legislation and enforcement – latest developments

In the UK the legal limit for drivers' BAC is set out in the 1967 Road Safety Act: 80 mg of alcohol per 100 ml of blood (or 35 µg per 100 ml of breath or 107 mg per 100 ml of urine). The setting of this limit was based on research that showed that almost all drivers would be impaired at that level.

Findings from more recent research have shown that most drivers are impaired at 50 mg of alcohol per 100 ml of blood, and in most European countries this is reflected in a lower legal limit (50 mg or less). In Great Britain Sir Peter North's (2010) *Report*, which reviewed the drink-driving laws, recommended unrestricted powers for breath testing and reducing the legal limit to 50 mg/100 ml of blood (and equivalents). The proposal to reduce the legal limit was not accepted by the current government, which favoured improving enforcement to deal with the worst offenders. In Scotland, the drink-drive limit is in the process of being reduced to 50 mg per 100 ml of blood. In Wales, the government called for a reduction in the drink-drive limit in 2008, and in 2013 it requested devolution of powers to set the drink-driving limit. In Northern Ireland, a reduction in the limit is also being considered; this would be 50 mg/100 ml for typical drivers, and 20 mg/100 ml for learner drivers, novice drivers (in their two-year probationary period) and professional drivers, with fixed penalties for driving below 80 mg and graduated penalties above this limit.

Since 2012, the UK and Malta have been the only EU countries with a limit of 80 mg/100 ml for car drivers and novice drivers. The Institute for Alcohol Studies (2013) fact sheet on drink-driving shows that most EU countries have a blood alcohol limit of 50 mg/100 ml for the general population; the limits are lower in Sweden (20 mg/ 100 ml) and several Eastern European countries, some of which have a limit of 0 mg/100 ml. A number of European countries have a lower limit for novice drivers than for the general driving population: for example in Austria and Luxembourg the limit is 10 mg/100 ml, while several countries including Germany, Italy, Greece and Ireland have a limit of 0 mg/100 ml for novice drivers. Enforcement of the legal limit in the UK is carried out by police testing in cases where there is suspicion that a driver has been drinking alcohol or has been involved in an accident or committed a traffic offence. In 2011, 55,000 people were convicted of drink- or drug-driving offences in England and Wales; four fifths of these were committed by males (83%) and a quarter (23%) by drivers under 25 (Institute of Alcohol Studies, 2013).

Penalties for drink-driving are usually a driving ban of at least 12 months and a maximum penalty of 6 months' imprisonment or a £5,000 fine. Two other offences, including causing death by careless driving under the influence of drink, lead to a two-year driving ban with a maximum prison sentence of 14 years and an unlimited maximum fine. Drink-drive rehabilitation courses are offered to some offenders. Disqualified drivers may be required to have an alcohol ignition interlock fitted to prevent reoffending. New drivers (within two years of passing their first driving test) convicted of drink-driving have their licences revoked and have to apply for a new provisional licence and pass a further driving test. New legislation currently going through Parliament would make it possible for custodial sentences to be given to repeat offenders (on their third and subsequent conviction).

2.7 Summary

Car travel accounts for more trips than any other means of transport. Although it is less important among young people than the population as a whole, car travel still accounts for half of all their trips.

Driving after drinking alcohol increases the risks of driving, even at low levels of alcohol consumption, and these risks are greater for young drivers than older ones. Although drink-driving has reduced in recent years, it still accounts for one in six deaths and one in twenty serious injuries on the roads. Most of the casualties are drivers and riders who are over the legal limit, and their passengers. Walking after drinking alcohol also carries a high risk; three out of four pedestrians killed at night are over the legal limit for driving.

Although not exclusively a young person's issue, the risks for young people are greater. Young drivers are involved in a disproportionate number of drink-drive collisions when the number of drivers and the distances they drive are taken into account. Young drivers are more likely than older ones to say that they know a drink-driver and their views on driving after drinking are more lenient, though this is not the case when it comes to driving over the limit.



3. Understanding Young Adults' Travel Behaviour on Occasions Involving Alcohol

3.1 Introduction

Information in Chapter 2 painted a statistical picture of drink-driving in the UK and the relatively high risk of accident and injury that drink-driving presents to young drivers and their passengers. This chapter draws both on the desk research and on the focus groups that were carried out in order to provide more detailed understanding and insights about the travel behaviour of young adults on social occasions involving alcohol.



3.2 The importance of alcohol on social occasions

The latest data from the ONS indicates a continuing fall over the past decade in drinking trends among 16–24 year olds (Office for National Statistics, 2013). Both the frequency with which these young people drink alcohol and the percentage consuming alcohol to hazardous levels have declined in recent years. Young people drink less than the UK average, and drink fewer times during the week than most other age groups (Institute of Alcohol Studies, 2013).

Nonetheless, drinking is still prevalent and alcohol features significantly in many of the different contexts in which young people socialise. In their UK study, Seaman & Ikegwonu (2010) conclude: “Alcohol has been granted a monopoly position in facilitating social activity in young adulthood.”

Focus group respondents gave a number of examples of the settings and contexts in which they socialised with alcohol including:

- small gatherings of friends at someone's home (e.g. ‘a girl's night in’ – watching a film, talking);
- going out for a meal;
- meeting in a bar or pub;
- going round to someone's house (e.g. dropping in after work);
- watching or playing sport;
- activity-based outings (e.g. cinema or bowling);
- house parties;
- clubbing; and
- pre-drinking, or pre-loading at someone's house before going out.

Respondents distinguished between social occasions when drinking alcohol was a less important adjunct and those in which it was much more centre stage. Lighter drinking occasions included ‘having a beer’ after work, when you know you have to be up the next day. A small gathering at someone's house or going out to dinner (‘an ordinary night out at a pub or restaurant’) would tend to

involve less heavy drinking than a house party or going to a club.

On other social occasions respondents said there could be a clear intention to get drunk:

“Not ‘going for a drink’ but going out with the intention of getting off my face.” (Male, under 21)

Deliberate drunkenness was a phenomenon that was familiar to all focus group respondents and a normal, though not necessarily frequent, part of their personal experience, reinforcing Seaman and Ikegwuonu’s finding that: “A cultural norm of drinking to get drunk was observed as a component of all the young adult’s social networks (even abstainers encountered it)” (Seaman & Ikegwuonu, 2010).

A few respondents seemed to have little taste for alcohol *per se* and said they only ever indulged in heavy episodic drinking to get drunk. One female respondent said she would prefer to have nothing to drink than just one or two drinks; this is because she does not see the point of drinking unless ‘getting drunk’.

To put this in a wider context, binge drinking – more than eight units of alcohol on at least one day in the previous week (males) or six units (females) – has declined since 2005 but was reported by 22% of young men and 17% of young women in 2012 (Office for National Statistics, 2013).

Pre-drinking or pre-loading was reported by focus group respondents as an important part of some heavier drinking occasions, involving groups of friends gathering at someone’s house for a drink before going out. The cost of alcohol in bars and clubs, and the time spent queuing for drinks in crowded venues, were two reasons given by respondents for pre-loading. However, respondents also often saw pre-loading as an important part of a social occasion, offering a chance to chat and catch up before the main event.



Focus group respondents said that they sometimes drank more on social occasions than they intended because of:

- social pressure in the form of friends encouraging them to drink (more), calling them 'boring' if they showed restraint;
- drinking to keep up with friends or be in the same 'zone' of intoxication ('on the same level'), not to be the odd one out, to fit in and not be bored by drunk friends;
- competitive drinking especially among males, showing you can 'hold your drink' ("If you are with people you have to drink to whatever their level is.");
- drinking for social confidence – especially younger respondents and especially in settings where they may not know everyone very well ("If you know the people you are with, you feel more confident around them, so you do not need to drink so much to feel comfortable.");
- drinking more "When you feel you can 'let go' because you are at a house party of someone you know and feel relaxed and comfortable";
- round-buying in pubs encouraging everyone in the group to keep up with the fastest/heaviest drinkers – more typical of older people in the target audience with jobs and a higher disposable income than of younger respondents, who tended to buy their own; and
- alcohol itself – 'a few drinks' undoing 'good intentions'.

3.3 Travel planning on social occasions involving alcohol

Findings from the focus groups suggest that travel considerations could be less important than social considerations in determining *where* respondents socialised, and when. If social factors were sufficiently compelling, then by and large respondents would try and find ways of solving the problem of travel. Travelling together in small groups could be seen to increase the range of possibilities: for example, by making it cheaper to use taxis; and by sharing lifts. It could also be seen as more fun and safer, especially for females, even though respondents also recognised some potential drawbacks to travelling in groups: for example, in terms of having to manage individual needs and preferences within the group.

Respondents were more likely to plan some journeys than others: for example, if travelling farther afield or going to unfamiliar destinations; and plans for getting home were generally considered more important than plans for getting there, especially for social occasions at night.

Female respondents were more likely than males to say that they planned their travel so that they were 'free to drink' and to say that they might moderate their drinking, knowing that they had to get back safely. Safety concerns they mentioned tended to focus more on not getting lost or making themselves vulnerable to assault than on avoiding being involved in an alcohol-related accident in a car, on public transport or as a pedestrian. Females more than males

mentioned arranging to 'sleep over' in order to obviate the need for travel. Males said they moderated their drinking only if they were planning to drive; otherwise they tended to say that their level of drinking on a given social occasion was not really affected by how they would be travelling. They were more likely than females to say they 'played it by ear' when it came to planning their travel:

"It is the last thing on my mind." (Male, under 21)

All respondents recognised that travel plans made in advance could be derailed: for example, if once out they changed their minds about where they were going; if a group of friends separated for some reason; or if someone they were depending on for a lift went home early or was too drunk to drive.

3.4 Travel choices and preferences

In a broader discussion about what respondents looked for from their method of travel on social occasions, the most important criteria were that it was quick, easy, flexible, cheap and gave the traveller a high degree of independence and control over their movements. Females also mentioned personal safety and security (again related to fear of assault rather than accident); males were more likely to say they 'take safety as a given'.

Self-driving was widely regarded as meeting most of these criteria. Although respondents said they tended to rule it out as an option when they were planning to drink heavily, many did drive on social occasions involving alcohol. This was allegedly especially likely when drinking, and getting drunk was not central to the occasion, or when they personally did not want to drink or preferred to restrict the amount they drank – in which case 'taking the car' was seen as a way of helping them to stick to their intentions as well as fend off friends who might put pressure on them to drink (more). Males were more likely than females to admit to driving on social occasions such as house parties, when drinking generally was likely to be heavy and when they personally intended to drink.

Respondents also said they got lifts from others with whom they were out socialising – people who had offered ahead of time to act as driver for the night or people from whom they managed to 'cadge' a lift once out, usually but not always someone they knew well. Other important lift givers mentioned in focus groups included: family members – typically parents (mentioned especially by younger respondents, but some older ones too); and friends not involved in the social occasion and who had not been drinking. Younger respondents, for example, mentioned that friends who had recently passed their driving test were sometimes willing to act as a taxi, either for money or free of charge.

All respondents said getting a lift had many of the advantages of self-driving but fewer responsibilities and was cheaper than a taxi – even if they were making a contribution towards the driver's expenses. Some female

respondents said it was also 'less dodgy' than travel by taxi. A lift in a car driven by a friend also meant being able to drink without restraint, when compared with self-driving and also other methods of travel. Potential drawbacks respondents associated with getting lifts from friends included being dependent on someone who could change their plans: for example, leave early or go onto some other venue. Drivers could also end up drinking (more) alcohol making them less safe, unfit or unable to drive.

Younger respondents preferred a lift with friends to a lift with parents because there would be 'less nagging', even though parents did not expect payment. Lifts with parents were seen by this group as a last resort and more acceptable on the way to a social occasion than on the return trip, when parents might be unhappy about having to stay up late or about drunken behaviour. Lifts from parents were rarely considered as an option by respondents aged 21–25, except in emergencies:

"You do not want to turn up with your Mum or Dad." (Female, over 20)

Taxis were popular with all respondents, although cost was a concern for some when compared with getting a lift from a friend or with driving. In the area where the focus groups were held, taxis were said to be plentiful and available at all times unless travelling further afield: for example, to a club in central London. Respondents said that if they did not have a contact number for a cab firm, it was easy to find one online using a smart phone or other device. Some respondents thought taxis were probably safer than being driven by a friend, and there were no worries about parking. Even if getting a lift with a friend, parking was an issue that could affect everyone in the group: for example, in terms of cost and finding a place close to the venue.

All respondents in this small sample preferred car travel (self-drive, lifts, taxis) to travel by local buses about which they were very disparaging, including those who seldom if ever used them:

"It does not take you to your door and it smells." (Male, under 21)

When compared with the car, public trains or buses were thought by respondents in this study to meet few of the travel criteria desirable on social occasions. They said public transport locally was difficult to work out, unreliable, not always convenient and not always available at times it was needed. It was also regarded as expensive.

Walking was another unpopular mode of travel, especially among female respondents. Males were much more likely than females to say they walked. A number of female respondents said that they just did not like or 'do' walking, but they also mentioned concerns about safety, especially at night, and also not wanting to walk when dressed up for a social occasion, especially if wearing high-heeled shoes.

3.5 Driving on social occasions involving alcohol

Some licence holders in the focus groups, especially females, said they personally never drove after drinking. Others stated that they were careful not to exceed the limit, although there was considerable haziness about what this meant in practical terms (see also subsection 6.2.1). Newly qualified drivers were more cautious about driving after drinking than those who had been driving for a few years. This was explained in terms of information and cautions about drinking and driving still being 'fresh' for new drivers; pride in their new licence and fear of losing it; and nervousness and lack of confidence in their newly acquired skills. More experienced drivers said that over time they had become 'more comfortable' driving and were more likely to drive after drinking and even drive when they thought they might have had too much to be legal. They thought that just a few occasions driving after drinking, or drink-driving, and 'getting away with it' was habit forming.

Some focus group respondents admitted to occasions when they thought they may have driven over the limit; these were often characterised as exceptions best explained in terms of circumstances peculiar to the occasion rather than as a consistent trait. One respondent said that he could get caught up with drinking in the heat of the moment – for example, celebrating (or drowning sorrows) after a football game – and rather than leaving his car and collecting it later was inclined to think 'it is worth the risk'. However, more regular and frequent drink-driving was identified in a few (male) respondents. For example, another respondent mentioned that being in charge of a car never affected what or how much he drank and that drinking did not impair his driving: "I am just a good driver, I guess." Another said that when he went out he drank to enjoy himself but would then try to stop 'at a certain level' – perhaps wait for a while before driving, and then 'hope for the best'.

Among focus group respondents there was widespread awareness of 'morning after' drink-driving. Some told anecdotes and possibly apocryphal stories of local police waiting near pub and club car parks to 'catch people out' who were returning the following day to collect their car. One respondent who lived with his parents said his mother used a breathalyser to test him if he was driving the morning after a night out. However, many respondents also said that, in practice, they 'honestly never think about' possibly being over the limit the next day. One respondent stated that he tended to behave as though a sleep, however short, 'wipes the slate clean', and others agreed. Few respondents said they would think twice about accepting a lift in the morning with someone who had been drinking heavily the previous night.

3.6 Lifts and lift giving

Lifts are an important part of the travel pattern of young people on social occasions involving alcohol. They offer the advantages of car travel but without the

cost associated with taxis, and passengers feel they can drink without restraint. They are also in tune with the friendly and group-oriented life stage that the target audience is in. As one focus group respondent said: “You do not want the night to end, and the journey back in someone’s car can be the last opportunity for fun.”

Focus group respondents often mentioned that they would not get into a car driven by someone who had been drinking, but for a variety of reasons this did not seem always to be what happened in practice. First, it can be difficult to know if and how much a driver has been drinking. Respondents often said that they would ‘know’ if someone was too drunk to drive or if a friend was ‘gone’ – that they could ‘judge’. They said they went mainly on ‘appearances’, though sometimes they would also have seen how much a driver had been drinking. The signs of drink impairment they said they went by tended to be extreme: for example, drivers being unsteady on their feet, stumbling and slurring their speech. A number of respondents agreed that they would probably accept a lift so long as the driver seemed ‘alright’, especially if they knew and trusted them. Respondents also remarked that the advantage of getting a lift to your door when you were ready to go home could make taking a risk seem worthwhile, especially if:

- the driver was going to be driving anyway;
- you were not the only one getting a lift;
- you were not sure how else you were going to travel;
- other friends were encouraging you to get in the car;
- you did not want to appear critical or cowardly; and/or
- your own judgement had been impaired by alcohol.

In general, respondents thought males would probably take more risks than females in getting into a car with someone who had been drinking: for example, because of fear of losing face or appearing to challenge someone’s competence behind the wheel or ability to ‘hold their drink’. Respondents over 20 tended to say they took fewer risks than their younger selves and were more likely than before to be careful about whom they accepted a lift from.



Drivers who gave lifts (most drivers who took their cars on social occasions) said some arrangements were made in advance, but that they also sometimes 'acquired' passengers while socialising. Some drivers preferred to be the person in charge of a vehicle and giving lifts to being a passenger, while others said they did not really like giving lifts, especially when passengers had been drinking heavily; one respondent described it as 'the drive from hell'. Drawbacks that were mentioned included: a longer (return) journey because of having to take everyone to their door; and also passengers being very distracting – for example, by hanging out of the window, talking loudly and playing loud music; and passengers being sick in the car. Some drivers said they did not like the responsibility of a car full of drunk passengers and found it difficult to assume the role of policing friends and asking them to behave.

However, drivers said it was sometimes difficult to refuse to give someone a lift. One respondent said she had got to her car on a recent occasion at the end of the night only to find a large group of girls waiting round the car for her to drive them home.

Drivers might be worried about or feel sorry for someone who would otherwise be stranded, and others could also put pressure on them to fit in just one more passenger. One person said she got fed up now when she takes her car anywhere; that you have to "be very strong" to say "No" – "and then you feel guilty – how are these girls going to get home?" Others agreed that you can have terrible 'what if' thoughts about leaving a friend without a lift, especially females about females. One male respondent admitted that he would be keener to get his drunk friend home, than to say "No" as a driver.

Respondents gave accounts of recent car journeys with vehicles crammed beyond capacity with passengers who had been drinking, including: eight people in a Ford Ka "just last week"; and twelve in a Ford Escort. They said that "people ride in the boot a lot."



3.7 Summary

Recent data shows a decline in alcohol consumption among young adults. Young people drink less than the UK average and drink fewer times during the week than most other age groups. However, alcohol is still an important feature of many social occasions at a stage of life when socialising – being out with friends and meeting people – is a key activity.

Young adults take part in lots of different types of social occasion involving alcohol, and have different networks in which they socialise. The way in which they drink, and how much they drink, tend to vary with the type of occasion and the social group. All social occasions including alcohol have the potential to draw participants into drinking or drinking more than planned or wanted. Some social occasions involve heavy drinking and drinking deliberately to get drunk, and travelling while drunk is an inevitable concomitant with this.

Social occasions may have a number of stages (and drinking locations): for example, starting at someone's house (maybe doing some pre-loading), going onto a bar or pub to meet up with a wider group, and then continuing to a club or house party. And plans may change while people are out. Travel patterns associated with social events can, therefore, be quite complex and entail separate journeys and journey stages, with a proportion of these taking place after people have been drinking.

For many young people, the trip they are most likely to plan for is the journey home, though the outbound journey can be important as well: for example, after pre-drinking for a big night out at a club, especially for young women. In general, females are more likely than males to think in advance about their travel arrangements. Personal security is high on their agenda for the journey home, and their clothes and appearance may also be important factors in their travel arrangements. They are more likely to arrange their travel to enable their drinking while males worry less about how the travel arrangements will work out and may play it by ear.

Certain aspects of travel that are particularly important to young adults are strongly associated with car travel. Driving and getting a lift with friends are popular methods of travel and so are taxis, though cost can be an issue, especially for younger people in the target group. Getting lifts with parents is acceptable only for those at the lower end of the target age range, and mainly for the outward rather than the homeward journey. In the area where the focus groups were held, public transport was not seen as particularly viable in the evening. Males were more likely than females to regard walking as an option – even for short distances.

Some drivers in the focus groups said they never combined driving and drinking. Most of those who did said that they were careful not to exceed

the limit, but were hazy about what this meant in practical terms. More experienced drivers said they took more risks than when they first qualified. Drivers who admitted to having driven when possibly over the limit tended to explain it in terms of circumstances peculiar to individual situations rather than as a consistent trait. But they also recognised that bad habits could easily form if they took a risk and 'got away with it'. Two or three respondents admitted consistently to driving after drinking, including one who said that his driving is not affected by the amount that he drinks.

Morning after drink-driving was an idea familiar to most drivers in the focus groups, but many said they acted as though a few hours' sleep wiped the slate clean. Few respondents would think twice about accepting a lift in the morning from someone who had been drinking heavily the night before.

Passengers' intentions not to travel with drivers who have been drinking may be derailed because it can be difficult to know how much a driver had been drinking. Only signs of extreme drink impairment tended to be obvious to observers, although one focus group respondent said they could usually 'tell' if a friend had had too much. In fact, respondents tended to say they would accept a lift with someone who had been drinking if they seemed 'alright'.

The perceived advantages of getting a lift can overwhelm the perceived risks, especially if the passenger had been drinking and others were going along with the ride. Younger people and males in the target audience were possibly more likely to take risks than older people and females.

Drivers on social occasions involving alcohol usually ended up giving lifts to others. Often they felt that they had little choice, and cars could be filled beyond capacity. If passengers were drunk they could be distracting, especially if there was a party mood in the car and loud music or passengers being sick. Some drivers did not like the responsibility or to feel left out.



4. Changing Behaviour

4.1 Introduction

The target audience for this study occupies a life phase described by developmental theorists as 'emerging adulthood' (Arnett, 2007). Identity exploration and the desire for novel and intense experiences are often associated with this stage of development and are sometimes advanced to help explain risky behaviour in this group. While such traits may have some relevance in understanding the background to unsafe car travel by young adults on social occasions involving alcohol, the general picture is much more complex than this.





This brief chapter introduces some ideas from behaviour and behaviour change theory that may be useful in contextualising the findings of Chapter 3 and thinking about them in systematic ways that could lead to more effective communications and interventions for improving the safety of car travel. It is beyond the scope of this study to provide a detailed or sophisticated treatment of this vast area of study, and we have drawn heavily on a major review of behaviour and behaviour change models and their uses commissioned by Government Social Research (Darnton, 2008).

4.2 Understanding behaviour and behaviour change

Behaviour theorists recognise that assuming rationality in a target audience provides a useful base from which to build more complex understanding of behaviour. They also understand that decisions are often taken on the basis of short-term rewards, what the choices appear to be and how they are perceived (e.g. as losses or gains). For example, most young people know it is dangerous to drink and drive, yet having a drink to be sociable and not feel left out, especially if the risk of accident or getting caught seems low, may weigh more heavily on a night out.

Lots of decisions are based on only quite low levels of deliberation rather than careful reasoning. People tend to use rules of thumb as useful short cuts in decision-making (known in the literature as judgement heuristics) that can lead to systematic errors of judgement. Decisions on likely outcomes are often based on what happened on the previous occasion. Drivers who got away with driving after drinking last time without incident may assume that they will get away with it again. Events that are easily recalled, salient or memorable may seem more likely to occur than others that are not. One focus group respondent who passed a police car when he thought he was over the limit, and was badly frightened, decided that he probably would *not* get away with it again and said he has not driven after drinking since.

Information alone is not enough to induce behaviour of certain kinds, but it is a prerequisite as a source of knowledge (e.g. about the accident risks associated with young drivers, units of alcohol in different drinks, BAC and what affects it, and so on). In the health field, for example, those with high levels of information (and motivation and behavioural skills) are more likely to undertake preventative health behaviour.

The relationship between attitudes and behaviour is often not very strong because of intervening barriers that block the path between values and action (known as the value-action gap). This value-action gap is clear across studies in many policy fields, including road safety where research shows that driving after drinking and drink-driving occur in spite of the fact that the vast majority think it very wrong to do so.

Social norms specific to a type of behaviour are based on perceptions about how most people think an individual should behave, and personal norms are feelings of moral obligation to act in ways that are free from social expectation. Social and personal norms can be activated to exert an influence on behaviour. Descriptive norms (what actually happens – or what people think happens) are sometimes distinguished from injunctive norms (what should happen). Interventions based on social norms often rely on the assumption that most people in the target group want to ‘fit in’. This can work, but it can also backfire: famously, attempts in a college setting to debunk misconceptions about high levels of alcohol consumption (descriptive norms) resulted in people who drank less than the descriptive norm increasing their consumption. Injunctive norms can be made more influential by finding ways to increase their salience; as in the earlier example from the focus groups, police cars on the road can be a reminder that there are sanctions attached to drink-driving.



A lot of behaviour is habit driven; people do what they have done on previous occasions because it is the easy route, and does not need rethinking. If it has not led to problems in the past, why should it be a problem next time? This kind of thinking was evident among some focus group respondents. The more times in the past people have behaved in a certain way, the more ingrained the habit. As experience of behaviour increases, habit dominates over intentions, and behaviour becomes more automatic and routine and detached from original motivating factors; changing those factors will not necessarily alter the habit. Intervention techniques include preventing habits from forming (e.g. targeting newly qualified drivers before they start mixing driving and drinking) and the rehearsal of conscious behavioural cues and goal setting to bring habitual behaviours back under cognitive control.

In some fields of behaviour (e.g. drinking, drug using and drink-driving) theorists recognise a common two-part pathway that applies to the early stages of habit forming (the prototype/willingness model). Young people new to a behaviour follow a social pathway and are open to opportunity if the context is right, but as they develop experience of the behaviour it becomes habitual (see the earlier discussion in Chapter 3 about how novice drivers start to take risks with drink-driving as they become more confident drivers, and start to form habits as they 'get away' with it).

Habit has been described as resistance to change. At the individual level, habits may be hard to break if they reflect standards within a person's main social group or network. For lasting individual change, alterations at the group level are often needed that are best achieved through moving group thinking, decision-making and behaviour.

Emotions have a role to play in influencing behaviour. Emotions such as feelings of moral obligation and guilt are important drivers of personal norm activation (otherwise known as norm activation theory). Emotional 'stir up' has been identified as an important ingredient of interventions to break habits.

Agency and self-efficacy are to do with an individual's sense that they can carry out an action successfully (e.g. break a habit, abstain from drinking if they are driving, and not drink when others around them are drinking). If behaviour is deemed impossible it will not be undertaken – verbal persuasion and emotional arousal can increase self-efficacy.

Cost and convenience are sometimes reported as barriers to undertaking behaviours. As described in Chapter 3, focus group discussions on behavioural choices often reverted to issues of the cost and convenience of different transport modes.

Sometimes if people are compelled to change their behaviour, attitudes and norms are adjusted subsequently. The legal framework around drink-driving

has been hugely instrumental in changing behaviour in regard to drink-driving and in reducing injury and fatality rates as well as in adjusting attitudes and norms surrounding drink-driving; there is some discussion in the UK about whether it can go farther still (see Chapter 2).

A lot of behaviour change needs to take place in stages. This is recognised in models such as the Stages of Change Model used widely in the health field. This identifies six steps: pre-contemplation; contemplation; preparation; action; maintenance; termination (when the changed behaviour has become normative). The model segments the population according to their position along the spectrum of change, and interventions are then targeted at different segments.

In some contexts it may be important to recognise that a whole system, its component parts and the interactions between them need to be addressed in order effectively to change target behaviour.

Factors can be identified: that are intrinsic to the individual (personal); that are concerned with relationships and how these influence behaviour (social); and that are linked to what might broadly be termed 'the environment' – local environmental factors such as where someone lives, local facilities and services, and wider environmental factors such as the economy and technology. Personal, social and environmental factors are all important, and it is widely agreed that the most effective approaches to behaviour change take *all* three levels into account.

Models of behaviour and behaviour change are tools for developing interventions with specific behaviours and audiences in mind. Learning through doing is important, and a thorough understanding of the target audience and target behaviour needs to underpin the process as well as variation in that behaviour among the audience groups. Interventions should be developed based on past experience of what works. It should then be worked out on the ground through research and piloting with the audience groups in question. Interventions can bring perverse side effects, which are hard to foresee, so evaluation needs to look out for this. Policy consistency can be desirable so that unintended consequences do not spill into other policy areas.

4.3 Summary

Human behaviour is complex but more or less rational, albeit sometimes strongly influenced by emotions, habits or routines.

Decisions are often based on low levels of deliberation rather than careful reasoning and on inadequate, even wrong, information. Attitudes may show little correlation with behaviour because of barriers that block the path between values and actions. Norms – social and personal – can be important in influencing behaviour (especially in the target group for this study) and have a key role to play in bringing about behaviour change.

Habit is hard to change, but drives a lot of behaviour. Once habits are formed, it is easier to follow habitual paths, which require no rethinking, than to break out into new behaviour. Interventions can be effective that are aimed at preventing habits forming (e.g. among young people new to a behaviour such as drink-driving) and bringing habitual behaviour back under conscious cognitive control (re-examination).

Emotions can affect behaviour and be used in interventions: for example, to activate personal norms (feelings of moral obligation) and break habits. Emotional arousal together with verbal persuasion can also help increase an individual's sense of agency and self-efficacy – their ability to carry out an action successfully.

Cost and convenience can be barriers to undertaking behaviours (e.g. it may be cheaper and more convenient to accept the offer of a lift with someone who has been drinking but seems 'alright', than to ring for a taxi).

Compelling behaviour change can be very effective in some contexts such as drink-driving (see Chapter 2), and attitudes and norms may adjust to the enforced changes.

Lasting behaviour change is a key objective in many policy contexts, and measures need to be geared to long-term and permanent transformations in how people behave. Interventions must address a number of factors at once and be flexible to different audiences and contexts.

Personal, social and environmental factors are all important, and it is widely agreed that the most effective approaches to behaviour change take *all* three levels into account.

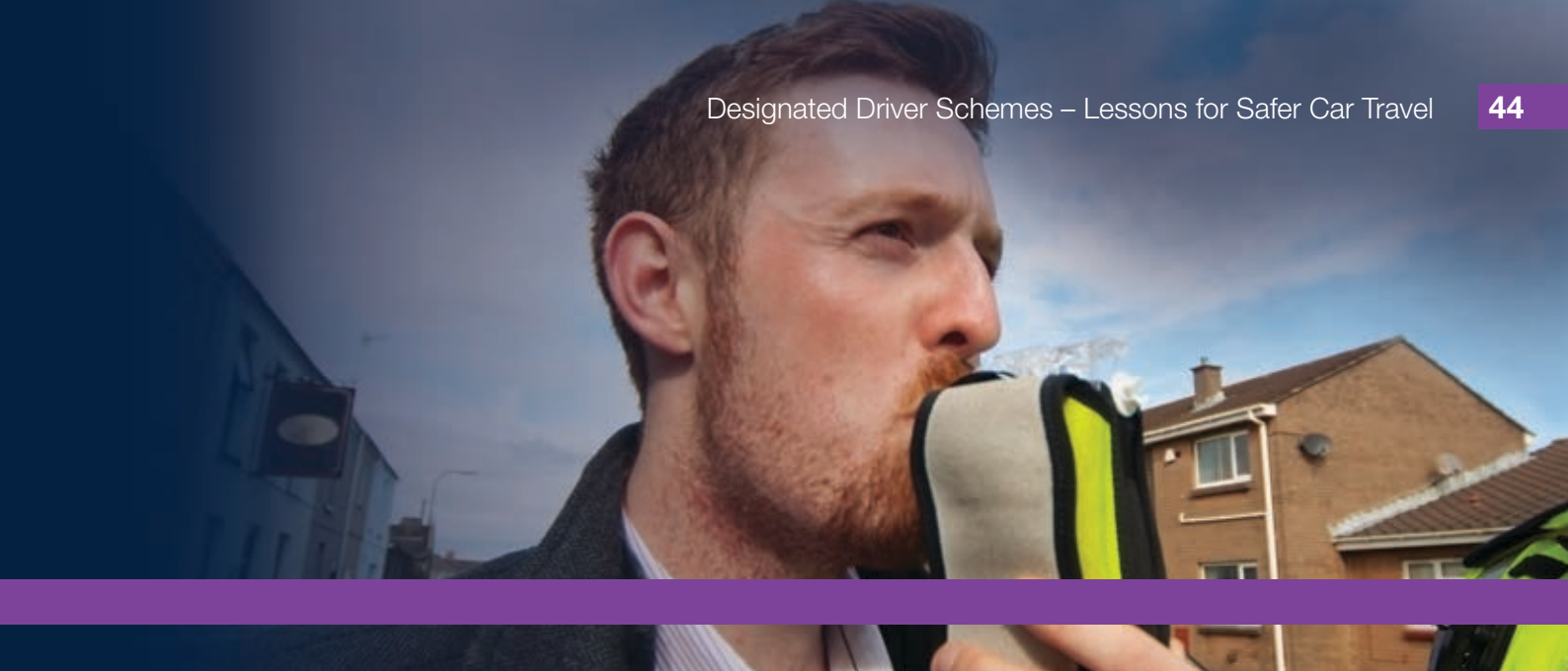
Learning through doing is important, and a thorough understanding of the target audience and target behaviour needs to underpin the process. Interventions should be based on past experience of what works and then developed on the ground through research and piloting with the audience groups in question. They can bring perverse and unforeseen side effects, which need to be guarded against. Policy consistency can be desirable so that unintended consequences do not spill into other policy areas: for example, by diverting young people who have been drinking from driving cars to using other parts of the transport system, where the risks to safety may also be high or there may be other negative consequences.

5. Designated Driver Schemes – Lessons for Safer Car Travel

5.1 Introduction

Legislation and enforcement (as discussed in Chapter 2) have proved fundamental tools in curbing drink-driving around the world, but other measures have also been implemented, which can be divided into four main groups:





- reducing the availability of alcohol – through limiting points of sale, increasing prices or raising the minimum drinking age;
- separating drinking from driving – by using alcohol ignition interlocks (to prevent driving after drinking alcohol), designated driver programmes, public transport or taxis;
- police enforcement of legal limits with roadside breath tests (random or otherwise), penalties and sanctions; and
- education and information through driver training, programmes in schools, driver improvement/ rehabilitation courses, public campaigns and promoting a culture of safety.

The DaCoTA project (2012) found evidence from interventions in Europe, Australia and the USA to support many of these measures. However, experience indicates that packages of interrelated measures achieve the greatest reductions in drink-driving. The effectiveness of specific measures varies between countries, but, in general, the following were described as most likely to have an impact:

- random breath testing – raising the perceived risk of being caught;
- a maximum legal limit of alcohol for experienced drivers of 50 mg/100 ml and for novice drivers of 20 mg/100 ml;
- alcohol ignition interlocks and driver rehabilitation for severe, first-time offenders and all repeat offenders;
- research-based campaigns to encourage positive attitudes towards actions to combat drink-driving, combined with enforcement and education for all ages; and
- restrictions on the availability of alcohol, especially to young novice drivers.

This chapter looks in detail at an important type of intervention – designated driver schemes – which has been widely implemented worldwide and has become a central plank of campaigns to reduce drink-driving. It describes the range of initiatives that have been introduced and examines the evidence for their effectiveness.

The final section of the chapter (Section 5.4) draws together general lessons learnt from the literature on designated driver schemes that could apply more broadly to encouraging safer car travel among young adults on social occasions involving alcohol.

5.2 Examples of designated driver schemes

A designated driver is someone who agrees to drive others home safely after drinking alcohol. Some commit to drinking no alcohol, while others plan to stay within the legal limit or within their personal limit for 'safe' driving. There are both formal 'interventions' and *ad hoc* arrangements between group members or between group members and a third party (e.g. a family member who is not part of the evening but will come out and drive the group home afterwards). In another variant, sometimes known as 'safe ride', a group of people either hire a driver who will take them and their vehicle home, or arrange a ride with a voluntary organisation offering free transport home. Examples include 'NightRiders Incorporated' in the USA and the 'I Drive Your Car' scheme in south-west London and the Home Counties.

Designated driver schemes can be loosely classified in two main groups: interventions and campaigns. Funding is often provided by the drinks industry (brewers or manufacturers of soft drinks), government and local authorities. In France, the insurance industry also provides finance.

Some examples of these two types of approach are summarised below.

5.2.1 Interventions

In the most formal interventions based at drinking venues, groups of people are asked to nominate a designated driver when they arrive (either by door staff, bar staff or volunteers using a 'peer-to-peer' approach to promote the scheme). (The literature identified did not indicate how many of the drivers nominated at the time when a group arrived at a venue had already been selected before setting out; clearly, selecting a driver after some of the travel decisions for the evening have already been made restricts the choice of designated driver.)

The driver may fill out a formal registration document recognising this commitment, but this is not always the case. The driver may be provided with a wristband, T-shirt or other visible sign of this commitment. In some cases, the driver receives 'rewards' during the evening: soft drinks free of charge, free food, small gifts (either from the staff or a volunteer with the scheme). The bar staff may be discouraged from serving alcohol to designated drivers, sometimes as part of a 'server training programme' associated with the intervention. Particularly in schemes involving peer-to-peer promotion, there may be a breath test as the group leaves the venue; if the designated driver is found to be over the limit, the group is provided with information about taxis and public transport and encouraged to leave the vehicle where it is.

Many such interventions are supported by advertising campaigns to raise awareness and provide information to help people identify the venues that are offering the incentives. Examples identified in Europe, Australia and the USA are listed in Table 2; where available, the effects and lessons learnt from these interventions are summarised in Sections 5.3 and 5.4.

Table 2: Examples of designated driver interventions

Country	Types of interventions
Australia	‘Pick a Skipper’ schemes have operated in several places. Bar staff encourage designated drivers to sign up and then provide free soft drinks. The schemes are supported by mass media campaigns promoting the idea. Alternative names are used in some areas: ‘Sober Bob’, ‘Who’s DES Tonight?’, ‘The Skipper’ and ‘Skipper’ (Watson & Watson, 2009; Boots & Midford, 1999)
Austria	In Vienna in 2012 in a peer-to-peer promotion, young volunteers positioned outside discos encouraged groups of youngsters to choose a designated driver who would stay sober and drive the others home safely. Designated drivers receive a wristband, enabling them to be recognised as having made a commitment. At the end of the evening (until 4 a.m.) volunteers breathalysed those wearing a wristband (if they agreed). Those who were sober were offered gifts from the partners and sponsors (cakes, safety jackets, information and so on); others were encouraged to leave their car behind or entrust a sober friend to drive it. A website was used to publicise the activities (Chaloupka-Risser, 2013)
	In 2006–7 a similar peer-to-peer scheme had operated in a wider area of Austria and was combined with police checks near clubs
Belgium	The ‘BOB’ campaign has been running since 1995. It involves action in pubs, parties, a promotional van and other media and is combined with police enforcement (De Neve, n.d.)
France	The ‘Capitaine de Soirée’ campaign, which has been going since 1997, is based at discos, student events and other private parties. Designated drivers are offered wristbands and are breathalysed. The campaign is publicised in national news media
Germany	Since 2006 the ‘Geklärt, wer fährt!’ initiative has promoted responsible driving, designated drivers and avoiding drink-driving using a website and a network of trained volunteers acting as ambassadors (AB InBev, 2014)
Hungary	In 2005–6 the drinks industry, in association with other partners including Coca-Cola (providing free drinks for designated drivers) and the police, promoted the designated driver concept at licensed premises in towns across the country using peer-to-peer methods. Designated drivers wore a campaign T-shirt and received free soft drinks and a pizza voucher
Italy	Clubs in Milan (in 2009) offered young drivers incentives to remain below the limit for driving; field workers identified young drivers interested in being a designated driver, breathalysed them and gave them a wristband. Drivers were breathalysed again on leaving; those under the limit were given a voucher for free entry to the club the following month. Those who were over the limit were advised on alternative ways to get home (Aresi et al., 2009)

Country	Types of interventions
The Netherlands	The 'BOB' campaign to promote designated drivers and safe behaviour in traffic has been running since 2000; the campaign media include radio and TV advertising, adverts on buses, car park pillars and hot air balloons, a driving simulator at exhibitions and events (including sporting events) and incentives for designated drivers (Wegman, 2007)
Portugal	The '100% Cool Night Brigade' encouraged designated driving at clubs in cities across the country, breath-testing designated drivers at the end of the evening and rewarding those who remained sober; a drink-driving road show and seminars on drink-driving also took place (Belgisch Instituut voor de Verkeersveiligheid & Institut Belge pour la Sécurité Routière, 2007)
Spain	A peer-to-peer campaign at clubs with volunteers breath-testing designated drivers and offering them free drinks during the evening to emphasise the role of the whole group; prizes were given to drivers who remained sober, and there was a draw for a substantial prize for the whole group (Belgisch Instituut voor de Verkeersveiligheid & Institut Belge pour la Sécurité Routière, 2007)
USA	Peer-to-peer designated driver promotions at universities in the USA form part of wider health promotion or safety initiatives, with teams of student volunteers developing publicity materials and organising promotional events (e.g. at freshers' fairs) – such as 'U in the Driver Seat' (Tisdale, 2013)

Source: Authors' own

Examples of more informal interventions in the UK have involved advertising campaigns supported by the offer of free soft drinks for designated drivers:

- The THINK! 2011 Christmas drink-drive campaign teamed up with Coca-Cola's 'Designated Driver' campaign to offer drivers free drinks from the Coca-Cola range at 8,000 pubs and student union bars; the Coca-Cola website still promotes designated drivers (Coca-Cola Great Britain, 2010). A campaign has also taken place in Ireland (Coca-Cola Ireland, 2012).
- The 'Drink or drive – you decide' 2006 campaign operated at drinking venues, with a website to publicise it more widely.
- In 2012, Plymouth City Council developed a campaign that offered free soft drinks to drivers (Shaw, 2012).

5.2.2 Campaigns

The idea of a designated driver is often included in or, in some cases, is the main focus of campaigns by governments and the drinks industry, without being accompanied by face-to-face interventions; these use a variety of traditional and social media. Examples identified in Europe, the USA and Australia are listed in Table 3. Little evaluation evidence has been identified for these campaigns. The exception is the campaign in Montana; key results and lessons from this campaign are summarised in Sections 5.3 and 5.4.

Table 3: Examples of designated driver campaigns

Czech Republic	In 2006, a media campaign at events and discos promoted the idea of designated drivers to young drivers
Denmark	In the summer of 2006, the ‘Team Player campaign’ promoted the idea of designated drivers through activities at festivals, markets, fairs and so on as well as by visits to educational establishments, with peer-to-peer education being one of the hallmarks
Ireland	From 2003 to 2006, the ‘Drive Straight and Designate’ media campaign promoted designated drivers
Poland	A Designated Driver Campaign running from 2005 to 2007 focused on the designated driver personified as a sober and courteous driver who is easy to recognise by their lapel badge. Different elements of the campaign were targeted at various groups (young people, students, wedding guests, partygoers and so on). Publicity material and events took place throughout the year, and peer-to-peer promotion was organised at clubs on the ‘European Night Without Accidents’ (Chaloupka-Risser, 2013)
UK	During the 2010 football World Cup, York Road Safety Team in partnership with the police and fire and rescue services launched a designated driver campaign with adverts on and in buses, beer mats and T-shirts; leaflets were delivered to every household in the city, and events were held in the city (City of York Council, 2010)
	In 2013, over the Christmas period, a Budweiser social media ‘Knit-bot’ campaign promoted and rewarded designated drivers with Christmas sweaters. This was part of the campaign which contributed to the funding of this research (Budweiser, 2013a)
	In 2011, the Budweiser TV and radio advert Christmas campaign message was ‘designate a driver and enjoy the good times’ with a ‘rousing message from a “team coach” ’ (Budweiser, 2011)
	In 2006, the ‘Drink or Drive – You Decide’ promotional campaign, at licensed premises, on a website and in targeted media, aimed at raising awareness of and compliance with the designated driver concept (and choosing other safe ways to get home)
USA	In 2013, the Budweiser ‘Thank you designated drivers’ campaign on YouTube and Facebook and online advertising encouraged people to thank their designated driver with a surprise (Budweiser, 2013b)
	As far back as 1987, as part of the Harvard Alcohol Project, public service announcements on TV promoted the idea of a designated driver and incorporated it into the storylines of popular TV shows
	In the state of Montana a high-intensity, paid-media, social-norms campaign, which was aimed at correcting normative misperceptions and at reducing prevalence of drink-driving among 21–34 year olds, promoted the concept of designated drivers. The key message was that ‘Most of us do not drink and drive’. It was delivered through TV, radio, print and theatre advertising, posters and promotional gifts (Linkenbach & Perkins, 2005)

Source: Authors’ own

5.3 Effects of designated driver schemes

5.3.1 Casualty numbers

Finding objective data on casualty numbers which can be linked to designated driver schemes specifically is difficult, so research has tended to focus on more immediate impacts. However, if designated driver schemes bring about a decline in drink-driving, this will reduce casualty numbers.

One study that claimed a link with casualty numbers was the evaluation of the '100% Cool Night Brigade' intervention in Portugal. This was described as having been followed by a decline in the number of young people involved in accidents and the number of young people who were casualties in road accidents in the year of the campaign, when figures were compared with the previous year (Belgisch Instituut voor de Verkeersveiligheid & Institut Belge pour la Sécurité Routière, 2007).

A wider study of alcohol harm carried out a systematic review of evidence on the impact of interventions based around drinking establishments on injuries (not just on the roads). On the basis of five studies it concluded that there is not enough evidence that interventions in drinking venues are effective in preventing injuries; lack of compliance by bar staff was cited as a particular problem, which the authors suggested might be due to lack of belief in the benefits of the intervention (Ker & Chinnock, 2008). However, one of the studies included in the review did estimate that a state-wide, mandated, server-training policy had led to a reduction in single-vehicle, night-time crashes of 4% after 6 months, 11% after 12 months, 18% after 24 months and 23% after 36 months. Another study in the review investigated the effectiveness of a free driving-home service and found a reduction of 15% in the number of injury crashes in the area after the programme was implemented, which was statistically significant, and there was no reduction in the control areas; however, there was no statistically significant change in fatal crashes.



5.3.2 Public attitudes towards drink-driving

Information on the effect of designated driver schemes on public attitudes towards drink-driving is also limited. The 'BOB' campaign is claimed to have made drink-driving unacceptable in The Netherlands, but no details are given of the basis for this claim (De Neve, n.d.).

One study assessed students' attitudes to engaging in risky behaviours, including driving after drinking and using a designated driver, before and after a peer-to-peer information campaign that included messages on both of these aspects. The evaluation found no change in awareness of designated driver schemes, but there was a small, but possibly not significant, increase in reported use of designated driver schemes (Tisdale, 2013).

5.3.3 Social norms around drink-driving

More evidence was found on social norms around drink-driving.

Some studies have identified views on how a designated driver should behave; in one survey in Australia, three out of four people agreed that designated drivers should not drink any alcohol (Nielson & Watson, 2008). Two studies in Australia established that designated driver campaigns can successfully increase awareness and the use of designated drivers (Nielson & Watson, 2009; Watson & Nielson, 2008).

Another Australian study indicated the value of supporting designated driver interventions with information campaigns. This found that accurate knowledge about the designated driver concept was associated with an increase in reported frequency of selecting a designated driver, while inaccurate knowledge about the concept was associated with high-risk drink-driving behaviour (Boots & Midford, 1999).

In Montana, USA, a social norms campaign around drink-driving, which included promoting the concept of designated drivers, resulted in a 7% fall in the proportion of young people who believed that the average young person had driven after drinking in the previous month, and an 11% rise in the proportion who accurately perceived that the majority of their peers used a non-drinking designated driver (Linkenbach & Perkins, 2005).

A 2011 survey in the UK among 2,000 adults found that nearly half thought the best thing about a designated driver scheme was that it stopped people drink-driving while three quarters believed the best thing was that it ensured people got home safely (Coca-Cola & Populus, 2011).

In addition to these positive messages, three studies identified negative points related to social norms.

In a survey of staff in student bars in the USA, some bar staff expressed a hypothetical willingness to serve intoxicated students if they were accompanied by a designated driver. Thus they were mentally devolving responsibility for moderating consumption levels onto designated drivers (Reiling & Nusbaumer, 2012).

The 'mixed message' implied in supporting the concept of designated drivers has also been found to be a concern. Again in the USA, another study found that some educational establishments did not support activities promoting designated drivers because they were concerned that this could be interpreted as indicating that drinking in excess was acceptable, as long as it was not combined with driving (Tisdale, 2013).

The way in which being a designated driver could spoil a social occasion was highlighted in a national survey in the UK; 20% of drivers agreed that they felt excluded on a night out when they were a designated driver, and 28% said they did not enjoy their night out so much when they were a designated driver (TNS-BMRB, 2012).

5.3.4 Prevalence of drink-driving

Some studies on the impact of designated driver schemes have noted a reduction in the reported prevalence of drink-driving.

In Belgium, the 'BOB' campaign is claimed to have contributed to a change in behaviour (De Neve, n.d.).

Evaluation of the social norms campaign around drink-driving and designated drivers in Montana found a 14% decrease in the proportion of young people who reported that they had driven after drinking in the past two months and a 15% increase in the proportion who reported that they always used a designated driver when going out drinking (Linkenbach & Perkins, 2005).

A survey in Australia found that people who had acted as a designated driver in the past three months reported going out drinking less often than others, were less likely to say they had been a drink-driver in the past three months, and less likely to mention being a passenger of a drink-driver in the past three months (Nielson & Watson, 2008). These results may indicate that designated drivers are inherently less likely than other drivers to drink alcohol on social occasions or to socialise with people who do so, rather than showing that being a designated driver reduces the prevalence of drink-driving.

Indeed, the evidence on the prevalence of drink-driving on occasions that have been surveyed in evaluation studies of designated driver interventions tends to indicate lower levels of drinking among designated drivers than others. Another study in Australia found that non-drinkers were often chosen to be designated

drivers (Boots & Midford, 1999); it also noted that: “The designated driver role provides a conceptual and practical tool which can be used to rationalise and positively express a choice to abstain or limit alcohol consumption.”

Research on drinking behaviour among young adults in the UK also found that some designated drivers used their role as a way of avoiding drinking alcohol (Seaman & Ikegwuonu, 2010). Similarly, the study of the intervention in clubs in Milan (mentioned in Table 2) concluded that incentives for designated drivers to stay sober were ineffective because designated drivers drank less anyway; in only 5% of cases did the incentive motivate them to drink less, the rest had other reasons for staying sober (Aresi et al., 2009). For 60% of the designated drivers one motivation for taking part in the scheme was that they wanted to have their alcohol level assessed.

Other research has shown that incentives are effective, but with some indications of group effects and differences between men and women. In an experiment in the USA, male designated drivers were more likely to abstain from alcohol if they were rewarded for doing so (Lange et al., 2006); this experiment also found that using group members to deliver designated driver messages significantly reduced alcohol consumption in drivers and passengers. A study of an intervention in a student bar in the USA concluded that reminders and incentives to stay sober increased the ratio of safe to unsafe passengers (Kazbour & Bailey 2010).

One study, which compiled results over a ten-year period across Europe, did, however, find that 82% of those who commit to being a designated driver stay sober (European Night Without Accidents, 2012).



There are relatively few studies that have reported total abstinence by designated drivers, although this may partly be due to the methods used: for example, reporting average readings from breathalyser tests rather than the percentage with readings at different levels. Some studies indicate that being a designated driver does have a moderating effect on the amount that some drivers drink on that occasion. A survey in Seattle found that more than three quarters of respondents said that they drank less than usual the last time they were a designated driver (Rivara et al., 2007). Women designated drivers leaving student bars in the USA had lower breathalyser readings than those who were not designated drivers, but there were no significant differences among men; in the case of men, the average readings for both the designated drivers and the others were above the legal limit (Timmerman et al. 2003, quoted in Ditter et al., 2005).

Two studies in the USA found that some designated drivers still drink some alcohol (Lange et al., 2006; Reiling & Nusbaumer, 2012), while two others noted that, while designated drivers had a lower breathalyser reading than others, a number of designated drivers had been drinking; in one case, nearly 40% of designated drivers drank during the evening (Barry et al., 2013) and, in the other case, one driver in every five groups gave a breath sample indicating increased accident risk (Johnson et al., 2012). In Florida, a study found that approximately 40% of designated drivers drank during the evening and 18% had drunk more than was safe (Barry et al., 2013).

Research into informal designated driver arrangements at a dance event in San Francisco revealed that the amount that the designated driver consumed might be linked with the characteristics of the group of people they were with. Higher alcohol readings were found among drivers who were in the groups that had a recent history of binge drinking and those where all of the passengers were female; alcohol readings were lower for drivers who knew more of the group members (Johnson et al., 2012).

One survey of students in the USA found that some people used illegal drugs while they were a designated driver (Glascoff et al., 2012), indicating that arrangements for safe travel should be for social occasions involving drugs as well as alcohol.

5.3.5 Passengers

There is mixed evidence on whether passengers drink more alcohol if they have a designated driver.

There is some evidence from an experiment in the USA and an evaluation of a designated driver intervention in Australia that having a designated driver does not increase the risk of excess drinking among passengers (Lange et al., 2006; Watson & Watson, 2009).

However, other studies have found higher levels of alcohol consumption among passengers with a designated driver. A survey in Seattle showed that, the last time interviewees had used a designated driver, almost half of the people interviewed reported drinking more than usual, and a quarter had had at least three more drinks than usual (Rivara et al., 2007). One review noted several studies showing an increase in drinking by passengers with a designated driver (Anderson, 2008). There is, however, one study which revealed that the increased consumption among passengers was not just associated with having a designated driver, but would also have happened if they had taken a taxi (Belgisch Instituut voor de Verkeersveiligheid & Institut Belge pour la Sécurité Routière, 2007).

Research in Canada on the risk to young designated drivers from their passengers showed that designated drivers can experience tension between their role as a safe driver who is responsible for the safety of their passengers, and their role as peer and friend, leading to ‘cognitive dissonance’ (Rothe & Carroll, 2009).

5.3.6 The popularity of designated driver arrangements vs other modes

There is some information on the relative popularity of travelling as a designated driver. A survey in Maryland, USA, which looked at the popularity of different ways of getting home after drinking, found that travelling with a designated driver was more popular than taxi, walking and public transport (Caudill et al., 2010).

Another study noted that taxis were popular in student bars in California. After a promotion for using taxis as part of a safe ride programme, 63% took up the idea (Sarkar et al., 2005).

5.3.7 The effectiveness of peer-to-peer interventions

Some peer-to-peer schemes in which designated drivers are clearly identifiable and drivers are checked at the end of the evening have been reported to have been successful in avoiding drink-driving.

In clubs in Vienna, 75% of the 81 designated drivers who were tested were sober at the end of the evening while the rest were convinced not to drive; most of those who had been drinking had breath alcohol readings that were below the legal limit for driving in Austria (50 mg/100 ml) (Chaloupka-Risser, 2013). Although these results may have been influenced to some extent by the ban on alcohol in the first two years of driving in Austria, similar results were noted in other cities across Europe.

The ‘100% Cool Night’ campaign in Portugal, which was followed by a decrease in accidents (see subsection 5.3.1), is another example of a peer-

to-peer scheme that has reduced drink-driving (Belgisch Instituut voor de Verkeersveiligheid & Institut Belge pour la Sécurité Routière, 2007).

5.3.8 The effectiveness of interventions with incentives

Schemes with an incentive but no peer-to-peer participation have provided evidence on how many people commit to being designated drivers. However, without the peers breathalysing them as they leave, there is no information on whether they remained sober.

Seven studies of incentive programmes (mainly student bars in the USA) found a mean increase of 0.9 designated drivers per night, but only one incentive programme showed a decrease in self-reported riding with a drunk driver (Ditter et al., 2005). Another study in student bars noted that incentives increased the proportion of people who had a safe driver to take them home (Kazbour & Bailey, 2010).

In a city in Western Australia, the 'Pick a Skipper' campaign increased the proportion of people who said they always select a non-drinking driver before they started drinking, from 46% to 59% (Boots & Midford, 1999). Another Australian 'Skipper' programme in a city in Queensland found a rise in the proportion of people who travelled as a passenger with a designated driver (from 67% to 82% after the intervention); there was also an increase in the frequency of reporting being a designated driver, although this was not statistically significant. Most designated drivers said they would continue, and some thought they might do it more often (Watson & Nielson, 2008).



5.3.9 The effectiveness of communications campaigns

There is some evidence about the impact of campaigns that did not involve incentives or peer-to-peer promotion.

In The Netherlands, random breath testing found a 36% reduction in the number of drivers who were over the legal limit on weekend nights after the ‘BOB’ campaign (from 4.3% to 2.8%) (Belgisch Instituut voor de Verkeersveiligheid & Institut Belge pour la Sécurité Routière, 2007); 75% of the target group reported making arrangements with a designated driver (Wegman, 2007).

Evaluation of the ‘Drink or drive – you decide’ campaign in the UK in 2006 found that, afterwards, 20% stated that it would prompt them to plan how they would get home safely after drinking, while 20% said in future they would never accept a lift from someone who had been drinking (Belgisch Instituut voor de Verkeersveiligheid & Institut Belge pour la Sécurité Routière, 2007). However, there is no indication of how many would have responded in this way before the campaign.

As mentioned in subsection 5.3.4, the social norms campaign in Montana was followed by a 14% decrease in the proportion of young people who reported that they had driven after drinking in the previous two months (Linkenbach & Perkins, 2005).

5.4 Wider lessons for encouraging safer car travel among young adults

A number of lessons from the review of designated driver schemes have been identified, and these have wider relevance in terms of encouraging safer car travel among young adults on social occasions involving alcohol. They include positive and negative influences, which can be further divided according to the level at which they operate: personal, social or environmental. As noted in Section 4.2, it is widely agreed that the most effective approaches to behaviour change take *all* three levels into account.

5.4.1 Success factors: personal influences

Messages should be positive and respectful (not patronising), emphasising the benefits to the driver and others and how easy it is to adopt safe behaviour (Belgisch Instituut voor de Verkeersveiligheid & Institut Belge pour la Sécurité Routière, 2007; Wegman, 2007). A message with broad meaning such as ‘Not tonight’ is likely to chime with the audience (Belgisch Instituut voor de Verkeersveiligheid & Institut Belge pour la Sécurité Routière, 2007).

Messages should be linked to the safe travel context, focusing on drinking on social occasions and relaxing or celebrating. For example, you never know whether you are safe to drive, so safe travel is socially responsible and it is easier to relax when there is a safe plan for getting home (TSC, 2007).

Safe travel is planned before going out and before starting to drink (Nielson & Watson, 2009; Belgisch Instituut voor de Verkeersveiligheid & Institut Belge pour la Sécurité Routière, 2007). If these plans are derailed as the evening progresses, the approach should be to identify and select an alternative way of getting home safely thought through in advance (Chaloupka-Risser, 2013), rather than carrying on with the original plan.

It is important that those who plan to drive do not drink any alcohol (Nielson & Watson, 2009). This helps to avoid the need for alternative arrangements to get home safely.

Factors that encourage young people to participate in safe travel include:

- rewards and recognition (Watson & Nielson, 2008); free soft drinks are a popular reward for drivers who abstain from drinking alcohol (Boots & Midford, 1999), but there are some indications that such rewards do not influence the decision on whether to drive or not (Watson & Nielson, 2008);
- perceived safety benefits (respondents saw advantages as being “... *got home safe*” and “*It is good not to drink and drive*” (Watson & Nielson, 2008); and
- in some cases, an excuse not to drink or to avoid the negative consequences of drinking (Watson & Nielson, 2008).

5.4.2 Success factors: social influences

Findings that are relevant to all ages include:

- messages about safe travel may increase awareness, change attitudes and increase participation (Nielson & Watson, 2009);
- the objective of safe travel is for everyone to get home safely (Nielson & Watson, 2008);
- everyone should contribute to making safe travel work; if driving is involved, take turns (Belgisch Instituut voor de Verkeersveiligheid & Institut Belge pour la Sécurité Routière, 2007);
- past experience of incident-free travel after drinking is no guarantee of future safety; it takes only one false move for an accident to happen (TSC, 2007);
- anyone who drives should abstain (Nielson & Watson, 2009) or at least stay under the legal limit (Nielson & Watson, 2008);
- anyone looking for a ‘buzz’ or planning to get drunk should plan safe travel home before starting to drink: for example, with the bar staff or friends (TSC, 2007); and
- if safe travel plans do not work out (e.g. if the driver drinks too much), it is socially acceptable for others to intervene, and for the driver to disappoint people’s expectations (TSC, 2007).

Young people are influenced by:

- clear simple messages that are delivered by their peers, which are credible because they are delivered by people who understand their world and their constraints (Chaloupka-Risser, 2013; Tisdale, 2013); and
- positive messages about the ‘normalness’ of not drinking and driving (Linkenbach & Perkins, 2005).

A study of the risks to young designated drivers when transporting their drunken friends noted that it is important to understand that safe travel is about safety; it is not about having fun or being popular (Rothe & Carroll, 2009). The authors suggest that teaching safe travel on social occasions (by whatever mode, and whether as driver or passenger) should be done by driving instructors and as part of health promotion in school.

5.4.3 Success factors: environmental influences

A systematic review of designated driver interventions identified the importance of consistent, concerted promotion to maintain even a small improvement in the number of people taking part (Ditter et al., 2005).

From the outcomes of the pan-European Designated Driver Campaign (Belgisch Instituut voor de Verkeersveiligheid & Institut Belge pour la Sécurité Routière, 2007; De Neve, n.d.), the success factors identified included:

- credibility of messages can be enhanced by having a broad rather than a local reach;
- consistent repetition of the same message ensures familiarity and recognition (supporting the finding of Ditter’s systematic review mentioned above);
- a combination of mass media activity with actions on the ground to promote safe travel, especially at drinking venues, and integrated with enforcement of drink-driving laws, to improve effectiveness and credibility;
- partnerships between road safety organisations and ‘social responsibility’ organisations from the drinks industry; and
- involvement of other stakeholders such as local authorities (e.g. for publicity) and the European Commission (harmonising approaches and financing schemes).

In The Netherlands, publicity has been identified as an important factor in the success of interventions (Boots & Midford, 1999) using a broad mix of media at national and local level (for a national intervention) to promote a simple and consistent message, with a presence at places and times where people drink alcohol, and using popular concepts and materials. Constant ‘refreshing’ of the concept was also advocated – again supporting the findings of the systematic review on the impact of consistent, concerted promotional activities. Other

success factors relevant to environmental influences on safe travel include messages that provide information on how to arrange safe travel, and where to find relevant information (Watson & Watson, 2009; Boots & Midford, 1999). One study suggested that safe travel arrangements can be promoted by publicising their effects (Chaloupka-Risser, 2013).

Stakeholder involvement is identified as a success factor in interventions, where motivated staff at licensed premises have an important role to play in promoting safe travel and ensuring the safety of their clientele (Chaloupka-Risser, 2013; Ditter et al., 2005; Nielson & Watson, 2008). Similarly, one review noted that passively implemented programmes may not in themselves have a substantial impact on behaviour because of a lack of take-up by venues (Boots & Midford, 1999).

For young people in particular, success factors for communications activities which were identified in the social norms study in Montana (Linkenbach & Perkins, 2005) include:

- positive messages, which are not ‘watered down’ by fear-based messages;
- multiple positive messages aimed at different segments of the target audience and the surrounding population, so that the entire social environment communicates and supports the messages, not just drivers; and
- a high-intensity media campaign based on credible data from the target population in order to ‘reframe’ the public conversation about the issue.

Some specific lessons for use of social media were identified in the ‘U in the Driver Seat’ programme for students in Texas (Tisdale, 2013). It was noted that any social media marketing aimed at young people should be developed by young people. The importance of monitoring use of specific social media channels by young people was identified, to ensure that the most relevant ones are used (in this case a campaign was launched on two channels but the target audience shifted their allegiance elsewhere).

5.4.4 Negative influences

Among the ‘personal’ barriers to safe travel on social occasions identified in one study (Watson & Nielson, 2008) were the desire or pressure to drink on every social occasion, resistance to change, the inability of some people to plan ahead, and any requirement to ‘register’ prior to making arrangements. Another ‘personal’ factor identified was that negative messages focusing on negative behaviour will not succeed (Belgisch Instituut voor de Verkeersveiligheid & Institut Belge pour la Sécurité Routière, 2007). In contradiction to this, however, another study stated that, in order to build on people’s concerns about drink-driving, messages aimed at drink-drivers should stress the negative consequences of drink-driving for themselves (TSC, 2007).

Among the ‘social’ barriers to the effectiveness of safe travel arrangements was the perception that such arrangements did not have any impact on overall levels of drink-driving (Watson & Nielson, 2008). In addition, without forward planning for safe travel (which would include thinking through alternative scenarios if the plans were derailed), cognitive processes might not change (Nielson & Watson, 2009).

Environmental influences that work against the concept of safe travel include the conflict between health and road safety: arranging for safe travel after drinking implies an acceptance of a behaviour that has a negative impact on health (Nielson & Watson, 2009). As noted earlier (in subsection 5.3.2), some organisations feel unable to support arrangements for safe travel because this gives the impression of condoning heavy drinking (Tisdale, 2013).



5.5 Summary

Designated driver schemes may be formal interventions, often based at drinking venues, and supported by advertising and awareness campaigns, or campaigns delivered through traditional or social media. There are examples of interventions from Europe, Australia and North America.

Positive impacts of designated driver interventions and campaigns identified in the literature include an intervention in night clubs across Portugal, which is claimed to be linked with a subsequent reduction in the number of road accidents involving young drivers, and in the number of casualties among young people. Other evidence on designated driver interventions and campaigns indicates reductions in drink-driving and avoidance of drink-driving rather than fewer accidents. Designated driver campaigns and interventions have been shown to increase awareness and use of designated drivers, while a social norms campaign improved the accuracy of young people's perceptions about driving after drinking and the use of designated drivers among their peers.

There is mixed evidence on whether or not having a designated driver increases alcohol consumption among passengers.

Negative impacts of designated driver interventions and campaigns identified in the literature include the fairly common view that being a designated driver makes a social occasion less enjoyable, and research stating that some bar staff may pass on the responsibility for curbing alcohol consumption of passengers to their designated driver. Some organisations are reluctant to support designated driver or safe ride schemes because this can be interpreted as condoning drunkenness. Conflicting policy goals between organisations (health vs. road safety) are clearly an important issue.

Incentives for being a designated driver are offered in some interventions. While these are seen as important to the drivers, they are not necessarily the deciding factor for offering to be a designated driver. Some studies indicate that people who take on the role of designated driver are inherently less likely to drink alcohol on social occasions than those who do not.

Although designated drivers have been shown in a number of studies to drink less alcohol than others, few have reported the extent to which designated drivers abstain from drinking alcohol, and one study found use of illegal drugs among designated drivers.

Packages of interrelated measures have been shown to achieve the greatest reductions in drink-driving, addressing different aspects: drinking behaviour; separating drinking from driving; enforcing legal limits and education; and information initiatives to encourage a willingness to comply with the law.

Success factors linked with personal, social and environmental influences on behaviour have been identified which are relevant to safer car travel for young people on social occasions involving alcohol.

Among the personal influences on behaviour are the nature of campaign messages (chiming with the audience) and the way in which they are delivered (positive and respectful, emphasising the benefits to the driver). Planning how to travel safely when drinking, and having a safe alternative in mind in case the original plan is derailed are also important. If those who plan to drive drink no alcohol, this reduces the chance that alternative arrangements will be needed. Some young people are motivated to volunteer to drive by the excuse it gives them to avoid drinking alcohol, while others are looking for a safe journey home.

Social influences mean that messages about safe travel may increase awareness, change attitudes and increase participation in safe travel. Young people are influenced by clear simple messages delivered (for credibility) by peers, and by positive messages about the 'normalness' of not drinking and driving. Emphasising that safe travel is for safety, not for fun or popularity, is particularly pertinent in the case of young people.

The importance of environmental influences on behaviour means that consistent, repeated and concerted promotion of safe travel is likely to have greater success than one-off initiatives. Involving a range of different types of stakeholder, whether through partnerships or other arrangements, facilitates a 'package' approach. For young people particularly, research on social norms shows that campaigns that promote multiple positive messages for different segments of the target audience and those surrounding them (such as passengers as well as drivers) mean that their social environment is communicating and supporting the messages. Providing credible facts relevant to young people and ensuring that positive messages are not diluted by fear-based messages also contribute to the success of campaigns promoting safe travel after drinking among young people.



6. Responses to Messages and Ideas for Encouraging Safer Car Travel

6.1 Introduction

In this chapter we look at how focus group respondents reacted to some ideas for different kinds of messages and modes of expression that might be incorporated into communications or measures of different kinds. Also examined are a few ideas for interventions such as designated driver and so-called dynamic ride-sharing initiatives such as 'Uber', which could contribute towards safer car travel. For this part of the research, the focus groups were mixed gender but sorted by age: under 21 years old; and 21–25 year olds.





The number and range of types of message and ideas tested were limited by the scale and scope of the research but reflected some themes that had emerged at earlier stages of the research: the desk research; the Stage 1 focus groups; and the interim workshop with stakeholders, which was held after the first groups. The tests are given in Table 4.

Table 4: The messages and ideas tested

Type of message/idea	Detail of message/idea tested
Messages to increase information and awareness	facts about the relatively high risk from drink-drive incidents faced by young adults compared with other groups, especially young men; and facts about the alcohol limit for driving, BAC, alcohol units and drinks.
Messages to change perceptions about what is normal behaviour	most young adults do not drink and drive.
Ideas for targeting certain groups of young adults	novice drivers – catching them early before they have acquired the habit of driving after drinking; and passengers as well as drivers – building on positive personal and group attributes such as a sense of reciprocity and fairness to encourage passengers to support drivers and to act responsibly themselves (e.g. by moderating drinking, not overcrowding cars and not distracting drivers).
Ideas for different kinds of interventions or arrangements	designated driver; and dynamic ride sharing.

Source: Authors' own

In each case, some initial open discussion about the issue was followed by respondents being presented with information or ideas and their reactions probed.

6.2 Messages to increase information and awareness

6.2.1 Information about higher risks for young adults and young males

In open discussion, some focus group respondents said they thought there would be little difference in the accident risk between older and younger drivers who had drunk the same amount of alcohol. A few respondents believed that older people might have the edge over newly qualified young drivers because of greater experience of driving and of driving after drinking, but not necessarily over young adults who had been driving for a few years. Some suggested that, for a given amount of alcohol, older people would be more at risk because of poor reaction times and generally declining faculties. Respondents told personal anecdotes about older people driving badly and driving while drunk, including stories about older relatives and family friends.

The information that was presented to focus group respondents highlighted that:

- even when sober young drivers and passengers are more likely to be in an accident than older drivers;
- alcohol has a worse effect on young drivers than on older drivers;
- given the same amount of alcohol in the blood, young drivers are more likely than older drivers to be killed in a road accident;
- overall, young drivers have a much higher involvement in drink-drive accidents than older drivers; and
- for young people, accident risk increases after one drink, doubling after two drinks and going up tenfold after five.

Respondents' first reactions to the stimulus were to disagree strongly with or challenge the information provided. Many expressed outright disbelief. They were particularly adamant that older drivers are at least as hazardous as people in their age group. Some thought the idea risible that alcohol could have more effect on younger people. In the younger focus group, in particular, there was perceptible annoyance at what respondents perceived to be a narrow focus on 'bad factors' associated with youth and all young people being 'lumped together' – tarred with the same brush. They said there would be examples of high- and low-risk drivers in all age groups.

Both focus groups thought that using the information presented in the stimulus as part of a campaign for safer car travel could be ineffective or counterproductive if mishandled. They suggested it would be very damaging to introduce it in ways that could be perceived to be lecturing young people, stereotyping them and singling them out. It was potentially offensive. They felt there was a high risk of young people disassociating from the message on the basis that their own personal experience has not given them any cause to believe that they were more at risk than older drivers:

“My reality has not shown me that.” (Male, over 20)

All respondents thought that males were probably more at risk of having drink-drive accidents than females. Respondents of both sexes believed that females, in general, were more likely to ‘think sensibly’ and ‘act responsibly’ than males, and that the latter were more likely to show off and give into competitive urges. Nonetheless, some were quick to point out that no traits are linked exclusively to one gender and that care would have to be taken in using messages of this kind in order not to be divisive and annoy males. They saw differences as being more between individuals than between males and females.

6.2.2 The limit for driving, blood alcohol concentration, units and drinks

A second key area for discussion was knowledge and awareness surrounding alcohol limits for driving, blood alcohol concentration, alcohol units, alcoholic drinks and brands and the links between all of these.

The term ‘blood alcohol concentration’ (BAC) was unfamiliar to most of the focus respondents in this sample.

Respondents said that, without using a testing kit, it would be hard to be sure if a driver was over the limit, but that they would be alerted if they knew someone had been drinking spirits (strong drink) or were ‘swaying’, for example. They also said: “you know your friends”, meaning they would recognise the signs if friends were affected by alcohol. A number of respondents suggested that, in practice, they would go by whether someone said they felt alright, and some applied the same measure to themselves (see also Chapter 3):

“If you feel drunk, presumably you are over the limit.” (Male, under 21)

Respondents were conservative in terms of the number of drinks they thought could put someone over the limit for driving – especially the younger group, many of whom believed ‘one beer’ would do it. In a qualitative study of the general population, the more commonly used rule of thumb was ‘two drinks’ (beers or glasses of wine) (Sykes et al., 2010). The older focus group generally showed a better understanding of the factors that could influence blood alcohol levels, and their answers also perhaps indicated that they had explored ways to combine drinking and driving. For example, one respondent said that, to stay under the limit, you needed to stay “under two units every two hours, or something.”

Most respondents had heard of alcohol units, but few were confident about the number of units in different drinks. Some said their main interest in units was in comparing types and brands of drink to find the strongest if they wanted to get drunk.

Factual information shown to respondents covered: the legal alcohol limit for driving; how much alcohol it takes to go over the limit (answer: it is hard to say because of the number of factors that have an effect); and how much alcohol there is in drinks of different kinds. They were also shown two case studies of individuals developed for a previous study (see Sykes et al., 2010) – one male and one female – describing their age and weight and what they had had to drink over a given period of time. In both cases, respondents were asked to guess whether the individual concerned was over or under the limit for driving.

This information generated considerable interest. Many focus group respondents said that the stimulus included material they had not previously come across.

Allegedly, key surprises for respondents were that there is no easy way to say what will put you over the limit (especially the younger group); the high alcohol content of super-strength beers compared with 'normal' beers; and the fact that a single measure of Jack Daniels (25 ml) contains less alcohol than a glass of wine (standard 175 ml glass, 12% alcohol by volume (ABV)). They were also struck by how body weight can affect how much alcohol it takes to put someone over the limit.



Most respondents thought that the information was potentially helpful in encouraging safer car travel, and that factual material was more useful than ‘just chucking messages’ at them that young people are dangerous drivers:

“It is useful to have these kinds of facts about what makes you over the limit.” (Male, over 20)

“There is ignorance among young people about alcohol. We do not want to hear people saying ‘Oh you should not do this.’ We are meant to be older now and making our own decisions.” (Female, over 20)

However, respondents said that safe alcohol limits were not the sort of information they would look up for themselves; it would, therefore, need to be available in easily digestible form – perhaps pictorially displayed – in places where they could just glance at it and absorb it with not too much effort on their part. There was some concern that parents might use this sort of information as ‘ammunition for their nagging’.

6.3 Messages to change perceptions about what is normal

6.3.1 Most young people do not drink and drive

As described earlier, especially in Chapter 4, it is widely recognised that social norms can exert strong influence over how young people behave. Information about the majority of young people who do *not* drink and drive was, therefore, presented to focus group participants to see how they would respond to these facts. Would there, for example, be any sign that this kind of message could encourage safer car travel by influencing young people towards behaving more like the majority?

Focus group respondents were first asked directly what proportion of young drivers their age they thought would drink and drive. The answer was ‘most’; especially young males who had held a driving licence for a while (see also Chapter 3).

They were then shown recent data from self-completion surveys indicating that:

- the vast majority of young people under 30 agree that it is dangerous to drive over the limit and say they never have;
- some 90% of young people under 30 say they have never driven when unsure if they are over the legal limit;
- more than 80% of young people under 30 state they have never driven after drinking two pints; and
- although young people are more likely to admit that they personally know someone else who has driven over the limit, this is still a clear minority (one third).

Respondents were highly sceptical of this data. They thought most survey participants were lying or bluffing, and the findings were openly ridiculed by some. They felt it was possible that a majority of young adults do not drink and drive, but a much smaller majority than shown on the stimulus – guessing between 50% and 60%. They believed many young adults would take some risk, especially after having had their licence for a while, unless they had been frightened by being pulled over. And they also thought that drink-driving was habit forming:

“Once people do it once and think ‘oh that was fine’ they will keep doing it.” (Male, over 20)

In general, focus group respondents were of the view that any campaign messages about most young people *not* drinking and driving would need to be carefully framed. The statistics in the stimulus material, for example, were not regarded as credible. They also thought that personal experience – ‘that you know lots of people who drink and drive’ – would tend to override any messages designed to assert a different behavioural norm and hence change behaviour.

Such messages were also thought to be potentially be counterproductive: for example, because ‘some boys’ like to show off by flouting the law and normative convention.



6.4 Ideas for targeting certain groups of young adults

6.4.1 Newly qualified drivers

As described in an earlier chapter (see Chapter 3), focus group respondents tended to agree that young novice drivers were more cautious when it came to drink-driving than those with more driving experience. Most respondents in the older group (most of whom had at least four years' driving experience) could recall being much more conservative about driving after drinking when they first passed their test. They said that they were more relaxed and confident about their driving now and, therefore, more likely to drive after having had a drink. They also admitted that once you had done it once and 'got away with it' you were more likely to do it again. Moreover, they believed that they were now less likely to be pulled over by the police, who they thought targeted younger drivers.

Respondents suggested that it would be a good idea to reach new drivers and learners with messages on drinking and driving before they had formed bad habits, but they also felt that such messages would need to be reinforced at intervals or their impacts would be eroded over time. There was some concern about focusing on newly qualified (or indeed any group of drivers) in ways that could make them feel singled out and picked on. Messages that could be seen as 'going against you' were considered a turn-off: "You stop paying attention to them."

6.4.2 Passengers and drivers giving lifts

Getting a lift is an important means of travel for young adults on social occasions involving alcohol (see Chapter 3), and the researchers were keen to explore responses to some ideas and messages targeted at passengers and drivers about ways to make lifts safer.

In open discussion about what factors focus group respondents thought made lifts *less* safe on social occasions involving alcohol, respondents said that safety is compromised if the driver has been drinking and if you do not know them well or their driving ability. Other perceived impediments to safety were a lot of passengers who have been drinking, especially if they are 'behaving badly'; and passengers not wearing their seatbelts. If a car is overloaded it is not possible for everyone to have a seatbelt, but in any case respondents thought passengers would not wear seatbelts if they had been drinking – especially those in the back. External factors mentioned as likely to have an impact on safety included the weather, time of day and length of journey. For example, some respondents believed lifts would be safer in fine weather, at night (with less traffic on the road) or on short trips (which limit the 'opportunity' to have an accident). Older respondents said they personally take fewer risks with lifts than they did when they were younger.

Respondents were first shown simple draft guidelines about what would make lifts safer, including:

- The driver has not been drinking at all.
- There is only one passenger in the car under the age of 24.
- Passengers are not too drunk to be able to act responsibly.

Main reactions drawn out from respondents by this material were that they could not imagine how it would be possible to enforce a rule about only one passenger under a certain age and also that it seemed unfair to focus on a specific age group; they all said they knew older people who were bad passengers. One respondent commented that he could not imagine checking his friends' ages and that it would be difficult for young people to get lifts if numbers per car were controlled so strictly. Respondents were sceptical about passengers controlling their drinking out of consideration for drivers and the safety of other passengers.

Information from US research about the increased crash risk for young drivers aged 16–19 when passengers are present produced some thoughtful reaction from respondents. They were informed that, with two or more passengers, the fatal crash risk was more than five times what it was when driving alone. This prompted graphic accounts of the pressure that drivers can be under to take (a lot of) passengers (see also Chapter 3):

“You cannot get out of it if you drive, unless you sneak out.”
(Female, over 20)

Respondents were shown a series of interrelated messages – and ideas about how they could be put them into action – that could be targeted at passengers as a basis for safer lifts. These covered how passengers should behave in relation to their driver (with the overall message ‘look after your driver’) and also how passengers should conduct themselves (‘passengers have responsibilities’). These are given in Tables 5 and 6.



Table 5: Look after your driver

Message/idea	Possible action
Make sure your driver is willing not to drink	<ul style="list-style-type: none"> Do not put pressure on anyone to drive, because drivers need to be willing not to drink
Do not make the driver feel excluded or left out	<ul style="list-style-type: none"> Someone stay sober or drink less in order to keep the driver company In groups, ideally have more than one driver to keep each other company
Help your driver to stay sober and show you appreciate him/her	<ul style="list-style-type: none"> Buy their soft drinks Do not make him/her feel left out because they are not drinking (see also above)
If the driver has been drinking...	<ul style="list-style-type: none"> Discourage them from driving the car

Source: Authors' own

Table 6: Passengers have responsibilities...

Message/idea	Possible action
For the safety of all travellers in the car	<ul style="list-style-type: none"> Do not distract the driver (e.g. by messing around with the car or by turning up the music) Do not put pressure on the driver to take more passengers than there is room for (one or two passengers is enough) Very drunk passengers are a danger to everyone in the car
For their own safety	<ul style="list-style-type: none"> Do not get into a car if the driver has been drinking – even if they seem 'alright', says they are 'alright' or states that they 'always drive' after drinking and have never had an accident Wear a seatbelt
For the safety of other passengers	<ul style="list-style-type: none"> Deter other passengers from getting into a car with drivers who have been drinking
For the driver's vehicle	<ul style="list-style-type: none"> Do not be sick in someone else's car

Source: Authors' own

Messages for drivers were aimed at giving them a clear and safe 'rule of thumb' to follow about drinking, and bolstering them to resist social pressures to carry very drunk passengers and too many of them (see Table 7).

Table 7: Other considerations

Message/idea	Possible action
Look after yourself and the other travellers in the car	<ul style="list-style-type: none"> • The safest amount of alcohol for a driver to drink is none • Limit the number of passengers you carry to one or two and resist pressure to take more • Refuse very drunk passengers who can be as much of a danger as a drunk driver

Source: Authors' own

Overall, the intention was to convey the idea of safe car travel being a collective responsibility and to promote this specifically with messages to activate personal norms (sense of responsibility and moral obligation), useful and clear information and fact-based rules of thumb (the only safe amount to drink before driving is none), and practical suggestions for collectivising responsibility for safer car travel.

The focus on passengers was new to most respondents, and aroused some interest especially among drivers who welcomed the emphasis on passenger responsibilities. It was noted again that onus is seldom placed on passengers with regard to improving the safety of car travel.

There was insufficient time to work through all of the different messages on the stimulus, so we have reported only on the items that respondents picked out spontaneously.

The message 'Look after your driver' was felt by many to be a strong one, but the mode of expression did not work for everyone: for example, one male respondent thought that the actual form of words used was a "bit girly."

Respondents thought it would be difficult to get a passenger to limit their drinking in order to keep the driver company (it is "never going to happen!"), although it might be possible to establish a new etiquette over time. One respondent said it was a practical message that was easy to put over. Respondents, on the whole, liked the idea of passengers making some effort to share the load with the driver.

Some focus group respondents said they already paid for the driver's soft drinks or offered them petrol money. The etiquette of paying for the driver was seen as an important sign of appreciation.

The journey home after a night out can feel like a 'last chance to party', and, for this reason, some respondents were sceptical about how easy it would be to get passengers to behave in ways that would not distract the driver. While this seems obvious and sensible when sober:

“The giggles will still overtake you at the end of the night and you will mess about and insist on loud music; you do not want the evening to end.” (Female, over 20)

Respondents commented that it could be hard to talk friends out of getting in a car with a driver who had been drinking. Nonetheless, we heard anecdotes of people ‘dragging friends out of cars’ when they knew the driver should not be behind the wheel, and also of people stopping their friends from driving: for example, by hiding their keys. One male respondent said he knocked his friend out to stop him driving and sent him home in a taxi.

A law restricting the number of passengers that could be carried seemed more likely to have some impact on passenger load than relying on the driver or on passengers alone to limit numbers, especially late at night after a few drinks with no very obvious or immediate alternative route home.

Overall, the stimulus seemed to contain some principles and ideas that could be explored further as potentially useful in campaigns and interventions to improve the safety of car travel. Some messages might take time to get across.

Principles such as fairness, reciprocity, friendship, loyalty and looking after one another were embedded in some of ideas and were generally well received by respondents. Putting things in a positive way was seen as important:

“Things should be said positively rather than through pointing the finger.” (Female, over 20)

6.5 Ideas for different kinds of interventions or arrangements

6.5.1 Designated driver

This section describes how far focus group respondents were familiar with the idea of a designated driver and the extent to which these kinds of arrangements were seen as relevant to them.

Some, but not all respondents had heard the term ‘designated driver’, and had some understanding of it:

“It means someone who is not drinking because they have agreed to drive everyone else.” (Female, over 20)

Often, they had come across the term only in a peripheral way:

“I have heard it on *Eastenders* or something.” (Male, over 20)

“I saw it on a promotion advert offering free cokes.” (Male, under 21)

They did not necessarily associate designated driver with themselves or their peer group:

“It is an older generation thing.” (Male, over 20)

“It is an idealistic thing.” (Male, over 20)

One respondent said that she and her friends use the term ‘Designated Dave’ for the person in their group who had agreed to drive, but no one else admitted to using any such term:

“We just say ‘You’re driving’.” (Female, over 20)

The role of designated driver was seen in a very negative light:

“It means you have pulled the short straw.” (Female, over 20)

There was widespread agreement that it can be hard to set up designated driver arrangements because no one wants to do it. One female stated that, before a big night out, it could lead to ‘awkward silences and text exchanges’ as people tried to avoid being ‘landed’ with the role. Another said that people have to be ‘bullied’ into it; another that you have to wait for someone to volunteer, so as not to be seen to put pressure on anyone. The role may be more likely to be assigned to people who do not drink or who are relatively abstemious or who, for some other reason, are not planning to drink on a given occasion.

The types of occasions when respondents thought designated driver arrangements would work best were those where the driver would feel less excluded because drinking was not the main purpose: for example, lower key, mid-week events. Regular outings with a core group of friends most of whom drive also offered potential for designated driver arrangements, because of the scope for taking turns. Turn taking was not realistic in some young friendship groups because not enough people had a full driving licence or access to a car.



Respondents also said that designated driver arrangements might be the main option for social occasions outside the area and the (affordable) operating radius of local taxis. An individual might volunteer to drive and not drink, and/or the group might offer them a small financial incentive or at least enough to cover the cost of petrol. Examples of such occasions given by respondents included clubbing in central London and day trips to Thorpe Park. A longer than normal drive with passengers who have been drinking was identified as one potential drawback from the driver's perspective. Respondents also commented that drivers who were not drinking tended to tire of the event more quickly and would want to leave early. This could be a disadvantage if they were clubbing, for example, and everyone else wanted to stay all night or until the early hours of the morning.

6.6 Dynamic ride sharing

In a final stage of the focus groups, respondents were shown some information about 'Uber', a form of Internet-based ride sharing, with the idea of beginning to explore the scope of this and similar schemes for extending the possibilities for safer car travel.

'Uber' operates with the aid of an App that uses GPS signals to put people who want a lift in touch with drivers. Potential passengers use the App to request a ride, and 'Uber' uses their phone's GPS to find their location and connect them to the nearest driver. Passengers can be picked up from any location, even if they do not know where they are (potentially ideal for young people who are drunk and have lost their bearings) and can find the driver's location on their phone. The driver's name and car details appear in the App, and, when the car has arrived, 'Uber' sends a text to let the passenger know. Passengers are able to message or call 'Uber' if necessary and can also get a quote for the fare by entering the pickup and final destinations. The ride is charged automatically to the passenger's credit card. The driver is not tipped, and the fare can be automatically split between the credit cards of friends who may be sharing. At present, 'Uber' tends to operate mainly in larger urban areas such as London.

Only a fairly superficial exploration of responses to the stimulus was possible in the available time, and respondents had a lot of initial questions and points on which they required reassurance: for example, some females wanted to know how it would be possible to tell if a driver was legitimate and safe. Younger respondents said a potential worry was that drivers would know where you were, even if you were too drunk to know or say ("that is weird"). Females were concerned that drivers might be able to 'track you down' any time afterwards. Some said they would want to hear a lot more about the experiences of other people before they would be willing to try it themselves:

"Unless it was a well-known business, there is no way I would trust it." (Female, over 20)

Older focus group respondents seemed generally more interested in the idea, and some said they would try it now if they could while it is still newer and (presumably) cheaper.

6.7 Additional points

This chapter concludes with some additional points about sources, channels and other types of message that arose during the focus groups.

When it comes to messages about safer car travel, respondents said they listened most to friends and parents. Friends' experiences and messages were more effective than anything else:

"Friends telling you not to do something has more effect than your Mum saying it." (Female, under 21)

Trusted organisations such as the NHS or other government bodies were also important.

Respondents said that communications that work least well are those that they feel are unrealistic or where it is hard to empathise with the protagonists' situation. Advertisements, for example, needed to show recognisable scenarios:

"There are not many ads that show a group of young people sorting out how they are going to get home. The ads tend to show you killing a child on the road or something." (Female, over 20)

They also commented:

"Anything that is 'moaning' will make you switch off." (Female, over 20)

'Scary' TV campaigns get their attention, but "however lurid the ads are you feel it is not going to happen to you." The impact of the advertisement can be stark at the time but fleeting 'unless it happens to someone you know':

"People our age think we are invincible." (Male, under 21)

"It needs to be relatable to you." (Female, over 20)

A number of respondents spontaneously mentioned the THINK! Moment of Doubt advertisement, which they called the 'barman' advertisement, which highlighted risks they said were not always stressed, such as losing your licence. Older respondents, in particular, said that they felt it is much more likely that they would lose their licence than be involved in a fatal accident.

They also admitted that they would be very embarrassed to lose their licence over drink-driving, that they would lose their independence and that it could count against them at work.

6.8 Summary

A number of ideas for messages and types of intervention were tested in the second round of focus group respondents, which might be incorporated into communications and broader campaigns aimed at safer car travel for young adults on social occasions involving alcohol.

These reflected some of the themes to emerge at earlier stages in the research.



6.8.1 Messages to increase information and awareness

High risk to young adults from drink-drive incidents

Focus group respondents thought there would be little difference in the accident risk for young adults compared with older drivers who had drunk the same amount of alcohol. Some people believed older drivers would have the advantage of experience, while others felt this could be offset by poorer reaction times and generally declining faculties. There was widespread belief, based on personal experience, that older people often drive badly and drive when drunk. Facts presented to respondents, on the higher accidents risks for young adults and the worse effect of alcohol, were received with initial disbelief by some. More importantly, respondents reacted negatively to what was perceived to be a narrow focus on 'bad factors' associated with youth. They thought the information they had been shown had the potential to be counterproductive if mishandled. It could be perceived to be lecturing, stereotyping and offensive. Messages about higher risks among young adult males compared with females were more believable, but overall respondents believed that messages should not single out particular groups since differences between individuals were likely to be greater than those between groups of people.

The alcohol limit, BAC, units and drinks

Knowledge and awareness surrounding alcohol limits for driving, BAC, alcohol units, the relative strength of different alcohol drinks and the links between all of these were quite low in the focus group sample for this study. However, respondents were aware of their ignorance and showed a lot of interest in the facts they were shown. They thought the information was useful and potentially helpful in encouraging safer car travel. They warmed to the idea of information to enable them to make their own responsible decisions, but thought they would be unlikely to seek it out. It would need to enter their orbit in other ways in forms they could take in without effort.

6.8.2 Messages to change perceptions about what is normal

Most young adults do not drink and drive

Self-completion survey data shown to focus group respondents, in order to convey the message that most young adults do not drink and drive, was received with scepticism. The intention was to see what traction, if any, this information about social norms would have with members in the focus group. However, personal experience 'that you know lots of people who drink and drive' appeared to detract from the credibility of the statistics that were presented. Some respondents thought messages based on this information could be counterproductive: for example, some people might deliberately seek to flout normative convention.

6.8.3 Ideas for targeting certain groups of young adults

Novice drivers

Most focus group drivers said that the likelihood of them driving after drinking had increased with driving experience and confidence. Although generally respondents were not in favour of campaigns or communications singling out particular groups of young adults, they thought it might be a good idea to target novice drivers before they had established a habit of combining driving and drinking.

Passengers as well as drivers

Interrelated messages targeted at passengers as well as drivers were generally well received by focus group respondents. They included messages about how passengers should behave in relation to drivers and how they should conduct themselves in order to make lifts safer. While messages for passengers were largely intended to shift some of the burden for safer lifts from the shoulders of drivers, messages for drivers were designed to give them a clear rule of thumb for how much alcohol is safe (none) and also to bolster them to resist social pressures to carry very drunk passengers and too many of them.

The focus on passengers was new, aroused interest, was seen as 'fair' and was welcomed by drivers in particular. The overarching message to look after the driver was seen as good and positive. Practices such as someone keeping the driver company by drinking less were judged good ideas but could be harder to get going. Drinking alcohol was seen to undermine 'sensible' behaviour and decision-making, and for this reason respondents thought it would be difficult to encourage drivers and passengers not to take risks with over-full cars and with passengers who had been drinking heavily. However, the challenge seemed worth pursuing.

Overall, principles embedded in some of the messages such as fairness, reciprocity, friendship, loyalty and looking after one another were well received. Putting things in a positive way was deemed important.

6.8.4 Ideas for different kinds of interventions or arrangements

Designated driver

Focus group respondents were not all familiar with the term designated driver and tended not to associate it with their age or social group. Only one respondent said that it was a term they had ever used to describe their own arrangements to assign the role of driver to someone who had volunteered not to drink.

Designated driver arrangements were thought to be hard to set up because no one wanted to be left out by not being able to drink. They were seen as most suitable for events where alcohol was a less important part of the occasion, and for regular outings with the same group of friends in which case drivers could take turns. Turn taking was not realistic in some friendship groups because not everyone could drive or had access to a car.

Dynamic ride sharing

‘Uber’ and similar ride-sharing arrangements may have a useful contribution to make towards safer car travel among young adults on social occasions involving alcohol, but this needs to be explored further.

6.8.5 Sources, channels and additional points about types of message

Focus group respondents said that they were more likely to listen to messages about safer car travel given by friends and parents than most other sources. In terms of factual information and statistics, some sources of information (the NHS and other government bodies were mentioned) are more likely to be trusted than others.

Communications that respondents said worked least well were those that seem unrealistic or that they could not easily relate to. Advertisements, for example, needed to show realistic scenarios such as a group of people at a party sorting out how they were going to get home. ‘Scary’ advertisements got their attention, but young adults could find it hard to believe that anything bad would happen to them, ‘unless it happens to someone you know’.

Messages emphasising the consequences of getting caught, such as losing your licence, were seen to be effective because the outcome was believable and feared. The group of older respondents all said they would be very embarrassed to lose their licence because of drink-driving and that they felt it would show them up in a bad light and could count against them at work.



7. Towards Campaigns for Making Car Travel Safer

7.1 Introduction

This final brief section draws on earlier chapters to identify some important elements of campaigns to improve the safety of car travel for young adults on social occasions involving alcohol. It is not a comprehensive list of recommendations so much as a set of observations about what needs to be included or taken account of.





7.2 Some important considerations

Clarifying harm reduction targets and objectives

The main and interlocking aims of initiatives to make car travel safer on social occasions involving alcohol must be to detach driving from drinking, to discourage passengers from travelling with drivers who have been drinking and to address the risks posed by passengers who have been drinking.

Drinking behaviour is an obvious target if people are travelling by car, whether as driver or passenger, and so too are choices made about travel if drivers or passengers have been drinking or plan to drink.

Further refinement of these objectives – for example, in terms of the behaviour and/or the sub-group of young adults being targeted – is important for matching interventions to hoped-for results and for identifying outcomes that can be used to evaluate success.

It may be necessary to break down behaviour change objectives into smaller steps and to think about what is needed to bring about each step. Lasting change is the goal and needs to be built into interventions and campaigns.

A diverse audience

Targeting young adults offers many challenges not least because of the diversity of this group of people. What may be relevant and appropriate messages and interventions for the youngest in the target audience will not necessarily be relevant and appropriate for the oldest.

Key transitions such as getting a job, going to college, finding a steady partner and moving away from the parental home can all affect the way young people drink, socialise and think about drinking and driving and travel alternatives. Moreover, young people living in different parts of the country will have different travel options available to them and may socialise in different kinds of contexts.

There is much more about the diversity of the target audience as a whole that needs to be understood in order to design communications sensitively as well as interventions that will be effective for different segments.

Life-stage thinking

The target audience represents a slice of the general population moving through a life stage – emerging adults making the transition to full adulthood. Many of the issues that need to be addressed in making car travel safer for this group are not peculiar or specific to young adults, although they may need to be addressed in ways that are relevant and salient to them.

Messages and interventions aimed at children approaching young adulthood as well as older adults are also needed within the same overarching programme.

Novice drivers

People who have just passed their test may be less likely to drink and drive than more experienced drivers, but bad habits can set in once they feel more confident about their driving. Interventions aimed at learners and pre-learners, perhaps as part of the standard preparation for the test, may help prevent this happening.

Not just drivers

Interventions targeting passengers and other non-drivers as well as drivers are important, making safer car travel a shared responsibility: for example, clarifying what part everyone can play in ensuring safer car travel, and bolstering them to play their part. In the focus groups, targeting passengers was a new and surprising thought for many respondents and it engaged their attention.

Avoid negative messages and finger pointing

Interventions should avoid alienating or switching off the target audience with negative messages, especially if they seem to pick on young people. Drinking and driving are not the sole preserve of young adults, and they are fully aware of this fact.

Keeping messages relevant

Messages need to feel relevant to young adults and to demonstrate real understanding of how they socialise, the situations they find themselves in and the dilemmas they face. For example, passengers facing the choice of getting a lift along with all their friends with someone who has been drinking or having to make some other, much less convenient or possibly expensive arrangement and travel alone. Or drivers facing the choice of taking too large a group of drunk passengers who do not want to be split up, or risking making themselves ‘unpopular’ by limiting the number. Suggested solutions need to be

pragmatic and realistic for the target audience. Communications need to reflect real settings.

Information

Although information alone is not enough to change behaviour, gaps in knowledge and awareness were apparent in the focus groups and could usefully be filled: for example, information about the:

- legal limit for driving linked in particular to the difficulty of knowing for certain how to stay under the limit if drinking;
- alcoholic content of different drinks (of great interest to respondents in the groups) linked especially to the impact that relatively small amounts of alcohol can have on driving ability; and
- impact that passengers can have on the safety of car travel (especially if they have been drinking) – *even if the driver has not*.

Information about the relatively high risks of drink-drive accidents among young people, especially males, is pertinent but needs to be sensitively handled to avoid alienating young people with messages that seem to demonise them.

Information about most young people not drinking and driving might also be useful as part of the communication mix but needs to be credible.



All information needs to be made interesting, relevant and accessible to the target audience. Unless there is some direct reason to do so, young people will not actively look for it, so it needs to be accessible in the ordinary course of events via sources and channels that young adults use and trust.

Peer-to-peer messaging

This has proved consistently important in campaigns targeted at changing the behaviour of young adults.

Social media and App technology

Social media offer means of communication that are direct and highly relevant for the target audience. Levels of exposure and access are high, and there is the potential to harness young people's social networks for peer-to-peer messaging and messaging within friendship groups and circles. Social media and App technology also offer potential for new kinds of travel arrangement that need to be explored in more detail.

Inter-agency and partnership working

Different organisations and agencies at all levels from national to local have a role to play in addressing the issue of safer car travel, including government departments, local authorities, the police, the drinks industry and licensed premises, driving schools, educational establishments, workplaces and transport providers. Inter-agency and partnership working can enhance the contribution of individual organisations and agencies through consistency of message and coordination of activity – be it communications, enforcement, transport alternatives or measures related to drinking (or not drinking).

7.3 What next?

More information is needed to unpack key issues further and provide a more refined segmentation of the target audience than was possible in this study. Ideas for campaigns, messages and interventions need to be developed iteratively through close engagement with the population of interest and also with a wide range of other stakeholders in the public and private sector at national and local level. Careful evaluation of initiatives is required in order to assess what works and what does not work for the target audience as a whole and for subgroups within it.

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