

# Assessment of Public Opinion on Legislation to Deter Drunk Driving

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## Abstract

Existing legislative measures on blood-alcohol control of drivers failed to show a substantial effect in reducing the incidence of crash injury and mortality. Recently, a government initiative to limit locations and operating time (service hours) of nighttime entertainment venues was introduced. A telephone interviewed-survey of 500 random-samples to assess public opinion on the initiative and other legislative measures was conducted in Bangkok. The results showed that 88 per cent of the respondents supported the idea of prohibiting alcohol sale to youngsters aged <21 years old and 91 per cent agreed to limit the operating time of pubs, bars and nightclubs to no later than 2 a.m. The majority asserted that laws against drink driving were seldom enforced. More than half of the respondents agreed with the ideas of restricting medical care benefit for injured drunk drivers, and of prosecuting the related alcohol-sellers. Eighteen per cent of male respondents had drunk alcohol and driven in the past one month. A telephone survey is an efficient tool for providing timely information for policy decisions. More stringent enforcement of laws against drunk drivers should be implemented in parallel with traffic safety programs and other social control initiatives.

**Key word :** Drunk Drivers, Telephone Survey, Medical Care Benefits, Law Enforcement

**AEKPLAKORN W & SURIYAWONGPAISAL P**  
**J Med Assoc Thai 2002; 85: 814-819**

Traffic injuries and deaths have been a leading public health problem in the past two decades in many countries. In Thailand, from 1984 to 2000, deaths from traffic accidents increased from 5.7 per

100,000 to 21.4 per 100,000 population a year<sup>(1)</sup>. A study showed that 3 per cent of daytime and 15 per cent of nighttime drivers had had a breath alcohol test which exceeded the legal level of 50 mg/dl<sup>(2)</sup>.

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Half of the crash-injured patients visiting emergency rooms were found to be positive for the blood alcohol test and individuals riding in a car driven by someone who had consumed alcohol had a 7 times higher risk of crash injury and 10 times of crash mortality compared with those in a non-drinking driver car<sup>(3)</sup>. Interventions to mitigate and prevent alcohol-related traffic accidents have been implemented in many countries including: prohibiting the sale of alcoholic beverage to drivers, reducing underage drinking by limiting access to alcohol and increased local enforcement of drinking and driving laws. In 1997, a publicity campaign and sobriety checkpoints were undertaken in Bangkok<sup>(4)</sup>. Initial evaluation at 20 months after commencement of the interventions revealed a high level of public awareness of the merits of these interventions but changes in drink driving practices and related injuries were not evident<sup>(4)</sup>. Recently, an initiative from the Ministry of the Interior to restore social order dealt with limiting utilization of nighttime entertainment venues e.g., pubs, bars and nightclubs. They were required to close at 2 a.m. and zoning was introduced to limit geographical distribution of these venues. Potential impacts of the initiatives in terms of drink driving control could be substantial given the fact that the prevalence of drunk drivers increased from late evening to mid-night<sup>(5)</sup>. Yet, public outcry from the owners of the business and other beneficiaries raised a debate about the merits of the initiative.

To assist the policy decision on this matter, this study, using a rapid telephone survey, was undertaken to assess public opinion in relation to the initiative and legislation on drink-driving control.

## METHOD

A telephone interviewed-survey was conducted. Samples were derived from a simple random sampling of all household telephone numbers in Bangkok. A list of sampling phone numbers was provided by the Telephone Organization of Thailand, a major organizer of the telephone system in Bangkok. A sample size of at least 500 numbers was required for the survey with an expected prevalence of subject agreement with the idea of cutting medical care benefit for drivers who drink of 60 per cent and an acceptable error of 0.06. A total of 700 randomly selected phone numbers was obtained. Each phone number was contacted for up to three attempts. If there was no response from that number at the

third attempt, the next contact would proceed to the next phone number. Individuals aged >14 years old answering a call were considered eligible. At the time of contact, the respondent was asked for his or her permission and informed that their response would be confidential. No identification number or name of the respondent was asked. To ensure a reasonable response, the survey questionnaire was designed to be brief (3-5 minutes). The questions included: cutting medical care benefits of injured drunk drivers, prohibiting the sale of alcoholic beverages to youngsters aged <21 years old and zoning of pubs, bars and night clubs, prosecuting sellers of alcoholic beverages to subsequent convicted drunk drivers, and demographic data on age and sex.

Two interviewers were trained to collect data. The interviewing correspondents were recorded and checked thereafter by one of the researchers in order to validate the information. All the tape-recorded correspondent information was erased after the validation.

Data from the questionnaire were coded and keyed as electronic files and double-checked for errors. Analysis of data was done by numeration of frequency and calculation in per cent and 95 per cent confident interval (95% CI). All the statistical analysis was performed using EPIINFO version 2000.

## RESULTS

The participation rate was 90.2 per cent. Eighty-four per cent responded at the first attempt, 11.5 per cent at the second and the rest at the third attempt. Of the 503 respondents who participated, 322 (64%) were female and 181 (36%) were male. Mean age of the respondents was 37.4 years (SD = 14.6) with a range of 15 to 70 years old.

Table 1 shows the opinion of respondents by sex. Of all the respondents, 53.1 per cent agreed with the idea that injured drunk drivers involved in a traffic accident should have their medical care benefits restricted, of these 76.0 per cent agreed on a partial cut and 24.0 per cent on a total cut. Half of the respondents agreed on issuing a law to prosecute operators of alcohol outlets leading to the accident. With regard to enforcement of a drink-driving law, the majority of the respondents believed that police seldom put law enforcement into practice.

Most of the respondents agreed with the idea of prohibiting the sale of alcoholic beverages to

youngsters aged <21 years old. Eighty-three per cent supported closure of night-time entertainment venues at no later than 2 a.m. Seventy per cent agreed on the idea of introducing zoning of the venues. Four per cent of the respondents had been involved in a alcohol-related traffic accident and male respondents (7.7%) were more likely to have such an involvement than females (2.2%) over the past one-year. Eighteen per cent of the respondents admitted that they had consumed alcohol and driven during the past one month. Men were more likely to behave in this way than women (OR=11.7, 95% CI: 4.6, 31.9). Additional analysis of the opinions by age groups showed no substantial difference in most of the issues among the age groups except for the fact that people >54 years of age were the least likely to have been a drunk drivers over the past month. (Table 2)

## DISCUSSION

" a policy reform initiative may be altered or reversed at any stage...by the pressures and reactions of those who oppose it". This notion made by Grindle and Thomas<sup>(6)</sup> reminds us who cares about assisting policy decisions for the sake of public health to provide timely feedback of relevant public opinions to policy makers using scientific methods. With the intention of eradicating the spread of illicit drugs, prostitution and casual sex among children, in August 2001, the Minister of the Interior determined to launch a law campaign to restrict the operating time of night-time entertainment venues and to confine them to designated areas<sup>(7)</sup>. At the time of heated public debate after this policy decision leading to the initiatives favoring public health concerns, this study employed a rapid telephone survey to

**Table 1. Opinions of respondents by sex (n=503).**

Opinions/Sex	Male (n=181)		Female (n=322)		Total (n=503)	
	%	95% CI	%	95% CI	%	95% CI
Restriction of medical benefits, yes	56.4	48.8, 63.7	51.2	45.6, 56.8	53.1	48.6, 57.5
Totally, yes (n=270)	28.2	19.9, 38.2	21.2	15.2, 28.2	24.0	19.0, 29.6
Partially, yes (n=270)	71.8	61.8, 80.1	78.8	71.8, 84.8	76.0	70.4, 81.0
Prosecution of alcohol outlets operators, yes	45.9	38.4, 53.4	53.4	47.8, 59.0	50.7	46.2, 55.1
Adequate enforcement of drink driving laws, no	81.2	74.8, 86.6	67.7	62.3, 72.8	72.6	68.4, 76.4
Prohibition of alcohol sales to youngsters, yes	84.5	78.4, 89.5	89.8	85.9, 92.8	87.9	84.6, 90.5
Closing time for night time venues at 2 am, yes	68.3	60.5, 75.4	59.3	53.5, 65.0	62.5	57.9, 66.9
Closing time for night-time venues at midnight, yes	12.4	7.8, 18.5	25.4	20.6, 30.8	20.8	17.3, 24.9
Zoning of night-time venues, yes	70.2	62.9, 76.7	70.8	65.5, 75.7	70.6	66.3, 74.5
Ever been involved in an alcohol-related traffic accident, yes	7.7	4.3, 12.6	2.2	1.0, 4.6	4.2	2.7, 6.4
Have driven while under the influence of alcohol, yes	18.2	12.9, 24.6	1.9	0.8, 4.2	7.8	5.6, 10.5

**Table 2. Opinions of respondents by age groups (n=503).**

Opinions/Sex	<25% (n=114)	25-34% (n=135)	35-44% (n=103)	45-54% (n=80)	>54% (n=71)
Restriction of medical benefits, yes	48.7	47.4	52.4	57.5	67.6
Totally, yes (n=270)	20.3	15.6	25.9	30.4	29.8
Partially, yes (n=270)	79.7	84.4	74.1	69.6	70.2
Prosecution of alcohol outlets operators, yes	52.1	50.4	52.4	52.5	42.3
Adequate enforcement of drink driving laws, no	66.4	77.8	70.9	72.5	70.4
Prohibition of alcohol sales to youngsters, yes	90.8	87.4	89.3	88.8	81.7
Closing time for night-time venues at 2 am, yes	63.6	60.8	64.1	58.1	66.1
Closing time for night-time venues at midnight, yes	17.3	21.6	19.6	27.0	18.6
Zoning of night time venues, yes	73.9	73.3	69.9	70.0	60.6
Ever been involved in an alcohol-related traffic accident event, yes	2.5	5.2	3.9	3.8	5.6
Have driven while under the influence of alcohol, yes	7.9	9.6	6.8	10.0	2.8

assess relevant public opinions and to feedback to policy makers.

As expected, the survey revealed strong public support of the initiatives. Eighty-three per cent (62.5% plus 20.8%) of the respondents agreed with the closing time of night-time venues. Furthermore, 70.6 per cent were positive about the idea of introducing zoning of the venues. These are specific messages in support of the policy decision. It helps counter the argument of owners and beneficiaries of night-time venues against the decision. Additional findings from the survey reflected public concerns of drink-driving problems. The majority of the respondents supported the idea of banning the sale of alcohol to youngsters. They agreed that so far the police have not put much effort in enforcing the law against drunk driving. More than half agreed with the idea of cutting medical benefit for crash-injured drunk drivers. Further more, the present study also revealed that 18 per cent of males had driven under the influence of alcohol during the past month. Regardless of age and sex, there seems to be a consensus among the respondents that drink-driving should be put under control and legal measures have been supported.

The findings were released to the media during the middle of November 2001. There were a couple of headline reports of a celebrity being convicted of drink-driving and killing two persons in a crash, release of the findings led to some radio and newspaper coverage of this study during the 3rd week of November 2001. Among the radio programs covering this study, a number of them were organized to promote public discussion about legal measures against drink-driving and the investigators were invited to take part. Given an established principle of promoting healthy public policy as a health promotion strategy, the academic community has been challenged to invent new approaches and tools to put this principle into real practice. A rapid telephone survey on public opinion relevant to policy decisions with timely feedback as demonstrated in this study might be a new approach in this regard. It is an alternative to provide timely feedback to policy decisions through exploring relevant public opinion.

Despite existing legislation to control drink-driving, the statistics on injuries and mortality of traffic accidents has not declined<sup>(1)</sup>. The increase in rates of injuries and fatal crashes is due in part to the failure of the legal system to enforce drunk driving legislation. Another study showed that, after

alcohol-related motor crashes, the conviction rate of injured drunk drivers was lower than that of uninjured drunk drivers. In addition, injury and hospitalization for drunk drivers after the crashes affords protection from prosecution and may enable ongoing risk-taking behavior by the drunk driver<sup>(8)</sup>. Among the alcohol intoxicated injured drivers who were at fault in crashes, less than half of them were tested for blood alcohol and they were not prosecuted, including some repeated offenders. However, once legal blood alcohol levels have been obtained, inadequate legal follow-up could lead to non-prosecution<sup>(9)</sup>. Nevertheless, strategies to reduce driving under the influence of alcohol seems to be inadequate if the measures pointed only to the drivers' behavior. Efforts should be expanded to include the alcohol side of the problem. Experience in other countries showed that alcohol-related motor vehicle death declined associated with an increase in the minimum drinking age<sup>(10)</sup>. In addition, the initiative of limiting areas and operating time of alcohol outlets to drivers should also be supported.

There are some strengths and weaknesses in the present study. Even though, the representativeness of the findings in the strictly statistical sense seems to be questionable since the telephone survey might represent the middle class population and above due to a smaller per centage telephone owners in the lower class. However, timeliness of the findings is crucial in the present study, which could provide information for public discussions and debates, and lead to relevant policy decision.

It is time for Thailand to put more effort to combat drunk driving. Specific deterrence strategies to detect drunk drivers and punish convicted drunk drivers should be more strictly enforced which includes: cutting medical benefit for injured drunk drivers, measures to decrease underage drinking and excessive alcohol consumption. Measures to control alcohol supply by prosecution of related alcohol-sellers, mass communication to raise public awareness and community traffic safety programs should be implemented. Greater efforts are needed on all these fronts which integrate traffic safety with other social control initiatives.

## SUMMARY

The public supported the initiative of restoration of social order and called for more legislative measures to combat the problem of drunk driving. The majority of the respondents supported the idea

of prohibiting the sale of alcohol to youngsters aged <21 years old and limiting the daily closing time for pubs, bars and nightclubs at no later than 2 a.m. The existing drink-driving laws are seldom enforced. More than half of the respondents agreed with the ideas of restricting medical care benefit for injured drunk drivers, and of prosecuting the related alcohol-sellers. Eighteen per cent of the male respondents had driven under the influence of alcohol in the past month. A telephone survey is an efficient tool for

providing timely information for policy decisions. To reduce alcohol-related traffic injuries and mortality, more stringent enforcement of drink-driving laws should be implemented in association with a public education campaign, and traffic safety programs and other social control initiatives.

#### ACKNOWLEDGEMENTS

This study was funded by the National Health Foundation.

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(Received for publication on February 10, 2002)

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## การประเมินความเห็นเกี่ยวกับมาตรการทางกฎหมายควบคุมการดื่มสุราและขับรถ

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แม้ว่าปัจจุบันมีมาตรการทางกฎหมายในการควบคุมระดับแอลกอฮอล์ในเลือดของผู้ขับขี่ยานยนต์ แต่อุบัติการณ์บาดเจ็บและเสียชีวิตจากจราจรบนท้องถนนไม่ได้ลดลง การศึกษานี้ได้สำรวจความคิดเห็นของประชาชนทางโทรศัพท์ในกรุงเทพมหานครในด้านมาตรการทางกฎหมายเพิ่มเติมเพื่อลดปัญหาการดื่มสุราแล้วขับรถ, กฎหมายห้ามขายสุราแก่ผู้เยาว์, และการกำหนดเขตสถานบริการแหล่งบันเทิงกลางคืน ผลการศึกษาพบว่า ร้อยละ 88 เห็นด้วยกับการมีกฎหมายห้ามขายสุราแก่ผู้มีอายุต่ำกว่า 21 ปี, ร้อยละ 91 เห็นด้วยกับการปิดสถานบันเทิงเวลา 2 นาฬิกาและการจัดระเบียบสังคม, ส่วนใหญ่เห็นว่าขณะนี้หน่วยงานรัฐไม่มีการบังคับใช้กฎหมายดื่มแล้วขับอย่างจริงจัง, และมากกว่าครึ่งเห็นว่าควรมีการจำกัดสิทธิด้านรักษาพยาบาลแก่คนขับรถที่ดื่มสุราแล้วบาดเจ็บจากอุบัติเหตุจราจร, นอกจากนี้ ร้อยละ 18 ของผู้ชายยอมรับว่า เคยดื่มสุราแล้วขับรถในช่วง 1 เดือนที่ผ่านมา ดังนั้นเสนอว่าควรมีการบังคับใช้มาตรการทางกฎหมายที่มีอยู่มากขึ้นและมีกฎหมายอื่นเสริมรวมทั้งการจัดระเบียบสถานบันเทิงกลางคืนร่วมด้วยเพื่อลดอุปทานด้านสุราให้ลดน้อยลง

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