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**DRUID**

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# Motives behind risky driving – driving under the influence of alcohol and drugs

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## **D 2.2.1**

### **Motives behind risky driving**

#### **- driving under the influence of alcohol and drugs**

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## Executive summary

In-depth interviews were carried out in Sweden and Hungary involving thirty drink drivers and fifteen drug drivers (40 men and 6 women). The interviews were carried out according to a fixed interview guide with opportunities for spontaneous comments. The interviews dealt with respondents' attitudes towards driving whilst under the influence of alcohol or drugs from a general point of view, including perception of risk and social norms.

The results showed that we are dealing with a very specific group of people who were addicted to alcohol and or other drugs. Thus normal sanctions did not prevent them from driving while intoxicated and this applied to participants from both Sweden and Hungary. One important reason was that they perceived themselves to have very little control over their behaviour but also that they did not believe that they would be stopped by the police. Those who had been stopped pointed out that the reason was because the police were carrying out a routine control, and not because they had driven in an unsuitable way.

Indeed they did not believe that alcohol or drugs would impair their driving and therefore they did not perceive any real risks of driving. However, one important difference between drugs and alcohol was that in the first case drugs were believed to make them a *better* driver whereas alcohol did not make them any worse. Thus, drug driving was not regarded as an offence in the same way as drink driving.

With regard to the sanction itself the most severe was licence revocation although this mainly applied to drink drivers. Drug drivers very rarely had a driving licence in the first place and their fear was to be caught with the possession of drugs. Drink drivers, especially those who were in employment and who mixed with people who disapproved of drinking and driving, experienced a great deal of pressure from people around them not to drink and drive. Many times they could hide from others that they had a problem with alcohol but by losing their licence it became more difficult. The same pressure was not perceived by the drug drivers who regarded themselves as deviant and mixed with like-minded. The drug drivers lived a life where the rules of society did not apply. Their main preoccupation was to support their drug taking and by doing so they would do almost anything. With regard to social norms some differences between the two countries were detected with regard to drinking and driving. In Hungary the level of tolerance towards the offence was greater and it was also perceived as more normal to drink and drive.

Respondents who had been caught drinking and driving expressed more feelings of shame than drug drivers. This was partly because of the offence itself but, as mentioned before, more to do with having to admit to others that they had been drinking and driving and in effect could not control their drinking. Feelings of shame appeared not to be related to a feeling that the act itself could result in an accident but somewhat related to if their friends and relatives disapproved. The same feelings were not expressed by the drug drivers, only later when they were under treatment and they looked back at their life did the feeling of shame and anguish emerge.

The participants whose drinking and driving was related to problems with alcohol would argue that losing the licence or even to be imprisoned would not have helped them to stop re-offending. Instead, it was the treatment programme which had helped them by providing a greater insight into their own problems.

It could be concluded that the perceived likelihood of detection was not great. Therefore, and in accordance with the deterrence theory, sanctions would not deter the participants from drinking while intoxicated. The results therefore indicate that a different approach is needed. Freeman et al. (2005) pointed out that it is important to focus on the underlying issues that directly influence the behaviour such as the abuse of alcohol or drugs. This would also be in accordance with some other findings, which have suggested that remedial interventions – especially those combining psychotherapy, education, and any follow up – can reduce recidivism and crashes, even for relatively high risk drivers (Donovan, Quaisser, Salzberg & Umlauf, 1985).

## Introduction

Driving under the influence of alcohol is an important risk factor for traffic injuries and something that has become more common in recent years (Ahlm, Björnstig & Öström, 2009). Approximately every third driver in Sweden, who is involved in a fatal accident, has been driving under the influence of alcohol (Laurell, 2007). A number of studies have found a connection between alcoholism and driving while intoxicated. In Sweden it has been estimated that approximately 60% of drink drivers are addicted to alcohol ([www.ntf.se/nollvision](http://www.ntf.se/nollvision)).

However, the exact size of the problem with drinking and driving is not known since it is associated with a number of methodological difficulties (see Forsman & Gustafsson, 2004). If we base our estimates on random breath tests carried out by the police during 1997 - 2003 then between 1.3 to 1.4 % of drivers were driving with a blood alcohol level of more than 0.2 ‰. If we on the other hand look at self-reported studies then the results show that 9 % of all drivers would at one time or another drink and drive ([www.trafikverket.se](http://www.trafikverket.se)). Compared with drunk driving the knowledge concerning the presence of drugs has until now been even poorer (Gustafsson & Gregersen, 2009). In a recent study road-side observations were used to determine the frequency of drug use amongst drivers of private vehicles and vans (Forsman, in prep). The drivers where stopped at random and preliminary results show that about 0.4% of the drivers who provided saliva samples, that is 62% of the total sample, had taken one of the illegal drugs tested for<sup>1</sup>.

Other studies demonstrated that amphetamines are the most prevalent illegal drug in samples of suspected drivers. It has been found in approximately six out of ten cases. This is followed by THC (from cannabis), methamphetamine, diazepam (benzodiazepine), morphine and cocaine (Fuhrman, 2008).

Unlike alcohol, there are no commonly recognized instruments to detect drugs or any manuals to provide guidance. It would appear that it is left to an individual police officer's perception of the situation.

With regard to driving under the influence of alcohol or drugs the chances of being reported is rather low. For instance, in 2009 the Swedish police reported 17.847 drunk drivers and 12.116 drug drivers (Gustavsson & Gregersen, 2009).

In Sweden a BAC level of 0.2 ‰ or above is regarded as a criminal offence. At 0.2 ‰ the penalty is usually fines. A BAC level of 0.8 ‰ always result in licence revocation and in most cases also a prison sentence. The person can be imprisoned from one month to two years. In Hungary the tolerance level is zero.

## Aim

The aim of this study was, by the use of in-depth interviews explore the attitudes of drivers who drove under the influence of alcohol or drugs in detail. The study was carried out in Sweden and in Hungary although drug driving was only explored in Sweden.

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<sup>1</sup> Amfetamin, metamfetamin, cannabis, kokain, heroin, MDA, MDMA and MDEA.

# Part I: In-depth interview with a Swedish sample

## Method

### *Participants*

In-depth interviews, typically taking 50 minutes, were carried out with thirty convicted people (fifteen drink driver and fifteen drug drivers). Two of the drink drivers were women and three of them drug drivers. The drink drivers were aged 20 to 60 and the drunk drivers 22 – 57 years old. The drink drivers had all been charged by the police and the offence was regarded as severe (exceeding a BAC level of .08 ‰) and had therefore lost their driving licence and in some instances served a prison sentence. The drug drivers on the other hand had not always been charged with drug driving but all, except for one person, had a criminal record. All of the participants were contacted via a drug rehabilitation centre.

### *Procedure*

The interviews were based on a semi-structured interview guide allowing some structure but at the same time allowing for unexpected findings by introducing additional questions. The interview started with a short introduction of the project and ensured that the material would be confidential. A tape-recorder was used but it was stressed that the participants could terminate the interview at any time by switching it off. Questions dealt with the following topics:

### **Interview guide: Topics**

#### *Background information:*

1. History of drunk driving
2. Convictions (not only related to driving)
3. Problems with alcohol and / or drugs
4. Possible use of prescribed drugs
5. Biological sex and age
6. Treatments in the past
7. General background

#### *Topics 1-3 deal with the specific event resulting in them being charged with drink/drunk driving*

1. A description of the specific event leading to the offence (that is before they decided to drive)
2. Awareness of being under the influence of alcohol/drugs
3. a) The perception of self straight after the event  
b) The perception of self at the onset of the interview (including feelings of shame and denial)

#### *Topics 4-5 could be based on more than one event if the interviewee has been driving under the influence on more than one occasion otherwise they will be related to the specific event.*

4. Behavioural control, (i.e. factors which impede or facilitate the behaviour).  
Could be own ability like driving skills (internal) and no other means of transport (external)
5. Social norm (if significant others accept that they DUI)

*Topics 6-8 are more general, not dealing with the specific event*

6. Their attitudes towards DIU. The perceived outcome of DIU. This could be positive or negative and could include perceived increase of accident risk.
7. Descriptive norm (or perception of other peoples behaviour, people close to themselves and drivers in general)
8. The effect of legal sanctions but also the perceived likelihood of being sanctioned

*Topics 9-13 deal with the future*

9. Perceived likelihood of committing a similar offence in the future
10. What would help them to avoid re-offending?
11. After the event or events

## **Results – drinking and driving**

### *Background*

All of the participants declared that over a number of years they had problems with drinking. To start with they might have been drinking because of parties but as one man described it “at the end you do not know why you are drinking and what it is you are drinking, you drink when you are happy and when you are sad”.

In some cases the problem started when they were in their early teens. Despite this it had been very difficult for themselves to admit that their consumption of alcohol was a problem and that they were alcoholics. As long as they could function in a reasonable way, that is having a partner and a job, it was not seen as a problem.

For three of the participants drinking and driving was not the only conviction, they had also been convicted of speeding and tax fraud. For all of the drivers it was not the first time they were drinking and driving, in fact some of them had done this over a number of years on a regular basis. Two of the participants had to retake their driving licence six and seven times. One man passed his licence and then almost immediately afterwards lost it again.

### *A specific event resulting in them being charged with drinking and driving*

A usual explanation is that the police stopped them because something was wrong with the car, a light was broken or the suspension on the car faulty resulting in an uneven ride. In some cases others had reported them to the police. None of the participants perceived or believed that alcohol had a negative effect on their driving.

One man who had been drinking and driving continuously for 3 days was eventually stopped with 1.7 ‰. He was relieved when the police finally knocked on his door and he was taken to the station. A similar story was told by another man who had pushed himself so far and wanted to be charged. When he saw a traffic control, on the other side of the road, he turned around in order to be stopped and charged with drunk driving. Yet another man stated that being caught by the police was the best thing which had happened to him since he then had to start looking at his life and facing his problems.

In some instances their drinking and driving had resulted in an accident although only minor ones. One woman drove into a ditch and then ended up a couple of meters away from her neighbour's main entrance. In the car her children and husband were sleeping. One man reversed into a police car which had followed him.

#### *Awareness of being over the limit and their driving skills*

Most of them would not even consider whether they were over the limit or not, although everybody had been charged with more than 1 ‰ BAC. Some of the participants did not feel drunk and therefore had no hesitation about driving. One woman argued that when she had been drinking she totally forgot about the risk. Another added that it was no problem because he had done it before. One man described his driving as very skilled, that he took no risks and drove in a calm and sensible manner. One man was aware of the effect of the alcohol but did not believe that it would affect his driving, and besides he was only going to cover a short distance. In one instance it was a lorry driver who had 2.05 ‰ BAC but still felt sober. He added that the police was equally surprised at the result. Two other men also expressed that they were shocked when they found out that they were over the limit.

#### *Perceived risk*

Despite the fact that most of them did not perceive that the alcohol affected their driving some of them were aware of being over the limit and that the police could charge them of drinking and driving. However, one of the participants saw this as a gamble ("like a Russian roulette") and tried to avoid police controls by using minor roads. If he saw the police at one place then he stopped using the same route for a period of time. He stated that he was always worried about being caught. However, when he eventually was caught then he was too drunk to feel anything. On the other hand another man argued that when he drank alcohol he became completely numbed and therefore not aware of any risks at all. Several would argue that the internal restriction which usually stopped the person from drinking and driving ceased to work when they had been driving. Both women had been driving with their children as passengers and at the time saw no problem with this.

#### *Legal sanctions*

In general the participants perceived the chance of being stopped by the police as very small. This is despite the fact that several of them had been stopped before and some of them had previous convictions resulting in losing their driving licence. In some cases the only problem was not only drinking and driving but also that they were driving without a driving licence. In fact some of the participants took up driving straight after being charged with drinking and driving. Two of the participants had been allowed to keep the keys to their car. One man took a taxi from the police station to the place where his car had been left and then drove back home even if he was still under the influence of alcohol. To date he cannot understand why the police did not take his keys.

#### *Social norms*

The response to the questions about the perception of people close to themselves was that some did not see it as a problem whereas others had a very strong norm against drinking and driving. One woman who used to travel with her husband when he had been drinking expressed no worry about this since she trusted him, he was after all an experienced driver.

Two of the participants had been charged due to an anonymous call to the police; this in turn indicated a social pressure not to drink and drive.

#### *Descriptive norm*

Like the perceived social norm of the behaviour a mix of results were presented. In some instances their friends would also drink and drive, and some of them had a partner who also had problems with alcohol. One man had taken the keys from friends trying to prevent them from drinking and driving and on some occasions this had resulted in a struggle and a fight. In other cases their network of friends did not approve. In those instances the participants kept themselves to themselves and did not tell anybody that they had been drinking and driving or indeed that they had problems with alcohol.

#### *After the event*

Straight after the event was usually a very difficult period and many expressed deep regrets and feeling ashamed of themselves. It was far more difficult to admit drinking and driving than any other driving offence. For instance, one man never told his son because he believed that this might reduce him in his sons' eyes. One of the women believed that it was much more shameful to be drinking and driving as a woman or indeed having problems with alcohol.

One of the participants first lost his driving licence (1.8 ‰ BAC) and then as a consequence his work. He described his life as a total chaos. To deal with this he withdrew and drank without stopping. It did not stop until a neighbour called for an ambulance to take him in to hospital for a detoxification. Another man explained why being reported by the police and losing his driving licence did not affect him badly.

"I felt a bit like a failure but then after a couple of days and I shock it off and continued as before. If it had been normal, if I was a man who carry out my duties and who wants to work and who wants to live then I had felt a lot more".

For him it came as no surprise that he would be stopped by the police for drinking and driving. The same had happened to his friends and both his father and his grandfather were alcoholics.

#### *Treatment and rehabilitation*

All of the participants were taking part in different forms of intervention programmes. Without exception all of them argued that it was this intervention which had helped them. To lose the licence was not enough, they also needed help to come to terms with problems related to their addiction to alcohol. To accept that they had a problem with alcohol and that they needed help was an eye-opener for many of the participants. To regard alcoholism as an illness also helped. One person stated: "it helps you to lose control and then it becomes easier to get help". Another man expressed a sense of liberation and as if a stone fell from his chest when he started to talk about his problem. The tendency in the past, for many of them, had been to rationalize or suppress the problem which in turn had prevented them from taking any actions.

For many of them alcohol had been one way to avoid their own feelings and especially feelings of being vulnerable. This also applied to the women who always tried to be strong and able to cope. However, some of them had sought help, on more than one occasion, but the problem had been that it was too short or that they lacked support from others. One important distinction between men and women, who also in these instances were mothers, was that seeking help could alert the social services that they had a problem and as a consequence their children could be taken away from them.

### *Future*

Most of the participants were hopeful about the future but realized that they would need help and support for a long time to come. One man argued that nowadays he can talk about his problems, which has helped and one of the women stressed that she had forgiven herself and also asked other for forgiveness. The treatment has helped to accept themselves and their own vulnerability. With regard to the driving licence a common response was “never again” and that they would hold on to their driving licence very hard.

## **Results – drug driving**

### *Background*

The participants used a variation of drugs but hash and amphetamine were the most common ones. Usually they took a combination of drugs and alcohol. It was not unusual that the abuse had started at a very early age, in two cases as early as ten years old. Fathers were many time alcoholics. All except for one person had been in prison for theft, dealing with drugs and other offences not related to driving. One person had been in prison for drinking and driving. They had all lost their driving licence and in one case as many as three times and in another seven times. For those who had a criminal record getting a permission to retake their driving licence was very difficult. One person had never had a driving licence but was still driving a car on a regular basis anyway. This also applied to participants who have had their car licence withdrawn. One usual argument was that they needed a car to get drugs and or commit crimes. Those who lived in a small town and therefore were recognized by the police also needed a car so they could travel elsewhere when committing crimes.

### *A specific event resulting in them being charged or an accident*

One person reversed into a police car and damaged it so severely that they could no longer drive it and he could escape. He had 0.2 kilogram of amphetamine in the car and had left prison only nine days before the event, so for him it would have been a disaster to be caught. He was then chased by another police car at great speed and then stopped, something the participants believed to be wrong “all that for a lousy thief of cars”. As a consequence he lost his driving licence, yet again, which at that time he only had for 3 years. After that he never retook it.

Another man was involved in a very serious accident. He was driving at a speed of between 170 – 180 km/h straight into a garden. His passenger flew out of the window and broke several ribs, he himself broke his back and as a consequence lost his feelings on the right hand side. Despite this he did not consider giving up taking drugs or indeed driving when under the influence.

Whilst the influence of amphetamines makes the person alert it has the opposite effect when it leaves the body<sup>2</sup>. One man described what happened to him:

“I was with another guy and we had been stealing cars and other things. I had taken amphetamines and been awake for over three weeks. But when I was driving to XX I collapsed, I fainted. I drove off the road and I woke up when I was about 4-5 metres up in the air approaching a birch tree. The tree broke in half and the car landed on the roof. I was lucky with only a small mark on my eyebrow”. This incident was never reported to the police.

Another man who was driving a motorcycle after taking amphetamine described the situation as follows:

“I did not use any protective clothing, just a padded jacket. I wanted a smoke and lit a cigarette. I did not understand why all the cars tried to get my attention. When I stopped I noticed that my jacket was set on fire”.

#### *Awareness of being under the influence of drugs and their driving skills*

The tendency was to believe that they actually became better drivers when under the influence of drugs, especially if they had taken amphetamines. It made them more alert. Drinking and driving on the other hand was seen as a problem which could affect their driving.

#### *Perceived risk*

Nobody bothered about the consequences when driving under the influence of drugs. They had no thoughts about that they could hurt somebody else. One comment was that drug driving had not been discussed in society and was therefore seen as less dangerous than drink driving.

With regard to the woman, she took drugs because she wanted a short life and also to escape from a very problematic background. For her campaigns presenting the negative effects of drugs only convinced her that she was doing the right thing. This kind of destructive element was also presented by some of the other people being interviewed. They did not care about their own or other people's lives.

#### *Legal sanctions*

The participants were not worried about being caught with drug driving since that was seen as very unlikely or as one man stated: “I was never convicted for driving after taking amphetamine. They can't tell, you look normal”. Besides, some of them did not even consider it to be an offence:

“When I was driving then I was thinking that the police should do something more useful, such as arresting criminals. I did not regard driving without a licence as a criminal act, nor driving with alcohol or drugs”.

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<sup>2</sup> This has also been described as a rebound effect which means that after extended use of drugs some receptors in the brain are temporarily “turned off” causing feelings of depression and an impairment of the performance.

The same applied to driving without a licence. One man who had lost his driving licence three times and used to drive without a licence on regular basis believed that it was very common, "a lot of people drive without a licence". He had "only" been stopped ten times but then it was because the car he was driving was stolen.

Their main worry was to be caught with possession of drugs. One of the participants was always on the lookout for the police. He wrapped up his drugs in a small parcel so if the police appeared he could throw it out of the window and come back later and search for it. The police on the other hand, according to the participants, seemed not to bother about stopping them unless they believed that they could charge them with something more than drug driving or driving without a licence thus giving them a longer sentence. Another man always made sure that his car was insured and taxed so he should not be stopped by the police for that reason.

One person always carried extra keys with him. In case the police stopped him and took his keys he could drive off as soon as the police had left. Another person tried to steal cars which were faster than police cars so he could escape from the police. Yet another man always used different cars so the police would not recognize him, he also tried to change his appearance.

#### *Social norms*

The participants avoided people who did not approve of their way of life. For them taking drugs was a lifestyle and drug driving only a small part of it. They knew that taking drugs was not socially acceptable but it did not bother them very much. Some of them did not regard themselves as part of society anyway so they had nothing to lose. However, people around them, like their own parents or the police, did report them, and sometimes that was the reason they were taken into care. If somebody tried to prevent them from driving it could make them very angry. One man used to tell them that he would hurt them badly if they stopped him, as a result people in his surroundings stopped interfering.

#### *Descriptive norm*

They only mixed with people who abused drugs and alcohol too. It was not unusual to ask somebody without a licence to take them home after a party since they did not have to risk losing their licence. To drive very fast was something which was regarded as great fun if they were under the influence of amphetamine. One man remembered that he had his friends enjoyed pushing the car to the limit.

#### *After the event*

One man whose car had been completely demolished was not shocked and his first thought was to find another car. This total lack of concern, even if something very serious had happened, was a very common response. If they felt some remorse then it was just to take some more drugs and then that was forgotten.

#### *Treatment and rehabilitation*

All of the participants were taking part in one form of treatment. Many of them had previous sentences where rehabilitation was compulsory. However, this had not worked and they stressed that it was important that they wanted to stop using drugs. They also needed the support from others and get help to function in larger society. Unfortunately in most cases it took a very long time for them to become motivated,

and as one man puts it that it had gone so far so he would have done anything to get help.

It was not uncommon that feelings of remorse and anguish appeared when they started the treatment. Before treatment they could always suppress these feelings by drugs or alcohol or blame somebody else. This meant that the first period under treatment could be very painful and could also be one reason why they did not complete it.

### *Future*

They were hopeful about the future and were determined to not become a drug addict again. However, they also realized that it was very difficult and that they had a very long way to go before they could be sure that they would succeed. The support of others was stressed by many as very important. Due to their previous lifestyle many had large tax debts and for some of them it would be very difficult and extremely expensive, to get another valid driving licence.

## **Part II: In-depth interviews with a Hungarian sample**

### **Method**

#### *Participants*

In-depth interviews, typically taking 50 minutes were carried out with fifteen drink drivers aged from 25 to 29 years. One of them was a woman. The participants had all been arrested by the police and charged for drink driving (BAC level from .4 to 3.46 ‰).

#### *Procedure*

The interviews were based on the same semi-structured questionnaire as used in the Swedish study. The interview started with a short introduction of the project and ensured that the material would be confidential. The interviews were taped.

### **Results – drinking and driving**

#### *Background*

According to the majority of participants it was the first time they were drinking and driving. Only five of the participants admitted that they had been drinking and driving on a more regular basis. Three of the latter participants admitted that they had problems with alcohol.

#### *A specific event resulting in them being charged with drinking and driving*

Nine of the incidents resulted in an accident although in all except for two cases it resulted in damage only, albeit severe property damage. In one of the other cases a pedestrian was hit and in the second case the driver was severely injured and stayed in coma for ten days. In the remaining five cases they were stopped by the police which they described as a routine control and not because of their driving. Three of the participants had an alcohol level of more than 3 ‰. One of the men was so drunk that he could not stand straight. His journey ended with an accident, hitting a car in front of him which had stopped for a red light.

A fairly large number stressed they would only drive a short distance or that they drove on a minor road indicating that they did not perceive the offence to be severe.

#### *Awareness of being over the limit and their driving skills*

They were all aware of themselves being under the influence of alcohol but believed that they were still capable of driving. One man and a woman with more than 3 ‰ also felt perfectly capable to drive. Two of the participants blamed bad luck and another that he was tired. However, one man who had more than 2 ‰ tried to avoid complicated traffic situations because he knew that the alcohol had a negative effect on his driving. For this person it was the first time he was drinking and driving and in this instance he wanted to drive his friend home in his new car.

#### *Perceived risk*

The perceived risk was low which was due to them believing that they were in control of the situation and / or that they were only driving a short distance. They did not think about the consequences and some of them would argue that they drove more

carefully with alcohol than without. It was only one man who argued that it was difficult for him to control his speed.

#### *Legal sanctions*

Most of the participants did not consider the possibility that they might be stopped by the police. Losing their driving licence was regarded as a very hard punishment. With regard to fines it was regarded as less severe "it was just to pay".

#### *Social norms*

It was fairly usual that other people would accept their behaviour even if it did not always apply to all their friends and relatives. One man who did not believe that others would accept his behaviour was afraid to talk to anybody about it.

#### *Descriptive norm*

The tolerant view about drinking and driving was also reflected in their perception of what others close to themselves did. It was not unusual that their friends would drink and drive and some would even argue that it was normal. Three of the participants, who stated that it was the first time they were drinking and driving, mixed with people who used to drink and drive. They also expressed a very tolerant view about drinking and driving and it would therefore not be surprising if they had been drinking and driving before even if they did not want to admit it.

#### *After the event*

A variety of feelings were expressed but not necessarily connected to the consequences of the act, that is if it resulted in an accident, or if they were stopped by the police. Some felt remorse but just as many did not feel anything, and as has been pointed out before, for some it was regarded as just bad luck.

#### *Treatment and rehabilitation*

None of the participants discussed treatment and/or rehabilitation. To be more aware of the consequences was perceived as something which could prevent drinking and driving. One man advocated stricter restriction with regard to alcohol.

#### *Future*

The majority argued that they would not drink and drive again, one was not too sure, and two stated "probably not".

## Discussion

### *Drinking and driving*

The responses from the Swedish and the Hungarian drink driving sample were similar with regard to the perception of themselves. They both believed that alcohol would not impair their driving and therefore did not perceive that it was risky. This is also supported by other studies who have found that drivers who drink and drive do not believe that their consumption of alcohol affects their driving (Guppy, Clay & Albery, 2004; McMillen, Pang, Well-Parker & Andersons, 1992).

However, the Hungarian participants mixed with people who were more accepting about the behaviour and it was more usual that their friends also would drink and drive. This was perhaps surprising considering that the majority of the Hungarian sample claimed that they had not been drinking and driving before. In the Swedish sample a larger proportion admitted that they had problems with alcohol. Since this is something which is hard to admit it is quite possible that the same would apply to the Hungarian sample but that they did not want to admit it, to themselves or in the interview situation.

With regard to feelings of shame and regret the Swedish sample expressed more remorse than the Hungarian one. One reason for this could be that the Swedish sample experienced a social norm that was strongly against drinking and driving. Although for the Swedish sample their feelings of remorse were many times linked to that they had to face up to the fact that they were not in control of themselves and that they needed help.

Legal sanctions were not regarded as a deterrent, something which applied to both the Swedish and the Hungarian sample. A theory dealing with this issue called the 'deterrence theory' advocates that a person will avoid a criminal act if they believe and fear that it will result in sanctions (see Freeman et al., 2006). Dünkel and Glitsch (2000) showed that the sanction which was seen as the heaviest was licence revocation, which would be in accordance with the results from this study. This is perhaps not so surprising since it can result in loss of job and social prestige. However, if a sanction should act as a repellent then it must be seen as likely. As already pointed out only a small number of drink drivers were apprehended, mostly they were left un-detected. It could therefore be argued that a sanction could only work if the perceived likelihood of detection is great.

None of the Hungarian participants discussed treatment and one reason could be that they did not perceive themselves to have any problems or, which perhaps is more likely, did not undergo any treatment.

### *Drug driving*

Interviews with drug drivers were only presented from Sweden since it was not possible to conduct more than one interview in Hungary. The results from Sweden showed that the participants had a multitude of problems and that they did not consider drinking and driving to be one of them. It was people who did not obey the rules of society and who did not try to conform. It could therefore be argued that legal sanctions are not enough to prevent this group from driving. In general drug driving

was not considered to impair their driving, in fact, some believed that it made them to be better drivers.

## **Conclusion and recommendations**

It could be concluded that for both drug drivers and drink drivers legal sanctions are not enough and that a different approach are needed. Freeman et al. (2005) pointed out that it is important to focus on the underlying issues that directly influence the behaviour such as the abuse of alcohol or drugs, rather relying on more traditional forms of punishment. This would also be in accordance with recent analyses, which have suggested that remedial interventions – especially those combining psychotherapy, education, and follow up – can reduce recidivism and crashes, even for relatively high risk drivers (Donovan, et al., 1985).

However, this would not rule out legal sanctions since detection could start a process of change if it is followed up by appropriate forms of interventions. Furthermore, sanctions are stipulated by formal rules, which can be regarded as a symbol of what a society regards as unacceptable. An indirect effect can therefore be to make people more alert to the problem and increase the level of social disapproval. The Swedish study in particular showed that the pressure from others could have an effect if it was coupled with intervention strategies.

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