

# ALCOHOL AND TRAFFIC ACCIDENTS<sup>1</sup>

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*The twin problems of traffic accidents and alcohol abuse pose a serious threat to health throughout the Hemisphere. Programs now underway in the United States may offer some answers. Ultimately, though, the degree of progress achieved will depend on social awareness of the situation and the desire of our societies to deal with the alcoholic people who have been mistreated and neglected for so long.*

The nature of the health threat posed by traffic accidents in Latin America today makes it important that we take a hard look at present realities and do some deep thinking about what it will take to solve this human and social problem.

In the United States of America, some of our realities are both horrifying and clear: I am speaking as a citizen of a nation where over 55,000 people are killed on the highways—every year. I am speaking as a resident of a country where nearly one-half-million people suffer disabling injuries in automobile accidents—every year. And I am speaking as a government alcoholism official in a society where 300,000 people are arrested for drunk driving—every year.

The social costs, economic losses, and human slaughter caused by traffic accidents have persistently plagued modern societies ever since motor vehicles were first mass-produced. The continued existence of this problem on such a massive scale bears testimony to the fact that we have utterly failed to see past the symptoms and to focus our prevention efforts on the causes. Half of all the traffic fatalities, half of all the highway injuries, half of all the motor vehicle accidents in the United States are directly related to alcohol. Further, of the

28,000 alcohol-related traffic deaths each year, two-thirds, or almost 20,000, are caused by heavy, problem drinkers. The U. S. has one of the world's largest problems of alcoholism and alcohol abuse; and these grisly highway statistics are the end result of 9,000,000 alcoholic people going untreated in a nation with 110,000,000 registered motor vehicles.

But the problem of alcohol-related traffic accidents does not belong to the United States alone. Alcoholism is an illness which is shared by every country in the Western Hemisphere. There is an increasing level of awareness and concern among Latin American leaders because alcohol abuse is particularly devastating in their countries. For instance, serious epidemiologic studies on alcoholism have been made in Chile, where a prevalence rate of 5 per cent in the adult population has consistently been found. Estimates made in Peru and in Central America suggest that the problems there are similar to that in Chile. Furthermore, indirect indicators of alcoholism—such as mortality rates for cirrhosis of the liver, suicide, and homicide—all reflect the seriousness of the problem throughout Latin America, where these rates are among the highest in the world.

It is no mere coincidence, then, that deaths from traffic accidents are among the main causes of mortality in many countries of Latin America. Moreover, in most Latin American nations the trend is toward both an absolute and relative increase in the number of traffic accidents. This should not really be too surprising, since it is well-known that drinking

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Two-thirds of all the Hemisphere's traffic accidents happen in the United States, but many Latin American countries have ten to fifteen times more deaths per thousand vehicles.

drivers tend to be travelling at higher speeds than non-drinking drivers; drivers who have been drinking heavily are several times more likely to be involved in automobile accidents than non-drinking drivers; and the more serious the automobile accident, the more likely it is that alcohol was involved. What is surprising, in light of these facts, is the continuing failure of societies in the Americas to face up to the real problem involved. Every indicator and every statistic we have suggest that there is a strong link between the extent of a nation's problems with untreated alcohol abuse and alcoholism and the level and destructiveness of traffic accidents. I want to suggest that unless and until a significantly greater commitment to the treatment of alcoholic people is made by all the nations of the Western Hemisphere, we are never going to be able to significantly reduce the human and economic costs of traffic accidents in the Americas.

As long as alcohol and motor vehicles

continue to coexist in modern societies, we are going to have alcohol problems and traffic safety problems to some degree. But widespread alcoholism and its associated widespread highway destruction are especially tragic, because they are largely a product of our own ignorance, our own inattention, and our own neglect. We are confronted with alcoholism and its problems on a massive scale because we, as societies, have utterly failed to focus our concerns on sick human beings in pain. Instead, we have chosen to travel the moralism route, the derision route, the punitive route, the criminal route, the mentally ill route—all of the routes which have led to dead-ends and not to solutions. The problem of alcohol abuse and alcoholism is a fundamental cause of the traffic accidents which most countries are actively seeking to prevent. Yet there are still many nations which are only too willing to rationalize their neglect by pleading "higher priorities" as an excuse for postponing their efforts against alcoholism. There are still many governments which are only too willing to give no more than lip service to the needs of alcoholic people. And there are still many countries which are only too willing to turn their backs on desperately sick human beings in pain.

We in the United States cannot afford to pay the price exacted by these attitudes any longer. And I submit that the price is already too high for the rest of the Americas as well. Statistics contained in the paper "Prevention of Traffic Accidents," which was presented to the Directing Council of the Pan American Health Organization,<sup>3</sup> would seem to indicate at first glance to the uninformed person that being killed in a traffic accident is a "North American way of death," and that deaths from traffic accidents are not really a problem in the rest of the Western Hemisphere. This document shows, for example, that the United States accounts for two-thirds of all the traffic accidents in the Hemisphere. But, if we go beyond the absolute

<sup>3</sup>Published in *Boletín de la Oficina Sanitaria Panamericana* in English (Volume VI, No. 1, 1972, pp. 1-14) and Spanish (Volume LXXII, No. 1, 1972, pp.1-18).

numbers and take a closer look at some of the relative rates and figures mentioned in the paper, the picture changes drastically. The United States has the *lowest* number of traffic fatalities per thousand vehicles, while many Latin American countries have 10 to 15 times more deaths per thousand vehicles. Now, we know that in most Latin American countries the number of registered vehicles on the road is doubling and tripling every decade. So this is Latin America's reality as well. And the basic question we must ask ourselves is: Do we have to wait until traffic accidents have become the "*Western Hemisphere's* way of death" before we take appropriate action? . . . .

In the United States, the National Institute on Alcohol Abuse and Alcoholism has begun a joint effort with the National Highway Traffic Safety Administration of the Department of Transportation that is aimed at reducing the number of deaths and injuries caused by drinking drivers. On 11 January 1972 the Secretary of Health, Education, and Welfare and the Secretary of Transportation made a joint announcement of a 10-point collaborative program. As part of this program, the National Institute is endeavoring to utilize the highway safety efforts of the Department of Transportation for the first time in a public health sense. That is, we are seeking to identify and treat drinking drivers early in the course of their alcohol abuse or alcoholism problem. We are taking this approach because we have learned by hard experience that it does little or no good to simply jail or revoke the license of a person convicted of driving under the influence of alcohol. Besides the fact that it is difficult to obtain convictions, we know that those few people who are convicted are not helped. The vast majority of those who do have their licenses revoked go on driving without a license. And most of those who are jailed resume drinking and driving upon their release.

Clearly, only those preventive measures which provide treatment and rehabilitation for drinking drivers, coupled with large-scale educational campaigns, can offer an effective, long-term solution to the problem. Accordingly, we

are seeking to change the attitudes of police, judges, and probation officers so that they will accept the concept of alcoholism as an illness and will refer to treatment those individuals who are convicted of driving while intoxicated. We are working to shift the focus of attention in dealing with drinking drivers from the traditional fine, jail, and punishments to re-education, treatment, and rehabilitation by using probation as a way of motivating people to seek proper treatment. In pursuing this approach, we continue to treat driving while intoxicated as a serious offense. Concurrently, however, we are regarding alcoholism as an illness which requires the best available treatment at the earliest possible time.

Over the past year, the National Institute has worked with the Department of Transportation to initiate 21 model community-based projects known as Alcohol Safety Action Programs. Sharply increased law enforcement has been coupled with beneficial treatment facilities at each site, and the results have been impressive. Individual sites are showing an increase of between 1,000 and 5,000 drunk driving convictions per year, while treatment referrals are being made at the rate of 350 to 3,000 cases per year at each site.

I am not yet ready to say whether or not these programs are a key to the ultimate solution of the drinking driver problem. My experience has convinced me of the vital need for the strong commitment of health agencies to such a large-scale effort, but I do not pretend to have any monopoly on all the correct answers. I do know that complex problems like traffic safety do not lend themselves to simplistic solutions, and our past failures bear me out. Ultimately, our success in dealing with the destruction on our roads and highways is going to rest squarely with the way that we, as societies, choose to treat the alcoholic people we have ignored, neglected, and oppressed for far too long. The choice is ours to make: We can continue to pay the price in human flesh and shattered lives, or we can begin to give sick people the treatment they want and need and deserve. Let us make the choice *now*.

### SUMMARY

The realities of alcohol abuse and traffic accidents are horrifyingly clear in the United States, but this problem is shared by the rest of the Hemisphere as well. Though the U.S. accounts for two-thirds of the traffic accidents in the Americas, it has the lowest number of traffic fatalities per thousand vehicles. Many Latin American countries have 10 to 15 times as many deaths per thousand vehicles.

All the available data suggest a strong link between alcohol problems and the level and destructiveness of traffic accidents. We are confronted with these problems on a massive scale because we, as societies, have far too often given no more than lip service to the victims of alcoholism, and have been far too willing to turn our backs on desperately sick people.

A program now underway in the United States is attempting to shift the focus in dealing with drinking drivers from the traditional fine, jail, and punishments to re-education, treatment, and rehabilitation—using probation as a way of motivating people to seek proper treatment. A number of model community-based projects, featuring sharply increased law enforcement and providing beneficial treatment services, have also been started. It is too early to tell how important the eventual impact of these efforts will be, although the initial results have been impressive. But it is clear that our ultimate measure of success in confronting the problem will directly depend on how we choose to treat the alcoholic people we have ignored, neglected, and oppressed for far too long.

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### BRUCELLOSIS IN MEXICO AND THE UNITED STATES OF AMERICA

The Mexican border city of Juárez was the site of a brucellosis outbreak that involved 19 reported cases during January-May 1973. (Nine cases were reported in Juárez during the comparable 1972 period.) Diagnosis of the 1973 cases was confirmed by laboratory identification of *Brucella melitensis*.

The source of the disease was home-made cheese produced with non-pasteurized goats' milk from herds in the Juárez and Samalayuca Valleys. Samples from four goat herds in the Samalayuca Valley (in the area of Villa Ahumada) were subjected to the Huddleson plate reaction and the card test. Of 565 animals tested, samples from 66 (11.7 per cent) had a positive titer greater than 1:100. A total of 211 animals from the Juárez Valley were also tested; samples from 162 of these (76.8 per cent) showed positive titers greater than 1:100. As a result of these developments all goat cheese in the city of Juárez was confiscated and strict vigilance was implemented.

Apparently in connection with this outbreak, five cases of brucellosis were reported in the adjacent U.S. city of El Paso, Texas. One soldier stationed at nearby Fort Bliss had consumed goat cheese in Juárez; the presence of *Brucella melitensis* was confirmed. [*Border Epidemiological Bulletin*, PAHO U.S.-Mexico Border Field Office, Vol. 1, No. 5, 1973.]