

Road-safety education: Its contribution to driving without drugs

Educación vial: su aportación a la conducción sin drogas

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Abstract

Although the road accident rate is attributable to multiple causes, a main factor is the making of wrong decisions by the driver, amongst them driving under the effects of alcohol or other drugs. To reduce this problem road-safety education presents itself as a strategy for intervention with an aim to achieve socially acceptable behaviour on public roads by means of a change in attitude.

Key Words

Alcohol, drugs, driving, road-safety education, attitude, prevention, retraining.

Resumen

Aunque la accidentalidad vial es atribuible a múltiples causas, es un factor principal la errónea toma de decisiones del conductor, entre ellas la de conducir bajo los efectos del alcohol y otras drogas. Para reducir este problema la educación vial se presenta como estrategia de intervención a fin de conseguir un comportamiento prosocial en la vía pública mediante el cambio actitudinal

Palabras Clave

Alcohol, drogas, conducción, educación vial, actitud, prevención, reeducación.

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CONTEXT

Despite the fact that in the last few years there has been a reduction and stabilisation of road traffic accidents, numbers are still high and show that road users continue to carry out risky conduct resulting in road accidents. In order to confirm this appraisal it is only necessary to observe that in Spain, during 2015, there were 1018 accidents with victims which resulted in the deaths of 1126 people and 4843 hospital admissions (Dirección General de Tráfico, 2016). This problem generates a large social and economic cost for individuals, families and society with an estimated direct and indirect cost of about 5205 million euros, (DGT, 2015). On a global level, injuries caused by traffic are the first cause of death amongst young people aged between 15 and 29 years old (WHO, 2013).

This risky behaviour is more evident in young people as 35.7% of them admit that at some point in the last six months, they have driven under the effects of alcohol, and 3% admit that they do so often; 10% confess that, in the last six months, they have been in a car driven by someone who had taken cocaine or speed, 32.8% confirm that they have been in a car driven by someone who had smoked joints, and 63% driven by someone who had drunk alcohol, (Ballesteros, Rodríguez, Sanmartín, Sordo y Monclús, 2016). This investigation also shows evidence of the mistaken belief of 13.6% of young people who think that alcohol only slightly increases the risk when driving and 20.3% think that marijuana also increases it by the same factor.

The high accident rate amongst the young population is explained by Álvarez et al. (2004), for various reasons, by the assumption of risks, the excess of speed and driving under the influence of alcohol or other drugs. As noted by the Transport Research Centre (2006), life styles associated with youth who insist on being active at night and at weekends, and with an important presence of alcohol and/or drugs, increase the risk of accidents.

Although there are multiple causes, the human factor is the one most related to traffic accidents and is responsible for 70 to 90% of them (Montoro, 2008a). The risk of suffering an accident has been linked to the making of wrong decisions which means that behind 73% of accidents with victims, a wrong decision has been made (Institut de Trànsit i Seguretat Viària, 2012), for example driving under the effect of toxic substances.

ROAD-SAFETY EDUCATION AND SOCIALLY ACCEPTABLE DRIVING

In order to avoid this high level of accidents, technology is not enough as Tortosa (2008), points out because the driver is the one who decides whether to drive or not after consuming alcohol and/or drugs to give an example. Neither is the enactment of a law enough as accidents have not been drastically reduced as a result. An example of this is that, despite classifying driving under the influence of alcohol and other drugs as a crime, the DGT (2016) points out that the provisional figures corresponding to 2015 during which 68.959 preventative drug tests were taken resulting in 22.451 posi-

tive results (33%); 3489 tests conducted on drivers involved in accidents with 735 testing positive (21%) and another 3220 tests on drivers committing offences with 1886 testing positive (59%).

Therefore, given the inability of technology and regulations to prevent accidents, an educational task is essential as expressed by the *Global plan for the decade of action for road safety 2011-2020* (WHO, 2010) which proposes that combining the compliance of laws and regulations with increased awareness and education to influence attitudes. Even though this document does not determine the age when this task should be initiated, the European Parliament Resolution of 27th September 2011 on European road safety 2011-2020, indicates that the road safety education and training as a road user should be initiated at an early age within the family and at school and should continue throughout life. In this sense, the Transport Research Centre (2006), emphasizes that many of the attitudes relating to security are established in young people a long time before driving age as they are highly influenced by the conduct role models observed in their parents and other adults conduct. For this reason Montoro (2008b) pinpointing at the human factor as the main element in the prevention of accidents, stresses that the strategy must be focused on continuous training by means of road education at school, or in regular campaigns, training in driving schools and massive campaigns through the media. With regard to the academic circles in our country, Constitutional Law 2/2006, of the 3rd May, on education establishes as one of the objectives of primary and secondary education the development of road safety education and attitudes of respect which influence the prevention of road traffic accidents and the acquisition of healthy habits relating to the non-consumption of alcohol and other drugs.

This connection between road safety education and the acquisition of healthy habits is also recognised by Montoro, Alonso, Esteban y Toledo (2000) who consider road safety education as “the best means to deal with the complex matter of the human factor regarding traffic from a preventative perspective. In fact it is one of the most efficient means of generating healthy driving habits”, (page 350). As a matter of fact, the previously mentioned European Parliament Resolution of the 27th September 2011, points out as one of the fields of action to improve the training and behaviour of road users, is to pay special attention to the main causes of fatalities and serious injuries in road traffic accidents, such as the consumption of alcohol, narcotics and certain medication which have an impact on the capability to drive. In our environment, the *Road Security Strategy 2011-2020* (DGT, 2011a) champions road education to promote safety values, create safe habits and attitudes which lead to civil and responsible behaviour of road users such as not driving under the influence of toxic substances.

These measures lead to the concept of road education which we define as the systematic educational action for the acquisition of knowledge, attitudes and values to achieve safe mobility (Manso, 1995). We are therefore talking about transforming the driving risk behaviour in beliefs, habits and emotions favourable for safe mobility as much from the preventative perspective to the rehabilitation view. As a preventative measure, instilling attitudes and sociable values into the young, helping them to acquire a combination of basic abilities of a cognitive, social and interpersonal nature, and with programs addressed to drivers who have already been sanctioned for an offence or for some traffic crime, thus avoiding re-occurrence (Suriá, 2012).



This conceptualization of traffic safety education as the instructor of attitudes arises from the hypotheses of Cognitive Theory and Attitude Change in considering that the attitude, as far as the predisposition of a person to respond, is dynamic by means of an active and open process between the cognitive, emotional and behavioural factors (Morales, 2007). It can be deduced from this that sociable road conduct required in traffic, in as much as social conduct by the road user suitable on the roads, can be generated and learnt following the same process as other competencies.

According to Battin-Pearson, Thornberry, Hawkins y Krohn (1998), if we consider that, socialization follows the same process as it produces sociable behaviour with antisocial behaviour, we can agree with Arnau y Montané (2010) when they say that “to develop positive attitudes and favourable behaviour in road safety, it will be necessary to have an impact not only on information or on the perception processes, but also on the conditioning of habits and emotions” (page 45), which leads us to conclude that sociable road conduct can be promoted by means of changes in behaviour. In this sense, in scientific literature we find meta-analysis and investigations from the Cognitive Behaviour and Learning Apprenticeship prototype, like the ones conducted by Garrido y Redondo (2013), which indicate variable values of success to be taken into account in the design and implementation of intervention programs and, in the same way, also in attitude change programs.

Even though the cognitive conduct treatments are the ones most applied with every type of offenders, in the road environment also other intervention programs have been developed to modify antisocial and criminal conduct which transfers to this context techniques and strategies typical of this model. Amongst those developed outside the academic regulated context we can make a

note of those designed and applied by the Professorship of Road Safety Education of the Autonomous University of Barcelona and the ERESV team as well as programs by the University Institute of Road Safety Education (Intras) of the University of Valencia. Amongst those programs we can highlight: the *Program for change of attitude of drivers to be to prevent traffic accidents caused by alcohol*; the *Course for road safety for drivers to be (CVS-Precon)*; the *Course for Safe Driving for Drivers to be (PCS-Precon)*; the *SIMS Program, Sensibilisation of Offenders for Safe Mobility*; the *Safe Driving Program as an Alternative Penal Measure – MPA*; the *Intervention, Sensibilisation and Road Safety Re-education Program – Incovia*; the *Activity Workshop for Road Safety – Taseval*; the *Program to promote sociable road safety attitude in youth and young, unsociable people – TAP*; and the international programs *Close to*, and *Your ideas, your initiatives*.

These programs contemplate the attitudes and abilities established by the DGT (2011b) which should have a good driver, those related to safe driving, underlining in their behaviour (knowledge, aptitude and attitude), the required reaction, the compliance of regulations and respect to other road users. All this taking into account the sociable behaviour demanded by the road environment is in reference to an intentional, positive and voluntary attitude which is to everyone's benefit. Road safety is therefore impregnated with values such as respect, caution, responsibility, cooperation, tolerance, empathy, justice... that imply determined psychological mechanisms (Alonso et al., 2007). On the other hand, antisocial driving includes criminal behaviour which constitute violation of the law (for example driving under the influence of toxic substances), but illegal behaviour lacking basic values for communal living (for example smoking whilst driving).

FUTURE LINES OF INVESTIGATION

We must consider road safety education as the preventative seed for road safety, a technical means to train social drivers whose appropriate decision making leads to conduct on the road which do not damage other users of public roads. However, road safety education is not only an aim in itself as there is evidence that social values acquired via road safety programs are generalized in other contexts when they diminish the socializing difficulties of the intervention subjects (Gómez, 2015). Without a doubt, this generalization is a new line of investigation which can result in beneficial support for the treatment of drug addicts and other addictive forms of behaviour.

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