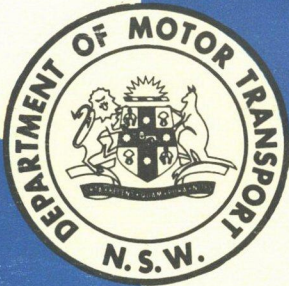


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TRAFFIC ACCIDENT RESEARCH UNIT



146

DRINKING AND DRIVING IN SYDNEY: A COMMUNITY SURVEY OF BEHAVIOUR AND ATTITUDES

REPORT 1: AN OVERVIEW OF SEX AND AGE DIFFERENCES

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The Traffic Accident Research Unit was established within the Department of Motor Transport, New South Wales, in May 1969 to provide a scientific approach to the traffic accident problem.

This paper is one of a number which report the results of research work undertaken by the Unit's team of medical, statistical, engineering and other scientists and is published for the information of all those interested in the prevention of traffic accidents and the amelioration of their effects.

A handwritten signature in dark ink, appearing to read 'A.H. Coleman'. The signature is fluid and cursive, with a prominent initial 'A' and a long, sweeping underline.

Commissioner.

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TRAFFIC ACCIDENT RESEARCH UNIT,
DEPARTMENT OF MOTOR TRANSPORT,
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CONTENTS

	Page
INTRODUCTION	1
Background	1
The survey	3
METHOD	4
RESULTS	5
1. Drinkers, drivers and drinking-drivers.	5
2. Where drivers drink and how they get home.	6
3. Drinking and driving by friends and acquaintances.	8
4. Attitudes to drinking and driving.	9
5. Social pressures to drink and drive.	10
6. Knowledge of the role of alcohol in crashes.	11
7. Knowledge of the effect of alcohol on driving ability.	11
8. Understanding of and attitudes to the Breathalyser legislation.	13
DISCUSSION	17
Drinking and driving customs.	17
Ignorance of the scientific facts.	19
The Breathalyser legislation - public ignorance and opposition.	22
SUMMARY AND CONCLUSIONS	24
REFERENCES	25
APPENDIX (TABLES)	26

Abstract

Legislation laying down a legal limit for blood alcohol concentration was introduced in New South Wales in 1968, but has had a disappointing effect on drink-driving behaviour.

This survey was designed to examine what factors might be preventing the law's operating as an effective deterrent, and to obtain essential information for the planning of countermeasures to alcohol-related crashes. Interviews were conducted with 1197 men and women, aged between 17 and 69 years, distributed at random through the Sydney metropolitan area.

Results included the following findings:

- seven out of ten men at least sometimes combine drinking and driving, many of them frequently, but only two out of ten women;
- the group containing the highest proportion of drinking drivers is young men; six out of ten young men admitted to driving after drinking too much;
- the commonest place to drink away from home is the pub, but men usually drive themselves home afterwards and very rarely use alternative means of transport;
- young men are more likely to feel pressures to keep up with mates when drinking at a pub;
- half the respondents did not include alcohol in a list of the three most important factors which in their view contributed to serious traffic accidents;
- many men overestimate the amount of beer they can drink and still be safe to drive;
- there is widespread ignorance as to the legal limit for blood alcohol;
- the legal limit is not seen to be related to safe driving;
- eight of ten male drivers who drink said the new legislation had not changed their drinking-driving habits.

Driving after drinking appears to be customary behaviour for men, and thus attempts to reduce alcohol-related accidents by reducing the combined incidence of drinking and driving in the community will come into direct conflict with social custom. Social pressures now exist which ensure that the custom of driving after drinking too much is likely to persist in certain sections of the male population.

The present results suggest that ignorance and misinterpretation of the drink-driving law may be contributing to widespread opposition to it. Many men, especially young men, are resentful of what they see as an unrealistic attempt to set an arbitrary limit on their drinking.

INTRODUCTION

In the latter part of 1971 a household survey was conducted in the Sydney metropolitan area to obtain information on community drinking and driving practices and attitudes. This report, the first of a series, outlines the reasons for the survey and presents some results already to hand, on sex and age differences in the sample.

Background

Legislation which laid down a legal limit of blood alcohol for drivers was introduced in New South Wales in 1968 as a countermeasure to alcohol-involved accidents. Alcohol is known to be an important contributing factor in the majority of serious accidents, but after an initial short-term impact, it has become clear that this attempt to influence drinking and driving behaviour in the community has not, for the most part, had the effect intended. The legislation has, of course, provided important benefits in defining a more rational approach to the control of the drinking driver and aiding research into blood alcohol levels reached by drivers who crash. However, information from studies conducted here and overseas suggest that several factors might be preventing the law's operating as a more effective deterrent.

(1) The law was imposed on an area of behaviour strongly influenced by social custom. A complex network of attitudes governs where, when, how, who and what people drink, and the degree to which the law conflicts with these drinking norms will be an important factor in its success or otherwise as a deterrent. In Scandinavian countries such as Sweden, where for decades there has been an awareness of the dangers of alcohol abuse, longstanding legal controls have been relatively successful in reducing the incidence of drinking and driving in the community.

However in Australia there are clear indications that drinking customs are different. It is likely that Draconian laws designed to curb drinking and driving here would meet with a good deal of resistance. There is a wealth of anecdotal and some empirical evidence of permissive social attitudes toward drinking and driving. Heavy drinking and drunkenness is accepted and even encouraged in some sections of the community.¹ Attitudes toward drinking are very ego-involved for some men, with the capacity to 'hold one's liquor' being regarded as an important component of a man's virility, and ability to drive after

drinking seen as visible proof of his drinking capacity. In the context of these social attitudes, a refusal to drive after drinking becomes very much an admission of weakness and may sometimes expose a man to quite severe social sanctions. He may become the object of good-natured mockery or he may be completely ostracised, depending on the maturity of his drinking companions.

The need to conform to group norms is a powerful motivating force. Numerous psychological experiments have demonstrated this fact². This need is especially strong in young people for whom the peer group is one of the most important influences. Where the law and social norms are in conflict, the threat of social sanctions will probably outweigh the threat of legal sanctions for many individuals. In such a case a driver may choose to disregard the law.

(2) Ignorance of the role of alcohol in serious crashes would reinforce tolerant attitudes toward the drunken driver. Generally, official statistics on crashes and public comment about them grossly underestimate the importance of alcohol as a contributing factor, and it is thus likely that this kind of ignorance is widespread in the community.

(3) Ignorance of the law would reduce its effectiveness as a deterrent. A survey in Britain after the introduction of the Breathalyser legislation in 1967³ revealed widespread ignorance of the relationship between amount of alcohol consumed and blood alcohol concentration. A similar lack of knowledge may exist here, with few people being aware of the actual behaviour proscribed by the legal limit. Such ignorance might make it very difficult to exercise individual responsibility in one's own drinking and driving behaviour, and to exert social pressure on others. Similarly, ignorance of the penalties laid down might reduce the perceived cost of arrest under the law.

(4) If probability of arrest is seen to be low, then the threat of legal sanctions will not be a powerful motivating force in any decision on drinking and driving behaviour. It is quite likely that many drinking drivers perceive their risk of detection as negligible, possibly quite accurately in some cases. Reasons for this would include: ignorance of the extent to which alcohol impairs driving ability, the traditional ego-involved attitude toward drinking and driving, as being activities

in which prowess is important, the lack of judgment which comes with intoxication, and, because of the lack of publicity, a belief that use of the Breathalyser is no longer as vigorous as it was. Perhaps most important, a driver may know of many people who drive after drinking, but of few or no-one who has been breathalysed.

The Survey

The present survey was designed to provide further evidence on the above hypotheses and to obtain essential information for the planning of future countermeasures to alcohol-involved accidents.

It is now recognised that a large part of the alcohol problem involves drivers who are established alcoholics, and who would therefore be highly resistant to legal or social sanctions. However, drivers who are not alcoholics, especially young drivers, are still being involved in accidents after drinking. In fact, a large part of the high crash risk of the under-25 year old male driver is thought to be attributable to the strong social pressures on men in that age group to drink recklessly, drive recklessly and do both together. For these reasons drinking-drivers who are not alcoholics must still be regarded as an important target group for control measures, and so for research. As well, since drinking customs in a community are an important contributing factor to the incidence of alcoholism in that community, and therefore, indirectly, contribute to the incidence of crashes by alcoholics, these customs should have high priority in traffic accident research. Similarly, any attempt to improve the detection and/or treatment of the alcoholic driver must take account of the level of public awareness of the problem, and community attitudes toward the existing law. The present survey was conducted in the context of these general research objectives.

A number of important questions needed to be answered.

- (i) To what extent are social pressures operating to curb driving after drinking?
- (ii) To what extent are social pressures operating to encourage driving after drinking?
- (iii) Are people aware of the effect of alcohol on driving ability?

- (iv) Are people aware of the extent to which alcohol contributes to serious traffic crashes?
- (v) What do people understand about the laws relating to drinking and driving, and what are their attitudes to such laws?

METHOD

Interviews were conducted with 1197 men and women, aged between 17 and 69 years inclusive, from households distributed at random throughout the Sydney metropolitan area. A procedure known as multi-stage probability cluster sampling was used to select a sample which would be representative of the Sydney population within the above age range. Both drivers and non-drivers were interviewed.

A sample size of approximately 1200 was needed to ensure adequate representation of all age groups and road user characteristics for detailed analysis.

Refusal rate was low for a survey of this kind. 12.5% of the people contacted refused to be interviewed. There was an additional loss of sample elements of 5.8% from non-contacts, and 5.9% from contacts who were unable to be interviewed because of illness or other disability, giving an overall response rate to the survey of 76%. Some demographic information on these non-respondents was obtained and is being analysed. Population data are available for the Sydney metropolitan area from the 1966 Census, and a comparison with the sample data shows the sex and age distributions to be remarkably similar. This confirms that the selected sample could be considered representative of the Sydney population within the stated age ranges.

Interviews were structured, lasted between one and two hours, and were conducted by female interviewers with past experience in social surveys of alcohol usage.

A subsequent report will present detailed information on response rate and on the survey methodology, including the sample selection procedure, the questionnaire, training of interviewers and the interview itself.

Various cross-tabulations of the data were carried out, to produce a series of two-way contingency tables, to test for association between demographic variables such as sex, age and occupation, and variables concerning drinking and driving. Chi-squared (χ^2) tests at the 5% level

of significance were carried out on the tables to test the null hypothesis of no association.

RESULTS

Unless otherwise stated, differences, where noted, are significant at the 5% level or lower.

1. Drinkers, drivers and drinking-drivers.

Respondents were classified as drivers if they held a current driver's or rider's licence, and drinkers if they said they had a drink at least once a year. On this basis, 90% of men and 73% of women were drinkers, 87% of men and 49% of women were drivers and 78% of men and 37% of women were both drinkers and drivers. 90% of male drivers, and 77% of female drivers were also drinkers.

Drivers who were also drinkers were asked if they ever had a drink before driving, and if so, how often. Table 1^{*} presents the results for both sexes. 'Drinking-drivers' were those who reported driving after drinking at least sometimes. Sex differences in drinking-driving behaviour were very marked. Of the men who were both drinkers and drivers, 88% at some time combined the two activities, a large proportion of them 'frequently', and would therefore qualify as 'drinking-drivers'. Only 51% of the women who were both drinkers and drivers could be regarded as 'drinking-drivers'. This represented 69% of the total male sample, and only 20% of the total female sample.

Tables 2(a) and 2(b) present age differences in drinker-driver classification for both sexes. Age differences were very marked. Among the men, the 25-29 year old group stood out with the highest proportion of drinking-drivers, at 86%. This was almost double the proportion in the 17-19 year old group and compared with 59% and 49% in the oldest two groups. In the 20-24, and 25-29 year old groups nearly all those who were both drinkers and drivers combined the two activities at some stage. By contrast, in the 50-59 year old group 17% were drivers who drank, but who never combined the two activities.

Among the women, proportions who were drinking-drivers ranged from only 5% of the oldest group, through 11% of the 50-59 year old group to nearly 30% of the three groups between 20 and 39 years.

* Tables 1-25 to be found as Appendix (p.26)

Drivers who were also drinkers were asked if they had ever driven after drinking too much. Again, the sex difference was very marked. Of the men, 48% said that they had, compared to only 12% of the women.

Table 3 presents the age differences for the men.* There was a very clear age effect. After the age of 20, as age increased, there was a decrease in the proportion admitting to driving after drinking too much. The two groups, 20-24 and 25-29 years, each had a proportion of 62% who said they had driven after drinking too much. This is double the corresponding proportion in the 50-59 year old group.

2. Where drivers drink and how they get home.

Drivers who were also drinkers were given a list of places and asked to mark those at which they had had a drink in the last year. They were then asked how often they drank at each place marked, and for the places away from home, how they usually got home.

Table 4 presents the frequencies of drinking at each place for both sexes. For men, one's own home was by far the most popular place for drinking, with 21% reporting drinking there daily, and 63% at least once a week. Drinking away from home occurred frequently for many men. Away from home, drinking occurred most frequently at the pub, with 39% of the men having a drink at a pub at least once a week. The next most frequented place was the club, with 27% drinking there at least once a week. Drinking at a friend's place occurred less frequently. 48% of the men reported drinking there at least once a month. Party drinking was even less frequent, with only 19% having a drink at a party at least once a month and the majority (58%) less than once a month but at least once a year. Drinking at restaurants and recreational activities occurred least frequently of all. For both of these places, over 50% of the men reported drinking there less than once a year.

* Unfortunately, the number of respondents in the 17-19 and 60-69 year old male groups were too small to consider some subgroup proportions as reliable proportion estimates, and these two groups have had to be excluded from many of the age comparisons. This was preferred to the alternative of using all the data, by collapsing the youngest two (17-19 and 20-24) and the oldest two (50-59 and 60-69) groups. This would have distorted or obscured important age effects since drinking and driving behaviour would change markedly with maturation between 17 and 24 years, and again with ageing between 50 and 69 years.

For women, home was similarly the most popular drinking place, with 17% drinking there daily, and 53% at least once a week. The women reported drinking away from home far less frequently than the men. Away from home, drinking occurred most frequently at a friend's place, with 45% drinking there at least once a month, and then at clubs, with 28% drinking there at least once a month. Drinking at pubs and recreational activities occurred very rarely, 65% and 68% respectively drinking there less than once a year or never. Women drank at parties and friends' places with about the same frequency as men, and more women were likely to drink at restaurants than men. (63% of the women reported drinking there at least once a year compared to 49% of the men).

The frequency of drinking at each place varied with age. Age differences for men only are presented in Tables 5(a) to (e). Home was the most popular drinking place for all male age groups over the age of 20. (5a) In general, (looking at tables 5b-e) the younger men reported drinking at the places away from home more frequently than the older men. Pub drinking occurred frequently in all age groups, with the 25-29 year old group having the highest proportion (44%) drinking there at least once a week. The 40-49 year old group stood out with 21% drinking at a pub nearly every day or more often. The most frequent club drinkers were the 40-49 year olds, with 38% drinking there at least once a week. This was almost double the corresponding proportion in the 20-24 year old group.

The older the driver, the less frequently he reported drinking at friends', a party, restaurant or recreational activity. Drinking at a friend's place occurred most frequently in the 25-29 year old group, with 25% reporting drinking there at least once a week. This compared to 11% and 4% of the 40-49 and 50-59 year old groups respectively. In the 20-24 and 25-29 year old groups, approximately 30% reported drinking at a party once a month or more often. This compared to 15%, 10% and 4% in the older groups. Approximately 33% of 20-29 year old men had a drink at a restaurant at least once a month, and a similar proportion less than once a year or never. This compared to between 45% and 70% of the three older groups who reported drinking at a restaurant less than once a year or never. Similarly approximately 25% of the 20-24 and 25-29 year old groups drank at a recreational activity at least once a month, compared to 14%, 16% and 3% of the three older groups. Over 50% of the latter age groups reported drinking there less than once a year or never.

For each place away from home, drivers who had had a drink there in the last year were asked their usual method of transport home. Table 6 presents the results for both sexes.

A very different picture emerged for men and women. Between 70% and 77% of the men reported usually driving themselves home after drinking at a club, friend's place, restaurant, party and recreational activity. The next most usual method of transport was being driven by someone else. Slightly different practices were reported for the pub. While approximately 60% of men reported driving themselves home after drinking at a pub, 21% said that they usually walked home. This compared with between 2% and 7% who reported walking home from other places. The majority of women were usually driven home by someone else, regardless of the place of drinking. However, approximately 20% usually drove themselves home from a friend's place and a party. This compared with only 7% of women who drove themselves home from a restaurant.

Alternative methods of transport were not popular with either sex. Between 2% and 6% of both men and women took taxis, and between 1% and 8% went home by public transport.

For four places, the pub, club, a friend's place and a party, numbers of men reporting drinking there in the last year were large enough to permit age comparisons in the usual method of transport home after drinking. The differences were not significant. In every age group between 20 and 59 years, approximately 50% or more said that they usually drove themselves home after drinking.

3. Drinking and driving by friends and acquaintances.

To determine the extent to which driving after drinking is seen as occurring frequently, all respondents were asked about the drinking-driving behaviour of their friends and acquaintances. They were asked "What proportion of your friends and people you know would drive after having something to drink?" This was asked first about male friends and then about female friends. Respondents were asked to choose from a list of categories 'nearly all', 'most' (more than $\frac{1}{2}$), 'some' (less than $\frac{1}{2}$), 'A few', and 'none'.

Of the men, 68% said that 'nearly all' or 'most' of their male friends would drive after drinking, and 77% said that 'a few' or 'none' of their female friends would do so. Similarly, 72% of women said that 'nearly all'

or 'most' of their male friends would drive after drinking and 67% said that 'a few' or 'none' of their female friends would do so.

Respondents were then asked: "What proportion of your friends and people you know would drive when they've had too much to drink?" Men and women were again very similar in their responses, with 23% of the men and 19% of the women saying that 'nearly all' or 'most' of their male friends would drive after drinking too much, and over 50% in each sex saying that only 'a few' or 'none' would do so. 77% of both the men and women said that 'none' of their female friends would drive after drinking too much.

Tables 7(a) and 7(b) present the age differences in responses relating to male friends.

There was a similar age effect for both sexes. From a peak in the late 20's, as age increased, there was a marked decrease in the proportion of men and women reporting that 'nearly all' or 'most' of their male friends drove after drinking too much. 20-24 and 25-29 year old men stood out with 33% and 42% respectively responding with 'nearly all' or 'most'. This compared with between 7% and 20% in the older groups. Only 8% of the 25-29 year old group said that none of their male friends would drive after drinking too much, compared to 38% of the 60-69 year old group. Age differences for the women were not quite so large but were in the same direction.

4. Attitudes to drinking and driving.

All respondents were asked whether they agreed or disagreed with a number of attitude statements on drinking and driving. The statements were presented in turn, in decreasing order of permissiveness, and once the respondent agreed with a statement, no more were presented. The first statement with which a respondent agreed was therefore regarded as an indication of his permissiveness toward driving after drinking.

Table 8 presents the proportions of men and women who supported each statement. There were significant sex differences in attitude. 44% of the men and 32% of the women agreed with what could be regarded as permissive statements (1,2 and 3). Nearly twice as many women (19%) as men (11%) supported the most restrictive statement, that 'you should never drive after drinking'.

Among both men and women, age differences were not significant.

5. Social pressures to drink and drive.

Male drinkers were asked several questions which directly related to their experience of social pressures encouraging drinking. They were presented with paired statements expressing opposing beliefs and asked to choose the one closest to their own belief.

Tables 9(a), (b) and (c) present the three sets of attitude statements and the proportion selecting a particular statement within each set, for the different age groups.

A large majority of men in every age group felt that limiting drinks did not affect enjoyment at a pub or party (9(a)). Proportions believing that limiting drinks did interfere with enjoyment ranged from a high of 36% in the youngest two groups to a low of only 19% in the 50-59 year old group. However these age differences were not significant.

The men were divided almost equally over the second pair of attitude statements (9(b)). Marked age differences in attitude occurred. The 17-19 and 25-29 year old groups stood out with approximately 60% believing it to be difficult to remember how much you've drunk at a party because of people filling up your glass. This compared with 36% of the 40-49 year old group and approximately 45% of the other groups who agreed with this view.

In the third set of attitude statements, the majority of men agreed with the first statement, believing it to be easy to set a limit and stick to it when drinking at the pub (9(c)). Again age differences occurred. Young men were more likely to feel pressures to keep up with mates when drinking at a pub. In both the youngest two groups 36% agreed with the statement expressing this opinion, compared to between 16% and 25% of the older groups. Because multiple responses were possible here, these differences could not be tested.

Men and women who were both drinkers and drivers were asked a question relating to their experience of social pressures to drive after drinking. They were asked to select from the following statements, the one closest to their own opinion.

(1) It's sometimes hard to admit that you'd rather not drive home after drinking, because it's like saying that you can't take your alcohol.

(2) When you are feeling under the influence after drinking, it's

an easy thing to admit to whoever you are with: "I'd rather not drive home".

Table 10 (a) presents the sex differences in attitude. More men than women chose the first attitude statement (24% versus 16%). This difference was significant.

Age differences in attitude were examined for the men. (10b). The age groups between 20 and 59 were similar in the proportions selecting each statement. In the 17-19 and 60-69 year old groups higher proportions believed it to be difficult to admit that "you'd rather not drive after drinking", but both these groups were too small for these proportions to be regarded as reliable population estimates.

6. Knowledge of the role of alcohol in crashes.

Respondents were not aware at the start of the interview that the questionnaire was specifically oriented towards drinking, but only that their driving habits and attitudes to traffic safety were being examined. To find out whether people were aware of the extent to which alcohol is involved in serious accidents, the first question asked in the interview was: "What would you say were the three most important factors contributing to serious traffic accidents?" and then "out of these, which do you see as the major cause?" Table 11 presents the sex and age differences in awareness of the importance of alcohol.

Women were more aware of the role of alcohol than men. Alcohol was not mentioned at all by 53% of the men and 45% of the women. It was included as an important factor, but not the major one, by 33% of men and 41% of women. Only 14% of both men and women viewed alcohol as the major contributor to serious traffic accidents.

Among men, age differences were not significant. Among women, there were significant age differences. The 30-39 year old group had the highest proportion (63%) referring to alcohol as an important contributor to serious crashes. This compared to 49% in the oldest two groups.

7. Knowledge of the effect of alcohol on driving ability.

Drivers who were also drinkers were asked: "If you personally were going to drive, what is the largest amount you think you could drink and still be safe to drive?" A time period of 60-90 minutes, with no food, was specified.

Table 12 presents the responses for 10oz middies of beer, 1oz nips of spirit, and standard glasses of wine. Approximately 50% of the men specified a 'safe' limit of between one and four middies of beer. 10% of the men gave five middies as their 'safe' limit, and 26% six or more. Only 10% of the men said that they did not know their 'safe' limit for drinking beer, whereas more than 33% said they did not know how many glasses of spirits, or glasses of wine they could drink and still be safe to drive.*

Fewer men specified a 'safe' limit of six or more for spirits and wine, than for beer. For beer, 26% gave this amount, compared to only 7% for spirits and 6% for wine.

There were very marked sex differences in amounts estimated as a 'safe' limit. Women were far more likely to give smaller amounts than men. One or two glasses of beer was specified by 34% of women as the most they could drink in 60-90 minutes and still be safe to drive. One or two glasses of spirit was the safe limit for 42% of women, and one or two glasses of wine for 52% of women.

The proportion of women who did not know their safe limit was greatest for beer at 31% and smallest for wine at 17%.**

For women the sample was too small to permit age comparisons. Table 13 presents the age differences for men in quantities of beer specified as their 'safe' limit. The 40-49 year old group stood out with 21% believing they could drink seven or more beers in a 60-90 minute period and still be safe to drive. By contrast, 10% of the 20-24 year olds specified this large quantity. The 40-49 year olds also had the highest proportion (16%) who did not know what their 'safe' limit was for beer.

Respondents were also asked how often they had driven after having more than the amount they had specified as their 'safe' limit. Table 14 presents the sex differences in response. These were very marked.

* This was undoubtedly a reflection of the fact that beer was the usual drink for men. A large majority of men said that beer was the alcoholic beverage they drank 'most often'.

** This was probably a reflection of the fact that wine was the usual alcoholic drink for women in the sample. A large majority of these women said that wine was the alcoholic beverage they drank 'most often'.

A large majority of women (76%) said that they never had. This compared with 29% of the men who said they never drove after more than their own 'safe' limit. 44% said they did so 'rarely' and 25% did so 'frequently' or 'occasionally'.

Table 15 presents the age differences for men. In every age group between 20 and 49, between 20% and 26% said that they had 'never' driven after having more than their own safe limit. This meant that approximately three-quarters of these men had at some stage driven when they had exceeded their own safe drinking limit. Although the majority said they did so rarely, between 23% and 33% of these men admitted doing so 'frequently' or 'occasionally'. The 25-29 year old group appeared to stand out with the highest proportion (33%) admitting driving after drinking more than their own 'safe' limit 'frequently' or 'occasionally'. By contrast, the oldest two groups each had only 17% in this category and 41% and 47% who said they had 'never' done so. But these age differences were not significant when tested.

8. Understanding of and attitudes to the Breathalyser legislation.

All respondents were reminded that a new law on drinking and driving had come into force in N.S.W. in December 1968. If they did not know what the law stated they were told that there is now a legal limit on the amount of alcohol a driver can have in his blood. They were then asked the value of this legal limit. Table 16 presents the proportion of all respondents aware of the value of the legal limit, by sex.

Marked sex differences occurred. The correct response of .08% was given by 39% of the men and only 15% of the women. Approximately 30% of the men and 60% of the women said that they did not know what the legal limit was.

For both men and women, there were no significant age differences in knowledge of the value of the legal limit.

When drinking-drivers only were considered, that is, drivers who reported driving after drinking at least sometimes, the proportions giving the correct value were higher, 44% of men, and 25% of women. (Table 17) But still, over half of the male and three-quarters of the female drinking-drivers gave the wrong value or said they did not know.

Those respondents who were drinkers were asked "What is the largest amount you could drink and still be below the legal limit?" They were asked to specify amounts for 10oz middies of beer, 1oz nips of spirit

and standard glasses of wine. Quantities of beer for men and wine for women are reported here in Tables 18 (a) and 18 (b).

For the men, 15% of drinkers thought they could reach the legal limit by drinking 1-2 beers in 60-90 minutes, with no food, 38% specified 3-4 beers, 12% five beers, and 11% six or more. 25% said they did not know. A high proportion of male drinkers were also drivers, and their estimates were significantly higher than those of the drinker non-drivers. For the women, 35% of drinkers thought they could reach the legal limit by drinking only 1-2 glasses of wine, 17% specified 3-4 glasses, and only 2% 5-6 glasses. No woman gave an amount greater than six glasses of wine. A large proportion of women drinkers, 38% said they did not know how many glasses of wine it would take for them to reach the legal limit. When women drinkers were divided into driver and non-driver groups, a much higher proportion of the latter group said they did not know.

Tables 19 (a) and 19 (b) present the age differences in the amounts that drinkers thought they could take and be below the legal limit. The male age groups were similar in the amounts specified. The 20-24 year olds had the highest proportion who thought they would reach the legal limit by drinking only 1-2 middies of beer in 60-90 minutes. In fact nearly 25% of these young men gave this small amount. Proportions who said they did not know ranged from only 9% of 20-24 year olds to between 10% and 30% of the older groups. However these age differences were not statistically significant. There were significant age differences among the women. For example women drinkers aged between 40 and 50 years were more likely than younger drinkers to say they did not know the largest amount of wine they could drink and be below the legal limit.

Table 20 presents a comparison between the largest amount drinkers thought they could take and be below the legal limit, and the largest amount they thought they could take and still be safe to drive.

For men, while similar proportions estimated between one and four beers for both criteria, more men estimated large quantities for their 'safe' limit, than for the legal limit criterion. While 11% of male drinker-drivers felt they could take six or more beers in 60-90 minutes with no food and be below the legal limit, 26% felt they could drink this quantity and still be safe to drive.

More women gave very low estimates for their 'safe' limit than for the legal limit. While 52% specified an amount of 1-2 glasses of wine for the former, only 40% gave this amount for the latter criterion.

Both men and women were more likely to say that they knew their 'safe' limit, than that they knew the amount they could drink and be below the legal limit.

To find out whether people disagreed with the principle behind the concept of a legal limit for drinking and driving, all respondents were presented with a pair of statements expressing opposing views and asked to select the statement closest to their own opinion, even if it was not exactly what they believed. Table 21 presents sex and age differences in the proportions selecting each statement.

There was more opposition to the legal limit concept from the men, than from the women. The view that you can't set a standard safe limit when it comes to drinking and driving because everyone's capacity varies was endorsed by 56% of men and 45% of women. Among men, age differences were observed but when tested, were not significant. Between 64% and 66% of the youngest three groups agreed with the view opposing the legal limit concept. This compared to 46% of the 50-59 year old group and between 52% and 56% of the other groups.

Age differences were not significant among women. Proportions supporting the view opposing the legal limit concept ranged from a low of 42% in the 30-39 year old group to 53% in the 25-29 year old group.

Another pair of statements was presented to all respondents to find out if people understood the scientific basis for the legal limit of a BAC of .08%. Respondents were again asked to choose the statement closest to their own belief. Table 22 presents sex and age differences in the proportions agreeing with each statement.

Men were more likely than women to believe that some drivers are just as safe with a BAC equivalent to the legal limit, as when they are sober. This view was endorsed by 49% of men compared to only 38% of women.

Age differences for the men were not significant. For women, age differences were significant. 58% of the 17-19 year olds, 48% of the 20-24 year olds and 46% of the 40-49 year olds believed some drivers were just as safe with a BAC of .08% as when they were sober. By contrast between 30% and 36% of the other groups agreed with this view.

All respondents were asked if they thought the Breathalyzer was a good test of blood alcohol concentration. 65% of men and 63% of women thought it was, 15% of men and 9% of women thought it was not a good

test of BAC, and 20% of men and 26% of women said they did not know.

All respondents were then asked if they thought the Breathalyser was a good test of fitness to drive after drinking. Table 23 presents sex and age differences in response. 46% of men and 53% of women answered 'yes', 41% of men and 26% of women answered 'no' and 13% of men and 20% of women said they did not know. These sex differences were significant.

An age effect was quite clear for both sexes. As age increased, there was a decrease in the proportion who felt the breathalyser was not a good test of fitness to drive after drinking. Approximately 50% of the youngest three male groups (17-19; 20-24; 25-29) expressed this opinion compared to approximately 40% of the middle age groups (30-39; 40-49) and only 30% of the oldest two groups (50-59; 60-69).

Among women, the 20-24 and 25-29 year olds were far more likely to believe that the breathalyser was not a good test of fitness to drive, with 47% and 43% respectively expressing this opinion. This compared with 25% of the 30-39 year olds and only 5% of 60-69 year olds. As well, there was a marked increase with age in proportions saying they did not know.

All respondents were asked their attitude to the introduction of random breath testing "where the police would have the power to stop anyone and give the driver a breath test, whether he exhibits erratic driving or not". Table 24 presents the sex differences in attitude to random breath testing.

Men were more likely to oppose its introduction than women. Of the men, 38% were in favour of its introduction, 55% were against, and 7% were undecided. The corresponding proportions for women were 46% in favour, 45% against and 9% undecided.

Among both men and women, age differences were not significant.

One question related indirectly to perceived risk of arrest for drinking and driving. All respondents were asked if they knew of anyone who had had to submit to a breath test. Table 25 presents the sex and age differences in response.

29% of the men and 17% of the women knew of at least one person who had had a breath test.

There was a very marked age effect for both men and women. As age increased from 20 years onwards, there was a decrease in the proportion knowing someone who had had a breath test. While 44% of the 20-24 year

old group said they knew of someone, only 18% of the 60-69 year old group did. Corresponding proportions for women were 30% and 4%.

Drivers who were also drinkers were asked if the Breathalyser legislation had changed their own drinking and driving habits. 80% of the men said that it had not changed them. Age differences were examined for the men. They were not significant. At least three-quarters of every male age group said that the Breathalyser had not changed their drinking and driving habits. Furthermore the corresponding proportion for male drinking drivers (that is, those who admitted to driving after drinking at least sometimes,) was 79%.

DISCUSSION

Drinking and driving customs.

The present survey has shown that drinking and driving norms clearly exist in the community. There is a good deal of evidence that these two activities are combined very frequently. Driving after drinking appears to be typical behaviour for men. A large majority of the male population, at least sometimes, drive after they have been drinking. A sizeable proportion of male drivers of every age drink at places away from home at least once a week, and most of these men drive themselves home afterwards. By contrast, driving after drinking is not typical behaviour for women. Women drivers drink at places away from home less often than men, and when they do, they are most likely to be driven home by someone else. This is the usual practice, despite the fact that these women are licensed drivers and that they probably have drunk less than their male companions. Alternative methods of transport home, such as taxis and public transport, are rarely used.

The present survey also showed that people are aware of these norms. Driving after drinking is regarded as normal behaviour for men, by men and women alike. A large majority of both men and women said that nearly all or most of their male friends drive after drinking, while a few or none of their female friends do so.

The important thing about the existence of these norms, and peoples awareness of them, is that they are continually shaping behaviour by providing a background of subtle social pressure encouraging driving after drinking. It becomes difficult or costly for a person to deviate from what is considered to be normal behaviour in a particular situation.

It is quite clear that any attempt to reduce alcohol-involved accidents by reducing the incidence of drinking and driving in the community will come into direct conflict with social custom. This is probably the main reason propaganda attempts to separate drinking and driving have failed. Pleas for drinking-drivers to 'leave your car at home', 'call a cab' or 'get your wife to drive' are obviously falling on deaf ears.

The amount a person drinks before driving is of greater consequence to his risk of crashing than the fact that he drinks before driving. Most drinking and driving laws, including the breathalyser legislation, allow for the fact that people will drive after drinking. The aim of such laws is to provide guidelines for responsible drinking and driving. Instead of trying to reduce the number of drinking-drivers on the roads, the law is an attempt to get drivers to limit their alcohol consumption to a level unlikely to result in serious impairment of driving ability.

The frequency and quantity of alcohol consumption by different groups in the community will be examined in detail in a subsequent report on drinking and driving behaviour. However the early analysis of data has yielded some qualitative information which indicates that not only is driving after drinking a common activity, but irresponsible drinking and driving is prevalent among men. In fact, a large proportion of men, especially young men, regard it as normal behaviour.

Nearly 50% of male drivers who were also drinkers admitted to having driven after drinking too much. Very few women admitted to having done so. Young drivers between the ages of 20 and 29 years were most likely to say they had driven after drinking too much.

Driving after drinking too much is regarded as normal male behaviour by a large proportion of men. Nearly 25% of men said that nearly all, or most, of their male friends would drive after drinking too much. Young men between the ages of 20 and 29 were most likely to regard such 'irresponsible' drinking and driving as normal behaviour. Further evidence of the frequency of irresponsible drinking and driving in the community is provided by the fact that nearly 2/3 of male drivers who were also drinkers said that they had at some stage driven after drinking more than an amount specified as their own 'safe' limit, and for many of them this was not an isolated occurrence.

So again, any attempt such as the Breathalyser to reduce the incidence of 'irresponsible' drinking and driving in the community will come into

conflict with group norms, less widespread, admittedly, than those encouraging drinking and driving, but clearly a force shaping the behaviour of a large proportion of men.

The survey provided evidence of direct social pressures to drink and drive in particular social situations such as a party or at the pub. Nearly 50% of men said that people filling up your glass made it difficult to limit your drinks at a party. Young men between 25 and 29 appeared to be most vulnerable to this sort of pressure. A large proportion of men, especially young men under 25 years, experienced pressures to keep up with mates when drinking at the pub. Nearly 25% of male drivers who were also drinkers experienced social pressures to drive after drinking. They believed that to admit that you'd rather not drive home after drinking was a reflection of your inability to hold your alcohol. Fewer women in this category held such a view. These sorts of social pressures ensure that the custom of driving after drinking relatively large amounts of alcohol will persist in certain sections of the male population.

Attitudes to drinking and driving were consistent with reported behaviour. Apparently most people find some measure of driving after drinking quite acceptable. Very few men and only one in five women believe that you should never drive after drinking. While the majority of men and women expressed the belief that it was all right to drive only after a couple of drinks, a relatively restrictive attitude, a large proportion of men and women expressed the more permissive attitudes that 'it is all right to drive after drinking provided you drive slowly', or 'provided you can hold your alcohol'. Here the criterion is not the amount drunk but rather the individual's ability to handle himself after drinking. These attitudes are in opposition to the concept of a standard safe limit and are an indication of the degree of ego-involvement felt by many men on the question of driving after drinking. Prowess is important. Such ego-involved attitudes are notoriously resistant to change through education. The failure to increase seat belt wearing through propaganda outlining the safety value of seat belts is a clear demonstration of this.

Public ignorance of the scientific facts.

We will know more about these drinking and driving customs and the reasons for their persistence as more of the survey data are analysed. However early findings point to at least one important influence on

social attitudes to drinking and driving: ignorance of the scientific facts on alcohol and driving impairment. Research has demonstrated that alcohol is one of the major factors contributing to serious traffic crashes. Studies here and overseas show that, as an overall generalization, over 50% of fatal and up to 70% of single-vehicle fatal accidents are attributable to alcohol.⁴ The present survey revealed widespread public ignorance of this fact, and this ignorance would help perpetuate a social environment which encourages driving after drinking and tolerates even some measure of 'irresponsible' drinking. This wide knowledge gap can be attributed to inadequate crash statistics based on very limited information on the blood alcohol concentrations of drivers who are killed or injured*. This lack of information at the official level has resulted in poor publicity in the media for the role of alcohol in a particular newsworthy crash.

The survey has demonstrated a similar need to educate people on the effect of alcohol on driving ability. Research has shown that a BAC of .05% results in significant impairment of driving ability for many people, and that the average person would reach this level by drinking 3-4 10 oz glasses of beer in a period of one hour without food. A BAC of .08% results in impairment of driving ability for all individuals, even experienced highly skilled drivers, and is associated with a risk of serious accident twice that for the sober driver. A .08% level would be reached by the average person by drinking five 10 oz glasses of beer in one hour without food. Persons of light weight, or physically unfit, would reach blood alcohol levels inconsistent with safe driving after fewer drinks than this. Inexperienced drinkers and those whose driving skill was poor would be unsafe to drive at lower BACs, and so would be unsafe to drive after fewer drinks than the more experienced or more skilful drinking-driver.^{5,6}

While approximately 50% of men in the survey sample specified 'safe' limits consistent with the known facts, it is clear that many men were overestimating the amount of beer they could drink and still be safe to drive. Nearly 25% of male drivers who were also drinkers specified six or more drinks in 60-90 minutes as their 'safe' limit. This level of alcohol consumption would be incompatible with safe driving for many of these men, even allowing for individual differences in build, drinking experience and driving skill. Women were more likely to give realistic

* At present in N.S.W. where an injured driver is taken to hospital, information on his BAC is not available to the Department of Motor Transport. Where a driver is killed, his BAC is taken post mortem, and the information forwarded to the Department, only where a coroner has specifically requested it for the inquest.

safe limits, bearing in mind their generally smaller build, and less drinking and driving experience.

It could be argued perhaps that the conditions of 60-90 minutes without food, depict an artificial drinking situation, and therefore people could not be expected to know the amount they could drink and still be safe to drive, and even if they did know, it would have no relevance to their normal drinking and driving experience. However these are drinking conditions familiar to many men who drink at pubs. At a pub, alcohol is rarely taken with food, and the present survey has shown that the majority of drivers usually stay at a pub between one and two hours and drive home immediately afterwards.

Whether or not knowledge of the effect of alcohol on driving ability, or knowledge of the role of alcohol in serious crashes, will directly influence an individual's drinking and driving behaviour, is another issue. Preliminary information suggests that it won't. 20-24 year old males in the sample had one of the highest proportions aware of the role of alcohol, yet they also had the highest proportion (nearly two-thirds) who admitted to driving after drinking too much. Similarly men aged 25-29 years on the whole specified drinking limits consistent with safety. However one in three of these men admitted to driving after drinking more than their safe limit 'frequently' or 'occasionally'. Clearly for these men, knowledge of the limit of alcohol consumption compatible with safe driving was not a big influence on their actual behaviour.

It may be that for some men the credibility gap will be impossible to bridge. On the one hand, a driver is faced with the scientific facts that six middies of beer in an hour will produce a blood alcohol concentration greater than .08%, a level which is incompatible with safe driving, and doubles a driver's risk of serious accident. On the other hand, he knows he has driven on a number of occasions after drinking a similar amount and arrived home without accident or even a near miss. And many of his friends have done the same. His own past experience is likely to be more an influence on his drinking-driving behaviour than statistics, no matter how convincingly presented. A parallel exists with seat belt usage in the community. Whereas knowledge of the safety value of seat belts gleaned from scientific reports and statistics often failed to influence wearing habits, personal experience of their safety value from involvement in an accident or near miss was much more likely to make an ardent seat belt wearer.

However, it is very important to increase public awareness of the facts.

As more people become aware of the relationship between alcohol and driving impairment, there will be a reduction in the social pressures on an individual who chooses to limit his drinking or refrain from driving after drinking in a particular situation. There should also be a corresponding increase in social pressures to curb irresponsible drinking and driving.

The Breathalyser legislation: public ignorance and opposition.

Preliminary results indicate that awareness of and understanding of the breathalyser legislation is at a very low level in the community. What is even more important, knowledge among drinking-drivers is at a low level, and these are the very people whose behaviour the law was designed to influence. There is also evidence of widespread opposition to the law, especially among young men. Results reported here suggest that ignorance and misinterpretation of the law may be contributing to this opposition.

An important finding was that apart from the nearly 25% of male drinkers who did not know the most they could drink and be below the legal limit, a large proportion of men and women specified quite small quantities of alcohol. Many of these people would have been underestimating the amount they could drink without fear of prosecution. As reported earlier, research has shown that to reach a BAC of .08%, the average person would need to drink five 10 oz middies of beer in one hour, without food. Six beers drunk under the same conditions would be likely to result in a BAC of .10%. In the present sample, one to three middies of beer was specified by 33% of male drinkers as the most they could drink in 60-90 minutes without food, and be below the legal limit. Only 11% of men specified amounts of six or more middies of beer.

This sort of underestimation might not be a bad thing if the legal limit were actually influencing people's drinking and driving behaviour. However, what evidence we have, suggests that it is not. The amounts specified by men as the most they could drink and be below the legal limit tended to be less than the amounts they felt they could drink and still be safe to drive. And many of these men admitted to driving after drinking more than their 'safe' limits. For example, among 20-24 year olds, 41% specified one to three middies of beer as the most they could drink and be below the legal limit. Only 28% gave this quite small quantity as their own 'safe' limit. Again, while only 15% thought that six or more middies would result in a BAC below the legal limit, 24% thought they could drive safely after drinking this amount. Similar differences occurred in the amounts given by the 25-29 year old men.

These two male age groups were found to have very high proportions opposing the Breathalyser legislation. They were more likely than the older men to believe that the Breathalyser was not a good test of fitness to drive after drinking. A large majority of men aged 17-29 years (in fact nearly 2/3) believed that you can't set a standard safe limit when it comes to drinking and driving because everyone's capacity varies. Nearly 2/3 of the youngest age group (17-19 years), and about half of the 20-29 year olds endorsed the opinion that some drivers are just as safe at .08% as when sober. These findings indicated widespread ignorance among young men of the scientific basis for the legal limit of .08%. Similar ignorance, though less widespread, was revealed among older men, and women of all ages.

What seems to be happening is that many men are resentful of a law which they see as setting an unrealistic limit on drinking, a limit which is far below what they believe to be their own 'safe' limit. What many of them are doing is underestimating the amount of alcohol needed to reach a BAC of .08%, while overestimating the amount they themselves can drink and still be safe to drive. They are ignorant of the relationship between amount of alcohol drunk, blood alcohol concentration and driving impairment and so fail to understand the scientific basis for the legal limit of .08%. And this lack of understanding is likely to be contributing significantly to the opposition to the Breathalyser legislation revealed by the survey.

Whether or not the Breathalyser legislation is acting as an effective deterrent in spite of this widespread ignorance and opposition is doubtful. Firstly, the majority of men of all ages said that the Breathalyser legislation had not changed their drinking and driving habits. Secondly, 20-24 year old men were far more likely than older men to know of someone who had had a breath test. In fact nearly 50% of these young men knew of someone who had had a breath test. This is consistent with the fact that, of drivers breathalysed in N.S.W. in the first three months of 1972, 40% were 20-24 year old men. These men were overrepresented on the basis of their proportion in the licenced population. One can not conclude from these two facts that young men are more likely to drive after drinking than older men, or that they are likely to drive more recklessly after drinking, but simply that they are more likely to be apprehended. However, what the above findings do suggest is that young men in this age group should view the chance of arrest for drinking and driving as high, and so be deterred. This does not seem to be happening. The survey also showed that these young men along with 25-29 year olds, were the groups most likely to admit to irresponsible drinking and driving.

SUMMARY AND CONCLUSIONS

The survey results reported here indicate that existing social controls are operating to encourage the practice of driving after drinking, rather than curb it. There is clear evidence that this is typical behaviour for men but not for women. Seven out of ten men and only two out of ten women in the community could be regarded as 'drinking-drivers'. Young men between the ages of 20 and 29 years have even higher proportions of 'drinking-drivers'.

While irresponsible drinking and driving is much less widespread, it seems to be prevalent among certain groups, especially among young men between the ages of 20 and 29 years. Among these groups, not only would there be pressure to drive after drinking, but to drive after drinking relatively large quantities of alcohol.

We need to know more about these drinking and driving customs before any firm conclusions are drawn on the reasons for their persistence, and the best way to bring about some change. However present evidence points to at least one factor which is likely to be an important influence on social attitudes to drinking and driving, and so indirectly on the incidence of irresponsible drinking and driving in the community. There is clearly a wide gap existing between what are the established facts on the relationship between alcohol and driving impairment and what the general public believe. Related to this is the widespread lack of understanding of the Breathalyser legislation, and opposition to it, especially among young men.

This knowledge gap needs to be bridged. An increase in public awareness of the facts of alcohol and driving impairment will not result in a dramatic drop in the incidence of alcohol-involved crashes in the community, with a mass rush to behave in accordance with the law. What it will do is to bring about a growth in social pressures to curb irresponsible drinking and driving. A better informed public will be more likely to provide social controls on drinking and driving that will reinforce existing legal controls. In the long term this should result in a change in customary behaviour relating to drinking and driving in the community.

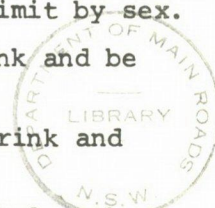
REFERENCES

1. Encel, S, and Kotowicz, K. (1970), Heavy Drinking and Alcoholism: Preliminary Report, Medical Journal of Australia, 1:607
2. Asch, S.E. (1956), Studies of independence and conformity. A minority of one against a unanimous majority. Psychological Monographs, 70(9), Whole No. 416
3. Sheppard, D. (1968), The 1967 Drink and Driving Campaign - A Survey Among Drivers, Report No. LR230 Road Research Laboratory.
4. Henderson, M. (1971), Human Factors in Traffic Safety: A Reappraisal, Report No. 1/71 Traffic Accident Research Unit, Department of Motor Transport, N.S.W.
5. Alcohol and Highway Safety (1968) A Report to the Congress from the Secretary of Transportation, Washington, D.C.
6. Rankin, J.G. (1967). The Effects of Alcohol on Driving Efficiency, Medical Journal of Australia, 2:718.

APPENDIX

LIST OF TABLES

1. Frequency of driving after drinking by sex.
- 2a. Drinker-driver classification by age - males.
- 2b. Drinker-driver classification by age - females.
3. Whether driven after drinking too much by age - males.
4. Frequency of drinking at specified places by sex.
- 5a. Frequency of drinking at home by age - males.
- 5b. Frequency of drinking at the pub by age - males.
- 5c. Frequency of drinking at a club by age - males.
- 5d. Frequency of drinking at friend's place and party by age - males.
- 5e. Frequency of drinking at a restaurant and recreational activity by age - males.
6. Usual method of transport home after drinking at specified places by sex.
- 7a. Proportion of male friends who drive after drinking too much by age - males.
- 7b. Proportion of male friends who drive after drinking too much by age - females.
8. Attitudes to drinking and driving by sex.
- 9a,b,c. Experience of social pressure to drink by age - males.
- 10a. Experience of social pressure to drive after drinking by sex.
- 10b. Experience of social pressure to drive after drinking by age - males.
11. Whether alcohol considered to be an important contributor to serious crashes by sex and age.
12. Largest amount of beer, spirits and wine that drivers think they can drink and still be safe to drive by sex.
13. Largest amount of beer drivers think they can drink and still be safe to drive by age - males.
14. Frequency of driving after drinking more than the amount specified as a 'safe' limit by sex.
15. Frequency of driving after drinking more than the amount specified as a 'safe' limit by age - males.
16. Knowledge of the value of the legal limit by sex.
17. Knowledge among drinking drivers of the value of the legal limit by sex.
- 18a. Largest amount of beer that male drinkers think they can drink and be below the legal limit.
- 18b. Largest amount of wine that female drinkers think they can drink and be below the legal limit.
- 19a. Largest amount of beer drinkers think they can drink and be below the legal limit by age - males.
- 19b. Largest amount of wine drinkers think they can drink and be below the legal limit by age - females.



20. A comparison of the largest amount drinkers think they can drink and be below the legal limit, with the largest amount they think they can drink and still be safe to drive.
21. Views on the validity of the legal limit concept by sex and age.
22. Views on the crash risk associated with a BAC equivalent to the legal limit by sex and age.
23. Views on whether the Breathalyser is a good test of fitness to drive after drinking by sex and age.
24. Attitude to the introduction of random breath testing by sex.
25. Whether know of anyone who has had a breath test by sex and age.

TABLE 1: FREQUENCY OF DRIVING AFTER DRINKING BY SEX.

SEX	N	FREQUENCY OF DRIVING AFTER DRINKING (% of N)			
		FREQUENTLY	OCCASIONALLY	RARELY	NEVER
MALES	459	19	33	36	12
				88	
FEMALES	225	2	13	36	49
				51	
TOTAL	684	13	26	36	25
				75	

*

2x4 table analysed, found significant at 0.1% level.

Note: Proportions will not always add to 100 because of rounding off of individual cell proportions.

* For all tables, dotted lines indicate the structure of the contingency table analysed.

TABLE 2 (a) : DRINKER-DRIVER CLASSIFICATION BY AGE - MALES.

AGE	N	DRINKER-DRIVER CLASSIFICATION (% of N)				
		DRINKER-DRIVER		DRINKER- NON-DRIVER	NON-DRINKER DRIVER	NON-DRINKER NON-DRIVER
		WHO DRIVES AFTER DRINKING	WHO NEVER DRIVES AFTER DRINKING			
17-19	41	54		27	15	5
		44	10			
20-24	70	83		9	9	-
		79	4			
25-29	73	89		4	7	-
		86	3			
30-39	131	80		11	10	-
		72	8			
40-49	130	85		9	6	-
		75	10			
50-59	92	76		14	8	2
		59	17			
60-69	55	56		24	13	9
		49	7			
TOTAL	592	78		12	9	2
		69	9			

7x4 table analysed, found significant at 0.1% level.

TABLE 2 (b): DRINKER-DRIVER CLASSIFICATION BY AGE - FEMALES.

AGE	N	DRINKER-DRIVER CLASSIFICATION (% of N)				
		DRINKER-DRIVER		DRINKER- NON-DRIVER	NON-DRINKER DRIVER	NON-DRINKER NON-DRIVER
		WHO DRIVES AFTER DRINKING	WHO NEVER DRIVES AFTER DRINKING			
17-19	31	29		45	6	19
		13	16			
20-24	79	43		38	6	13
		29	14			
25-29	70	42		36	16	7
		29	13			
30-39	118	53		28	14	4
		27	26			
40-49	124	42		35	10	14
		19	23			
50-59	107	28		42	11	19
		11	17			
60-69	76	12		36	8	45
		5	7			
TOTAL	605	38		36	11	16
		20	18			

7x4 table analysed, found significant at 0.1% level.

TABLE 3: WHETHER DRIVEN AFTER DRINKING TOO MUCH BY AGE - MALES.

AGE	N	WHETHER DRIVEN AFTER DRINKING TOO MUCH (% of N)	
		YES	NO
17-19	22	41	59
20-24	58	62	38
25-29	65	62	38
30-39	104	52	48
40-49	110	47	53
50-59	70	30	70
60-69	30	30	70
TOTAL	459	48	52

5x2 table analysed, found significant at 0.1% level.

TABLE 4: FREQUENCY OF DRINKING AT SPECIFIED PLACES BY SEX.

PLACE	SEX	N	FREQUENCY OF DRINKING (% of N)							
			1+/DAY	NEARLY EVERY DAY	3-4/ WEEK	1-2/ WEEK	2-3/ MONTH	ABOUT 1/MONTH	<1/MONTH BUT AT LEAST 1/YEAR	<1/YEAR
PUB	M	459	8	4	6	21	11	11	16	23
	F	225	-	-	-	4	5	6	19	65
CLUB	M	459	3	1	4	19	11	17	24	21
	F	225	-	-	-	8	6	14	45	25
FRIEND'S PLACE	M	459	-	-	1	12	11	24	33	19
	F	225	-	-	-	8	12	25	33	22
RESTAURANT	M	459	1	-	1	4	4	12	28	51
	F	225	-	-	-	4	5	11	43	37
PARTY	M	459	-	-	-	2	3	14	58	23
	F	225	-	-	-	-	3	12	56	28
RECRE- ATIONAL ACTIVITY	M	459	-	-	-	2	4	10	29	54
	F	225	-	-	-	1	2	3	26	68
OWN HOME	M	459	21	5	11	26	9	11	9	8
	F	225	17	4	5	27	12	12	14	8

TABLE 5 (a): FREQUENCY OF DRINKING AT HOME BY AGE - MALES.

AGE	N	FREQUENCY OF DRINKING AT HOME (% of N)							
		1+/DAY	NEARLY EVERY DAY	3-4/ WEEK	1-2/ WEEK	2-3/ MONTH	ABOUT ONCE A MONTH	<1/MONTH BUT AT LEAST 1/YEAR	<1/YEAR
17-19	22	-	5	-	27	23	23	14	9
20-24	58	9	2	12	26	9	17	12	14
25-29	65	18	6	9	32	11	11	8	5
30-39	104	24	3	16	22	12	7	9	8
40-49	110	32	5	10	26	5	7	9	5
50-59	70	23	7	9	27	6	11	9	9
60-69	30	17	7	10	23	7	13	10	13
TOTAL	459	21	5	11	26	9	11	9	8

5x7 table analysed, association not significant.

TABLE 5 (b): FREQUENCY OF DRINKING AT THE PUB BY AGE - MALES.

AGE	N								
		1+/DAY	NEARLY EVERY DAY	3-4/ WEEK	1-2/ WEEK	2-3/ MONTH	ABOUT ONCE A MONTH	<1/MONTH BUT AT LEAST 1/YEAR	<1/YEAR
17-19	22	5	-	18	41	18	14	-	5
20-24	58	9	-	7	24	14	19	12	16
25-29	65	5	2	8	29	11	17	15	14
30-39	104	3	3	8	23	10	10	20	24
40-49	110	15	6	5	14	7	14	18	22
50-59	70	6	9	3	23	14	-	13	31
60-69	30	13	-	-	3	13	3	20	47
TOTAL	459	8	4	6	21	11	11	16	23

5x7 table analysed, found significant at 1% level.

TABLE 5 (c): FREQUENCY OF DRINKING AT A CLUB BY AGE - MALES.

AGE	N	FREQUENCY OF DRINKING AT A CLUB (% of N)							
		1+/DAY	NEARLY EVERY DAY	3-4/ WEEK	1-2/ WEEK	2-3/ MONTH	ABOUT ONCE A MONTH	<1/MONTH BUT AT LEAST 1/YEAR	<1/YEAR
17-19	22	-	-	-	5	5	14	50	28
20-24	58	4	-	2	14	10	22	26	22
25-29	65	2	2	3	20	11	29	17	17
30-39	104	1	2	5	21	12	12	33	15
40-49	110	7	-	6	25	9	16	16	20
50-59	70	3	3	3	14	13	13	27	24
60-69	30	3	3	10	20	13	13	10	27
TOTAL	459	3	1	4	19	11	17	24	21

5x5 table analysed, association not significant.

TABLE 5(d): FREQUENCY OF DRINKING AT FRIEND'S PLACE AND PARTY BY AGE - MALES.

AGE	N	FREQUENCY OF DRINKING AT FRIENDS' (% of N)					FREQUENCY OF DRINKING AT A PARTY (% of N)				
		1-2+/ WEEK	2-3/ MONTH	1/MONTH BUT AT LEAST 1/YEAR	<1/MONTH BUT AT LEAST 1/YEAR	<1/YEAR	1-2+/ WEEK	2-3/ MONTH	1/MONTH BUT AT LEAST 1/YEAR	<1/MONTH BUT AT LEAST 1/YEAR	<1/YEAR
17-19	22	-	18	45	18	18	9	18	55	14	5
20-24	58	17	9	31	28	16	5	2	24	62	7
25-29	65	25	23	22	23	8	3	5	22	65	6
30-39	104	16	16	19	34	14	1	5	9	64	21
40-49	110	11	5	28	35	21	-	1	9	64	27
50-59	70	4	4	14	49	29	-	-	4	53	42
60-69	30	10	7	17	30	36	-	-	-	43	57
TOTAL	459	13	11	24	33	19	2	3	14	58	23

5x5 table analysed, significant at 0.1% level.

5x3 table analysed, significant at 0.1% level.

TABLE 5 (e): FREQUENCY OF DRINKING AT A RESTAURANT AND RECREATIONAL ACTIVITY BY AGE - MALES.

AGE	N	FREQUENCY OF DRINKING AT RESTAURANT (% of N)					FREQUENCY OF DRINKING AT RECREATIONAL ACTIVITY. (% of N)				
		1-2+/ WEEK	2-3/ MONTH	1/MONTH BUT AT LEAST 1/YEAR	<1/MONTH BUT AT LEAST 1/YEAR	1/YEAR	1-2+/ WEEK	2-3/ MONTH	1/MONTH BUT AT LEAST 1/YEAR	<1/MONTH BUT AT LEAST 1/YEAR	<1/YEAR
17-19	22	-	-	9	32	59	5	23	23	27	41
20-24	58	2	7	24	36	31	3	3	17	38	38
25-29	65	13	3	15	34	35	5	9	14	38	34
30-39	104	10	6	11	29	45	3	4	9	35	52
40-49	110	4	3	12	25	57	1	5	10	25	59
50-59	70	2	-	4	25	69	1	1	1	19	77
60-69	30	-	7	-	13	80	7	-	7	7	80
TOTAL	459	6	4	12	28	51	2	4	10	29	54

5x3 table analysed, significant at 0.1% level.

5x3 table analysed, significant at 0.1% level.

TABLE 6: USUAL METHOD OF TRANSPORT HOME AFTER DRINKING AT SPECIFIED PLACES BY SEX.

PLACE	SEX	N*	USUAL METHOD OF TRANSPORT HOME (% of N)					
			MOTOR VEHICLE DRIVEN BY SELF	MOTOR VEHICLE DRIVEN BY SOMEONE ELSE	PUBLIC TRANSPORT	TAXI	WALK	OTHER
PUB	M	359	59	8	8	1	24	-
	F	79	10	70	8	5	6	1
CLUB	M	373	70	16	3	3	5	3
	F	175	16	76	1	3	3	1
FRIEND'S PLACE	M	378	77	10	1	2	7	3
	F	176	20	67	2	2	7	-
PARTY	M	364	73	14	2	5	2	4
	F	167	19	74	1	3	1	2
RESTAURANT	M	235	74	8	6	6	4	2
	F	148	7	80	6	3	4	-
RECRE- ATIONAL ACTIVITY	M	225	75	12	6	2	2	3
	F	75	8	83	-	4	3	3

Six 2x3 tables analysed, all found significant at 0.1% level.

*N here refers to the number of drivers who are also drinkers, who drink at the specified place at least once a year.

TABLE 7 (a): PROPORTION OF MALE FRIENDS WHO DRIVE AFTER DRINKING TOO MUCH BY AGE - MALES.

AGE	N	PROPORTION OF MALE FRIENDS WHO WOULD DRIVE AFTER DRINKING TOO MUCH. (% of N)					
		NEARLY ALL	MOST ($>\frac{1}{2}$)	SOME ($<\frac{1}{2}$)	A FEW	NONE	DK/NS
17-19	41	12	7	27	29	24	1
		19			53		
20-24	70	20	13	19	36	14	-
		33			50		
25-29	73	15	27	14	34	8	2
		42			42		
30-39	131	7	12	18	40	18	5
		19			58		
40-49	130	9	11	14	38	26	2
		20			64		
50-59	92	4	13	10	45	27	1
		17			72		
60-69	55	-	7	15	27	38	11
		7			65		
TOTAL	592	10	13	18	39	19	1
		23			58		

7x3 table analysed, found significant at 0.1% level.

TABLE 7 (b) : PROPORTION OF MALE FRIENDS WHO DRIVE AFTER DRINKING TOO MUCH BY AGE - FEMALES.

AGE	N	PROPORTION OF MALE FRIENDS WHO WOULD DRIVE AFTER DRINKING TOO MUCH. (% of N)					
		NEARLY ALL	MOST ($>\frac{1}{2}$)	SOME ($<\frac{1}{2}$)	A FEW	NONE	DK/NS
17-19	31	-	10	6	35	45	4
		10			80		
20-24	79	11	14	14	35	24	2
		25			59		
25-29	70	9	17	23	20	31	-
		26			51		
30-39	118	8	12	14	40	25	-
		20			65		
40-49	124	7	10	10	40	31	2
		17			71		
50-59	107	3	5	6	31	55	-
		8			86		
60-69	76	-	3	5	12	72	8
		3			84		
TOTAL	605	8	11	15	40	26	-
		19			66		

7x3 table analysed, found significant at 0.1% level.

TABLE 8: ATTITUDES TO DRINKING AND DRIVING BY SEX.

ATTITUDE STATEMENT	PERCENTAGE AGREEING (% of N)		
	MALES	FEMALES	TOTAL
(1) It's all right to drive when you have had too much to drink.	1	-	-
(2) It's all right to drive when you have had too much to drink, provided you take it easy and drive slowly.	9	6	7
(3) It's all right to drive after drinking, provided you can hold your alcohol.	34	26	30
(4) It's all right to drive after drinking, provided you've only had a couple of drinks.	46	49	48
(5) You should never drive after drinking.	11	19	15
NUMBER OF RESPONDENTS (N)	592	605	1197

4x2 table analysed, found significant at 0.1% level.

EXPERIENCE OF SOCIAL PRESSURE TO DRINK BY AGE - MALES.

TABLE 9(a): How does limiting drinks affect enjoyment?

ATTITUDE STATEMENT	AGE (% of N who Agree)							TOTAL
	17-19	20-24	25-29	30-39	40-49	50-59	60-69	
1. It tends to interfere with your enjoyment at a pub or party if you have to limit your drinks.	36	36	26	26	32	19	28	28
2. If you limit yourself to a set number of drinks at a pub or party, it doesn't affect your enjoyment.	58	63	74	72	66	77	70	69
DK/NS	6	2	-	2	2	3	2	3
NUMBER OF DRINKERS (N)	33	64	68	118	122	83	43	531

2x7 table analysed^{*}, association not significant

TABLE 9(b): Is it difficult to limit drinks at a party?

ATTITUDE STATEMENT	AGE (% of N who Agree)							TOTAL
	17-19	20-24	25-29	30-39	40-49	50-59	60-69	
1. It's very difficult to remember how much you've had to drink at a party because people keep filling up your glass.	61	47	62	45	36	42	47	46
2. It's an easy thing to do to set a limit at a party and stick to it.	39	53	38	54	62	54	53	53
DK/NS	-	-	-	1	2	3	-	1
NUMBER OF DRINKERS (N)	33	64	68	118	122	83	43	531

2x7 table analysed^{*}, found significant at 5% level.

* These tables were analysed using the original frequencies because of the exclusion of the DK/NS category.

TABLE 9(c): Pub Pressures.

ATTITUDE STATEMENT	AGE (% of N who Agree)							
	17-19	20-24	25-29	30-39	40-49	50-59	60-69	TOTAL
1. When you go to the pub * it's an easy thing to do to set yourself a limit and stick to it.	42	59	53	64	65	59	63	60
2. When you go to the pub, it's often quite difficult to limit your drinks, because you are expected to keep up with your mates - or a client/customer.	36	36	22	25	22	25	16	25
3. When you go to the pub, it's often quite difficult to limit your drinks, because it's hard to remember how much you've had to drink when you're having a good time.	18	11	26	11	9	17	21	15
DK/NS	9	-	1	3	5	4	-	3
NUMBER OF DRINKERS (N)	33	64	68	118	122	83	43	531

* Column totals will not equal 100, because in C, respondents could agree with both 2 and 3.

Because multiple responses were possible, these age differences could not be tested.

TABLE 10 (a): EXPERIENCE OF SOCIAL PRESSURE TO DRIVE AFTER DRINKING BY SEX.

ATTITUDE STATEMENT	% of N AGREEING		
	MALES	FEMALES	TOTAL
1. It's sometimes hard to admit you'd rather not drive home after drinking because it's like saying you can't take your alcohol.	24	16	21
2. When you are feeling under the influence after drinking, it's an easy thing to admit to whoever you are with: "I'd rather not drive home".	72	81	75
DK/NS	5	5	4
NUMBER OF DRIVERS WHO ARE ALSO DRINKERS	459	225	684

2x2 table analysed, found significant at 2.5% level.

TABLE 10 (b): EXPERIENCE OF SOCIAL PRESSURE TO DRIVE AFTER DRINKING BY AGE - MALES.

ATTITUDE STATEMENT								
	17-19	20-24	25-29	30-39	40-49	50-59	60-69	TOTAL
1. It's sometimes hard to admit you'd rather not drive home after drinking because it's like saying you can't take your alcohol.	41	24	20	25	22	19	33	24
2. When you are feeling under the influence after drinking, it's an easy thing to admit to whoever you are with: "I'd rather not drive home".	59	71	78	71	73	74	63	72
DK/NS	-	5	2	4	6	7	3	5
NUMBER OF DRIVERS WHO ARE ALSO DRINKERS	22	58	65	104	110	70	30	459

2 x 7 table analysed; not significant.

TABLE 11: WHETHER ALCOHOL CONSIDERED TO BE AN IMPORTANT CONTRIBUTOR TO SERIOUS CRASHES BY SEX AND AGE.

AGE	SEX	N	ALCOHOL AS A CONTRIBUTOR TO SERIOUS CRASHES (% of N)		
			NOT MENTIONED AS AN IMPORTANT FACTOR	AN IMPORTANT FACTOR BUT NOT THE MAJOR ONE	THE MAJOR FACTOR
17-19	M	41	34	49	17
	F	31	39	42	19
20-24	M	70	47	37	16
	F	79	46	42	13
25-29	M	73	60	30	10
	F	70	49	26	26
30-39	M	131	50	34	16
	F	118	37	46	17
40-49	M	130	52	34	13
	F	124	42	51	7
50-59	M	92	60	26	14
	F	107	50	42	7
60-69	M	55	51	31	16
	F	76	51	33	16
TOTAL	M	592	53	33	14
	F	605	45	41	14

3 analyses were performed, to test:

- (i) Sex X attitude association (2x3 table): significant at 2.5% level
- (ii) Age X attitude association for males (7x3 table): not significant
- (iii) Age X attitude association for females (7x3 table): significant at 0.1% level.

TABLE 12: LARGEST AMOUNT OF BEER, SPIRITS AND WINE THAT DRIVERS THINK THEY CAN DRINK AND STILL BE SAFE TO DRIVE BY SEX.

TYPE OF DRINK	SEX	N	NUMBER OF DRINKS (% of N)										
			NONE	1-2	3	4	5	6	7	8	9+	D.K.	N.S.
BEER (10 oz Middies)	M	459	-	18	15	19	10	14	2	6	4	10	2
	F	225	11	34	6	2	3	2	-	-	-	31	11
SPIRITS	M	459	4	18	14	8	5	7	-	-	-	33	11
	F	225	9	42	12	3	1	1	-	-	-	23	8
WINE	M	459	4	16	14	10	4	4	-	2	-	37	8
	F	225	8	52	17	2	1	1	-	-	-	17	2

Three 2 x 7 tables analysed: all significant at 0.1% level.

TABLE 13: LARGEST AMOUNT OF BEER DRIVERS THINK THEY CAN DRINK AND STILL BE SAFE TO DRIVE BY AGE - MALES.

AGE	N	NUMBER OF 10oz MIDDIES OF BEER (% of N)									
		NONE	1-2	3	4	5	6	7	8	9+	DK/NS
17-19	22	5	18	18	27	9	14	5	-	-	5
20-24	58	-	14	14	26	17	14	3	3	4	5
25-29	65	-	17	15	18	12	18	2	5	7	6
30-39	104	1	16	19	18	8	16	2	8	5	7
40-49	110	1	19	10	15	12	8	4	12	5	16
50-59	70	3	22	17	17	7	17	1	1	2	14
60-69	30	3	27	17	27	-	13	-	7	-	7
TOTAL	459	1	18	15	19	10	14	2	6	4	12

5x7 table analysed found significant at 0.5% level.

TABLE 14: FREQUENCY OF DRIVING AFTER DRINKING MORE THAN THE AMOUNT SPECIFIED AS A 'SAFE' LIMIT BY SEX.

SEX	N	FREQUENCY OF DRIVING AFTER MORE THAN 'SAFE LIMIT'				
		FREQUENTLY	OCCASIONALLY	RARELY	NEVER	DK/NS
MALES	459	5	20	44	29	2
FEMALES	225	-	4	16	76	3
TOTAL	684	3	14	35	44	3

2x3 table analysed, using original frequencies because of the exclusion of the DK/N category - significant at 0.1% level.

TABLE 15: FREQUENCY OF DRIVING AFTER DRINKING MORE THAN THE AMOUNT SPECIFIED AS A 'SAFE' LIMIT BY AGE - MALES.

AGE	N	FREQUENCY OF DRIVING AFTER MORE THAN 'SAFE LIMIT'				
		FREQUENTLY	OCCASIONALLY	RARELY	NEVER	DK/NS
17-19	22	5	23	27	45	-
20-24	58	3	24	47	26	-
25-29	65	8	25	45	20	2
30-39	104	10	13	51	26	-
40-49	110	3	23	43	25	6
50-59	70	-	17	40	41	2
60-69	30	-	17	37	47	-
TOTAL	459	5	20	44	29	2

5x3 table analysed (original frequencies) - not significant.

TABLE 16: KNOWLEDGE AMONG TOTAL SAMPLE OF THE
VALUE OF THE LEGAL LIMIT BY SEX.

SEX	N	VALUE OF LEGAL LIMIT		
		.08	OTHER	D.K.
MALES	592	39	33	29
FEMALES	605	15	26	59
TOTAL	1197	26	30	44

2x3 table analysed - found significant at 0.1% level.

TABLE 17: KNOWLEDGE AMONG DRINKING-DRIVERS OF
THE VALUE OF THE LEGAL LIMIT BY SEX.

SEX	N	VALUE OF LEGAL LIMIT		
		.08	OTHER	D.K.
MALES	404	44	34	22
FEMALES	115	25	33	41

TABLE 18 (a): LARGEST AMOUNT OF BEER THAT MALE DRINKERS THINK THEY CAN DRINK AND BE BELOW THE LEGAL LIMIT.

DRINKER- DRIVER STATUS	N	NUMBER OF 10 oz MIDDIES OF BEER (% of N)										
		NONE	1-2	3	4	5	6	7	8	9+	D.K.	N.S.
DRINKER- DRIVER	459	-	14	18	21	12	8	1	1	1	23	1
DRINKER- NON-DRIVER	72	1	21	19	13	10	11	1	1	4	17	1
TOTAL DRINKERS	531	-	15	18	20	12	8	1	1	1	25	-

2 x 6 table analysed, found significant at 1% level.

TABLE 18 (b): LARGEST AMOUNT OF WINE THAT FEMALE DRINKERS THINK THEY CAN DRINK AND BE BELOW THE LEGAL LIMIT.

DRINKER- DRIVER STATUS	N	NUMBER OF GLASSES OF WINE (% of N)										
		NONE	1-2	3	4	5	6	7	8	9+	D.K.	N.S.
DRINKER- DRIVER	225	3	40	16	4	1	1	-	-	-	30	3
DRINKER- NON-DRIVER	217	3	29	8	6	1	-	-	-	-	46	5
TOTAL DRINKERS	442	3	35	12	5	1	1	-	-	-	38	5

2 x 6 table analysed, found significant at .5% level.

TABLE 19 (a): LARGEST AMOUNT OF BEER DRINKERS THINK THEY CAN DRINK AND BE BELOW THE LEGAL LIMIT BY AGE - MALES.

AGE	N	NUMBER OF 10 oz MIDDIES OF BEER (% of N)							
		1-2	3	4	5	6	7+	D.K.	N.S.
17-19	33	15	24	21	9	3	6	21	-
20-24	64	23	18	21	12	12	3	9	2
25-29	68	10	18	22	19	6	4	21	-
30-39	118	16	19	23	8	6	2	26	-
40-49	122	11	15	17	14	7	2	30	2
50-59	83	17	22	17	6	13	2	19	2
60-69	43	19	14	16	14	12	5	21	-
TOTAL	531	15	18	20	12	8	3	25	-

5x6 table analysed, association not significant.

TABLE 19 (b): LARGEST AMOUNT OF WINE DRINKERS THINK THEY CAN DRINK AND BE BELOW THE LEGAL LIMIT BY AGE - FEMALES.

AGE	N	NUMBER OF GLASSES OF WINE (% of N)					
		1-2	3	4-6	NONE	D.K.	N.S.
17-19	23	43	22	17	-	17	-
20-24	66	35	18	13	2	30	3
25-29	56	50	13	6	-	27	5
30-39	98	38	12	5	4	33	7
40-49	92	22	12	6	6	48	5
50-59	75	36	9	4	3	41	7
60-69	36	25	-	3	3	67	3
TOTAL	446	35	12	7	3	38	5

5x5 table analysed, found significant at 5% level.

TABLE 20 : A COMPARISON OF THE LARGEST AMOUNT DRINKERS THINK THEY CAN DRINK AND BE BELOW THE LEGAL LIMIT, WITH THE LARGEST AMOUNT THEY THINK THEY CAN DRINK AND STILL BE SAFE TO DRIVE.

MALE DRINKER-DRIVERS												
CRITERION	N	MAXIMUM NUMBER OF 10oz MIDDIES OF BEER (% OF N)										
		1-2	3	4	5	6	7	8	9+	NONE	D.K.	N.S.
BE BELOW THE LEGAL LIMIT	459	14	18	21	12	8	1	1	1	-	23	1
BE SAFE TO DRIVE	459	18	15	19	10	14	2	6	4	-	10	2
FEMALE DRINKER-DRIVERS												
CRITERION	N	MAXIMUM NUMBER OF GLASSES OF WINE (% of N)										
		1-2	3	4	5	6	7	8	9+	NONE	D.K.	N.S.
BE BELOW THE LEGAL LIMIT	225	40	16	4	1	1	-	-	-	3	30	3
BE SAFE TO DRIVE	225	52	17	2	1	1	-	-	-	8	19	-

TABLE 21: VIEWS ON THE VALIDITY OF THE LEGAL LIMIT CONCEPT BY SEX AND AGE.

AGE	SEX	N	VIEWS ON THE LEGAL LIMIT CONCEPT (% OF N)		
			YOU CAN'T SET A STANDARD SAFE LIMIT FOR EVERYONE WHEN IT COMES TO DRINKING DRIVING BECAUSE EVERYONE'S CAPACITY VARIES	NO MATTER WHAT THE INDIVIDUAL DIFFERENCES IN CAPACITY TO HOLD ALCOHOL, NO ONE IS SAFE TO DRIVE IF HIS BAC IS OVER THE LEGAL LIMIT	DK/NS
17-19	M	41	63	34	2
	F	31	39	61	-
20-24	M	70	66	33	1
	F	79	48	52	-
25-29	M	73	63	34	3
	F	70	53	47	-
30-39	M	131	52	46	3
	F	118	42	57	1
40-49	M	130	56	42	2
	F	124	45	53	2
50-59	M	92	46	53	1
	F	107	43	54	3
60-69	M	55	53	45	2
	F	76	42	55	3
TOTAL	M	592	56	42	2
	F	605	45	54	1

3 analyses were performed excluding the DK/NS category, to test

- (i) Sex X attitude association (2x2 table): significant at 0.1%
- (ii) Age X attitude association for males (7x2 table): not significant
- (iii) Age X attitude association for females (7 x 2 table): not significant

TABLE 22: VIEWS ON THE CRASH RISK ASSOCIATED WITH A BAC EQUIVALENT TO THE LEGAL LIMIT BY SEX AND AGE.

AGE	SEX	N	VIEWS ON CRASH RISK FOR A BAC OF .08		
			A DRIVER WITH A BAC OF .08 IS ABOUT TWICE AS LIKELY TO CAUSE AN ACCIDENT AS WHEN HE IS SOBER	SOME DRIVERS ARE JUST AS SAFE AT .08 AS WHEN THEY ARE SOBER	DK/NS
17-19	M	41	39	61	-
	F	31	39	58	3
20-24	M	70	44	53	3
	F	79	41	48	9
25-29	M	73	52	48	-
	F	70	67	30	3
30-39	M	131	50	46	5
	F	118	60	36	4
40-49	M	130	45	51	4
	F	124	52	46	2
50-59	M	92	54	43	2
	F	107	67	30	3
60-69	M	55	45	51	4
	F	76	53	32	16
TOTAL	M	592	48	49	3
	F	605	56	38	6

3 analyses were performed, excluding the DK/NS category, to test

- (i) Sex X attitude association (2x2 table): Significant at 0.5% level
- (ii) Age X attitude association for males (7x2 table): not significant
- (iii) Age X attitude association for females (7x2 table): significant at 0.5% level.

TABLE 23 : VIEWS ON WHETHER THE BREATHALYSER IS A GOOD TEST OF FITNESS TO DRIVE AFTER DRINKING BY SEX AND AGE.

AGE	SEX	N	IS THE BREATHALYSER A GOOD TEST OF FITNESS TO DRIVE AFTER DRINKING (% OF N)		
			YES	NO	D.K.
17-19	M	41	46	49	4
	F	31	55	35	10
20-24	M	70	39	51	10
	F	79	43	47	9
25-29	M	73	41	48	11
	F	70	40	43	17
30-39	M	131	42	42	16
	F	118	54	25	21
40-49	M	130	45	38	16
	F	124	57	23	20
50-59	M	92	57	32	11
	F	107	56	16	28
60-69	M	55	55	27	18
	F	76	58	5	37
TOTAL	M	592	46	41	13
	F	605	53	26	20

3 tests were carried out, on

- (i) Sex X attitude (2x3 table): significant at 0.1% level.
- (ii) Age X attitude for males (7x3 table): significant at 2.5% level.
- (iii) Age X attitude for females (7x3 table): significant at 0.1% level.

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TABLE 24: ATTITUDE TO THE INTRODUCTION OF RANDOM BREATH TESTING BY SEX.

SEX	N	ATTITUDE TO RANDOM BREATH TESTING (% of N)		
		IN FAVOUR	AGAINST	UNDECIDED
MALES	592	38	55	5
FEMALES	605	46	45	9
TOTAL	1197	42	50	8

2x3 table analysed, significant at 0.1% level

TABLE 25: WHETHER KNOW OF ANYONE WHO HAS HAD A BREATH TEST BY SEX AND AGE.

AGE	SEX	N	KNOW OF ANYONE WHO HAS HAD A BREATH TEST (% of N)		
			YES	NO	N.S.
17-19	M	41	24	73	2
	F	31	16	84	-
20-24	M	70	44	54	1
	F	79	30	70	-
25-29	M	73	34	62	4
	F	70	20	80	-
30-39	M	131	29	69	2
	F	118	15	85	-
40-49	M	130	32	68	-
	F	124	19	81	-
50-59	M	92	15	85	-
	F	107	12	88	-
60-69	M	55	18	81	-
	F	76	4	96	-
TOTAL	M	592	29	71	1
	F	605	17	83	-

3 tests were carried out, excluding the N.S. category, on

- (i) Sex X answer (2x2 table): significant at 0.1% level
- (ii) Age X answer for males (7x2 table): significant at 0.1% level
- (iii) Age X answer for females (7x2 table): significant at 0.1% level