Accident Analysis and Prevention 41 (2009) 703–709

Contents lists available at ScienceDirect

Accident Analysis and Prevention

journal homepage: www.elsevier.com/locate/aap

Which young people accept a lift from a drunk or drugged driver?

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ARTICLE INFO

Article history:
Received 29 August 2008
Received in revised form 20 February 2009
Accepted 23 March 2009

Keywords:
RDD (riding with drunk/drugged driver)
Traffic risk behaviour
Young people
Nightlife
Prevention
Europe

ABSTRACT

Introduction: Riding with a drunk and/or a drugged driver (RDD) is a risk behaviour that has received very little attention in spite of its potential dangers. Young people involved in the recreational nightlife context are especially at risk.
Method: 1363 regular users of recreational nightlife from nine European countries (mean age: 21.75; 51.5% women) filled out a self-administered and anonymous questionnaire (in 2006).
Results: 37.2% had practised RDD during the previous month. RDD is related to drunkenness and use of drugs, personality factors such as impulsivity, preferring to use a private car to get to nightlife venues, living in a southern European country and being unemployed. No significant influence was found for age, gender, educational level or socioeconomic status.
Discussion: It is important to raise awareness about the high prevalence of RDD. This lack of awareness can be related to its social acceptance among young people. The use of private cars for going to nightlife venues should be discouraged.

1. Introduction

Road traffic injuries are expected to take third place in the rank order of illness burden by the year 2020. One in three road traffic deaths involves people under age (International Injury & Fatality Statistics, 2004). Recent studies show the high prevalence between young people of not only the traditional DD (driving while drunk), but also RDD (riding with a drunk and/or drugged driver). In a sample of 12,990 students (mean age: 14.9), 23.3% practised RDD (Poulin et al., 2006). Furthermore, people who drive under the influence of alcohol themselves are more likely to take a lift from drunk drivers (44% vs. 4% of non-drinking drivers) (Dellinger et al., 1999).

RDD is also a frequent behaviour among university students (56.7% reported accepting a lift after the driver had drunk alcohol to any extent, and 34.2% reported accepting a lift from a driver who had had two distilled drinks) (Olivera et al., 2002).

A strong relationship between the two risk behaviours – RDD and DD – has been shown, but although DD seems to be a good predictor for RDD, the reverse is not true (Yu and Shacket, 1999). These authors conclude that DD is a valid and powerful predictor for RDD, and they explain this with reference to the different frequencies (DD is more frequent than RDD) and social acceptance (RDD is not an illegal behaviour, while DD is).

The Poulin et al. study (2006), whose participants were students, found an association between RDD and the variables rural residence, having single parents or no parents, lower socioeconomic status, prevalence of DD, lower driving licence rates and lower educational attainment in the community.

As proposed by the theory of reasoned action, decision-making depends on a personal or attitudinal factor towards the behaviour, and a social factor, which is the social norm (Fishbein and Ajzen, 1975). Thus, it depends on behavioural and normative beliefs. The aim of the present study is to sort out the most relevant factors associated with RDD, taking into account personal, contextual and family variables.

Personality factors, demographic factors and parental and peer control/influence have traditionally been described as associated with risky driving behaviours. However, these factors refer mainly to DD and scarcely at all to RDD, as there is still little known about the latter behaviour.

1.1. Personality factors

Young people with a high propensity for risk-taking and sensation-seeking, and those who show tendencies toward

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doi:10.1016/j.aap.2009.03.009

hostility and aggression, are more likely to be involved in road accidents (Shope, 2006).

Risk-taking propensity appears to be the strongest predictor for competitive attitudes toward driving and for risky driving (Patil et al., 2006). DD is predicted by higher propensity for risk-taking, physical/verbal hostility, and tolerance of deviance for men and women (Patil et al., 2006). The presence of cluster B personality (borderline and/or antisocial) may increase the risk of young men dying in a road accident, especially those aged 25 or over (Dumais et al., 2005). DUI (driving under the influence) is associated with high levels of sensation-seeking, psychoticism, extraversion, negative emotionality and aggression (Lobmann and Kruger, 2000; Begg et al., 2004; Mann et al., 1993). However, it has also been suggested that these variables could be related to alcohol consumption; consequently, many of them may be only indirectly related to DD (Macdonald and Mann, 1996). In any case, all the evidence mentioned refers only to road traffic accidents or DD.

1.2. Demographic factors

There is considerable evidence on the influence of age and gender on risky driving and the likelihood of being involved in traffic accidents: young men are more frequently involved in road accidents with injuries (Sánchez, 2005), and they also report engaging in risky driving behaviours more often than women do, while women show higher levels of compliance with traffic norms (Bergdahl and Norris, 2002; Olivera et al., 2002) and a more positive attitude towards road safety (Keskinen and Rajalin, 2003). But while there are gender differences in DD, as far as RDD is concerned there do not appear to be differences between males and females. Rates for male and female RDD are very similar, with approximately one-third of all respondents having reported riding with drunken drivers (Yu and Shacket, 1999). Lower educational level is also a socio-demographic factor related to high risk of involvement in road accidents (Macdonald and Mann, 1996).

1.3. Influence of peers and parents

Young people monitored by their parents are less likely to be involved in road accidents or commit traffic offences, and those who are more susceptible to peer pressure are at higher risk (Shope, 2003). Having friends who become involved with alcohol early is related to driving problems among young drivers (Lang et al., 1996); currently, peer influence among young people is being used as an effective prevention method in several programmes (Christoph and Heckmann, 2005). Furthermore, partner's norms and expectations can have a strong influence on driving behaviour (Shope, 2006).

In general, it is accepted that having passengers in the car increases the likelihood of fatal injury in young drivers, and that this risk increases with the number of passengers (Shope, 2006; Heald, 2004; Lin and Fearn, 2003), though there is some literature suggesting that accident risk is higher for those driving alone (Engström et al., 2008).

There is no specific evidence on the link between peer influence and RDD, and as far as parents are concerned, it has only been shown that belonging to a single-parent family is a risk factor for RDD (Poulin et al., 2006).

1.4. Aim of the study

In accordance with all the arguments presented, RDD is a risk behaviour that is important in itself, as drunk drivers kill or injure not only themselves in traffic accidents, but also others, including vehicle occupants. As we have stressed, there is little information concerning the risk factors related to RDD. Here we shall explore, in relation to RDD, the role of socio-demographic factors, use of alcohol and drugs, personality traits, use of public transport, economic resources for nightlife recreation, nightlife involvement, and possible geographical differences.

2. Method

2.1. Participants

1363 regular users of recreational nightlife (mean age: 21.75; s.d.: 4.27; range: 16–35; 51.5% women), that is, people who participate in the nightlife context, going out at weekends to clubs, pubs or similar recreational venues. The study was carried out in cities in nine different European countries: Athens, Berlin, Brno, Lisbon, Liverpool, Ljubljana, Mestre/Venice, Palma de Mallorca and Vienna.

2.2. Sampling

The study used a variation of Respondent-Driven Sampling methodology (Mantecón et al., 2008), which had previously been developed and validated as a mechanism for recruiting recreational drug users while minimising selection bias (Wang et al., 2005). Initial recruits (seeds) in each country were selected as two males and two females aged <19 and two of each gender aged 19+. As part of the questionnaire, individuals identified up to 10 colleagues and were asked to recruit two members (one a distant friend and one of intermediate association). Participants contacted these individuals and asked them to participate in the survey. These second wave respondents repeated the process, and this continued through at least two more waves, with the aim of recruiting a final sample size of approximately 150 in each country. The final sample was within acceptable levels (i.e. <2%) for sampling equilibrium across the demographic variables age and gender (see Mantecón et al., 2008, for detailed procedures). The methodology was not intended to recruit a representative sample of young people in each city. Rather, it aimed to collect a diverse opportunistic sample of nightlife users from each location to enable in-depth study of associations.

All questionnaires were self-completed by individuals and anonymously returned (via post or personally) to researchers in each country, where required seeds were offered financial incentives to either begin the process, follow-up non-returns in the second wave of respondents, or encourage that wave to follow-up non-returns in subsequent waves.

As regards refusal rate, 8.3% declined before being provided with any explanation of the research. Those stating they had time were provided with an explanation of the survey, assured of its anonymity and confidentiality and asked if they would be willing to participate. Consent was given by 96.9%.

2.3. Materials

A self-administered and anonymous questionnaire was used. The questionnaire was based on pre-validated survey tools used in previous studies published by the authors (Calafat et al., 2001, 2003). This questionnaire aimed to explore, among other issues, risky behaviours related to road traffic behaviours, sexuality, alcohol and drug use, and violence.

2.4. Analysis

Variables analyzed were: city, age, gender, family social status, educational level, occupation, living alone/with family/with partner/with friends, being single/in a relationship, age at first alcohol use, number of times drunk (inebriate) in the last month, frequency of cannabis and cocaine use, impulsivity, antisocial and rebelliousness scale scores (taking into account that higher scores always indicate higher levels of these traits), average money spent