

suggested that paranoia was a response to social seclusion from the host population and also from fellow nationals. Isolation of this kind is clearly a more serious problem for black than for white immigrants, since those who are black remain identifiable as aliens throughout their life. Furthermore, racial discrimination has by no means disappeared from our society, so there may be some justification for the development of paranoid attitudes in coloured immigrants. The nature of paranoid psychoses in immigrants is a problem that warrants careful comparative phenomenological studies here and in their countries of origin.

¹ Field MJ. Chronic psychosis in rural Ghana. *Br J Psychiatry* 1968;114:31-3.

² Orley JH, Leff JP. The effect of psychiatric education on attitudes to illness among the Ganda. *Br J Psychiatry* 1972;121:137-41.

³ Carpenter L, Brockington IF. A study of mental illness in Asians, West Indians and Africans living in Manchester. *Br J Psychiatry* 1980;137:201-5.

⁴ Hitch PJ, Rack PH. Mental illness among Polish and Russian refugees in Bradford. *Br J Psychiatry* 1980;137:206-11.

Road safety and the law

Proper enforcement of the drinking and driving law could pay for itself 10 times over by lives and injuries saved.¹ Dr John Havard put forward this persuasive figure at the recent BMA symposium at Birmingham on "Road Accidents and their Management" (see p 1573). His speech could not have been more timely: it came just after the Queen's Speech had promised new legislation against drinking and driving in the next session of Parliament—but conspicuously had failed to mention any new seat-belt Bill.

Four years after publication of the Blennerhassett Report² new legislation on drinking and driving is a welcome prospect, but the consultative document³ gives no guarantee that it will be effective. The 1967 legislation on drinking and driving was at first dramatically successful; but since 1970 a steadily increasing proportion of blood samples from dead drivers have shown an alcohol concentration above the legal limit.⁴ The reason is simple: soon after the original Act came into force people realised that the risk of detection was tiny.

The Government cannot be accused of meanness in publicising the law: tens of millions of pounds have been spent on putting over the message "Don't drink and drive," and almost £2m is to be spent this Christmas. But in the absence of any stricter enforcement of the law such generalised publicity is a waste of money. If the culprits were mainly "social" drinkers such appeals might be more effective—though the euphoria induced by drinking tends to override good intentions.⁵ But the blood alcohol concentration in convicted drivers is usually at least 150 mg/100 ml and the median is 178 mg/100 ml⁴—concentrations characteristic of the regular heavy drinker. What is needed is a sustained campaign of extensive breath testing to pick up the problem drinkers, who are a continuing danger on the road, and to increase the risk of detection for the public at large.

Under present arrangements there must be reason to suspect that a driver has been drinking before a breath or blood test can legally be carried out, a condition that can be interpreted very restrictively—though, given the will of the authorities,

enforcement can be considerably increased above the usual level.⁶ The usual objections to extensive breath testing are shortage of money and police manpower and the distaste felt by public and police alike for anything that suggests an encroachment on individual liberty. Indiscriminate breath testing may be neither desirable nor practicable; but the present restrictions on the police need to be removed. Then the law needs to be backed up by the practical arrangements and the information that could make it work efficiently. Effective breath testing should be based on epidemiological surveys designed to pinpoint precisely the times and places that are most likely to yield positive tests and also the characteristics of drinking drivers. Such information, as Dr Havard emphasised, is essential for the proper focusing of both law enforcement and publicity campaigns, and it could be provided by random roadside surveys unconnected with police activity.

With the universal wearing of seat belts car occupants could have half their present death rate and a 45% reduction in injuries, said Dr G M Mackay in his lecture on the causes of injury. In practice, belts would not be universally worn; but in the State of Victoria, Australia, for example, fatal injuries to car occupants were well below the predicted level each year after the introduction of seat-belt legislation—but with no reduction for children under 8, to whom it did not apply.⁷ The evidence in favour of this apparently simple public health measure is powerful,⁸ yet Britain is one of the few developed countries not to have a law. The last seat-belt Bill came close to being passed, even though feelings sometimes ran high in debate⁹; but the measure was lost on the dissolution of Parliament. The present Secretary of State for Transport favours wearing seat belts but not legislation, so it was no surprise that the Queen's Speech contained no mention of such a Bill. Nevertheless, campaigns of persuasion are no substitute for a seat-belt law; and we hope that the proposed private member's Bill will be given a smooth passage.

Overall, between one-sixth and one-quarter of road deaths are likely to be preventable, said Mr Peter London at the Birmingham symposium: around 1000-1500 a year. Most of the simple road safety measures based on improvements to the environment have already been made. What remains is the more difficult task of influencing behaviour. Evidence from other countries is conclusive on this issue. No amount of well-intentioned propaganda and education is effective unless the obdurate majority is also aware that dangerous behaviour on the road will expose them to legal sanctions—and that the risk of detection is substantial.

¹ Sabey BE. *Road safety and value for money. Digest SR 581.* Crowthorne: Transport and Road Research Laboratory, 1980.

² Department of the Environment. *Drinking and driving. Report of the Departmental Committee.* London: HMSO, 1976. (Blennerhassett Report.)

³ Department of Transport. *Consultative document on drinking and driving.* London: Department of Transport, 1979.

⁴ Sabey BE. *A review of drinking and drug-taking in road accidents in Great Britain. Supplementary report 441.* Crowthorne: Transport and Road Research Laboratory, 1978.

⁵ Havard JDJ. Alcohol and the driver. *Br Med J* 1978;ii:1595-7.

⁶ Ross H. Deterrence regained. The Cheshire Constabulary's "breathalyser blitz." *Journal of Legal Studies* 1977;6:241-9.

⁷ McDermott F. Control of road trauma epidemic in Australia. *Ann R Coll Surg* 1978;60:437-50.

⁸ Special correspondent. Road accidents—seat belts and the safe car. *Br Med J* 1978;ii:1695-8.

⁹ House of Commons. *Hansard* 20 July 1979: cols 2199-286.