close to understanding the defect in molecular terms and will soon be able to return to recognise a specific gene product. This will then provide the foundation for attempts at therapeutic intervention, something which may still be distant, but which will at least have a well founded scientific basis.

PETER S HARPER

Professor of Medical Genetics,
University of Wales College of Medicine,
Cardiff CF4 4XN

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Drunken driving among the young

The fact that the life expectancy of those aged 15-24 is less than it was 20 years ago in some industrialised countries should give food for thought to the architects of the campaign for "health for all by the year 2000," but public health authorities do not seem much concerned. The cause of this fall is motor vehicle accidents, the prevention of which is not normally regarded as a job for health departments. In many countries, including England and Wales, such accidents now account for more than half of all male deaths among those aged 15-19,¹ and the most important cause of these accidents is alcohol.²

It was for this reason that the International Driver Behaviour Research Association decided that its contribution towards the European Road Safety Year should be to assemble a group of international experts to discuss impairment of young drivers by alcohol and other drugs. The number of teenagers driving motor vehicles has increased; their consumption of alcohol has increased, and so have their convictions for both public drunkenness and driving while impaired by alcohol. There are important differences in lifestyles, social environment, and attitudes between those teenagers who drive while impaired by alcohol and those who do not—and each country needs to be aware of these differences before effective countermeasures can be intro-

duced. The main reason for failure to contain these accidents is that they have too often been dealt with in isolation. Much needed research has not been done because it infringes the rigid demarcation lines between government departments responsible for transport, health, education, and law enforcement.

Meanwhile, some measures have worked—for example, increasing the legal drinking age. The number of teenage motor vehicle accidents is inversely related to the legal drinking age, and results from several countries have shown that lowering the age increases such accidents and that increasing it has the converse effect. This was particularly noticeable in the United States, where several states reduced their legal drinking age during the 1970s. The federal government has now given state legislatures until the end of October to restore their legal age to "the respectable age" of 21. The five states that have not complied are expected to fall into line soon. Any attempt to introduce such a measure in Britain, where the legal age of 18 is honoured in the breach, would provoke cries of infringement of personal liberty. The same cries greeted attempts to introduce the compulsory wearing of seat belts—which are now worn without protest by 96% of drivers and front seat passengers.

Younger drivers are more likely than experienced drivers to have accidents at lower blood alcohol concentrations, and several countries have introduced a lower statutory limit for novice drivers and—as expected³—reduced their accident rates. This policy has been particularly effective when combined with "random" breath tests. Perhaps the most important finding was that such measures were not effective in those countries that had not introduced them as part of an integrated and comprehensive programme of counter-measures including school education, public education, and synchronised media presentations aimed not only at young drivers but also at parents, peer groups, and others who influence the attitudes and behaviour of teenagers. In this connection the targeting of alcohol adverts at teenagers was thought by the conference to be particularly pernicious—and it has increased recently in several countries.

The conference called strongly for countries to introduce urgently integrated and comprehensive approaches to the problem. But this call will go unheeded in some of the countries with the most serious problems—the government departments for both health and transport from France, West Germany, and Italy were not represented. Perhaps the final word should rest with the internationally respected director of a North American traffic injury research institute who applied to his country's ministry of health for a modest grant to study the subject. His request was refused because "it is not a public health problem." Unfortunately, although not surprisingly, no sponsor has yet been found to publish the proceedings of the conference, which include the best advice available on improving the life expectancy of our teenagers.

JOHN HAVARD

Secretary,
BMA,
BMA House,
London WC1H 9JP

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