

groups is also very important. Without community support and awareness, DWI prevention and control will be much more difficult, if not impossible.

#### Declaration of interests

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#### THE ADVOCACY FACTOR: THE IMPORTANCE OF GRASSROOTS MOVEMENTS IN SUPPORT OF DWI POLICIES

The paper by Pechansky & Chandran [1] discusses what is lacking in South America drinking and driving policies

in order for them to be as effective as those already employed in North America and other countries, such as Australia, New Zealand and Scandinavia. In Brazil, the largest country in South America, and an emerging economy, it is unquestionable that the drinking and driving field has experienced great visibility in recent years in the media among politicians and the general public. A watershed event was the approval, in 2008, of a federal law setting the legal blood alcohol content (BAC) for drivers at virtually zero (0.02). As a result of increased enforcement and media coverage, driving while intoxicated (DWI) accidents showed a significant reduction [2].

However, fewer than 4 years after this important change, the media have been inundated with renewed accounts of DWI-related accidents and deaths. A decrease in enforcement and a loophole in the law that made breathalyzer testing a voluntary action are the central factors contributing to the upswing in DWI. In fact, as strict as the law initially appeared to be (most of the developed countries have less severe alcohol limits), the existence of loopholes in the law, such as that mentioned above, makes it almost impossible to keep a DWI driver who kills in jail for more than 1 day, reducing the efficacy of the enacted law. These are the types of poorly designed laws mentioned in the paper by Pechansky & Chandran [1].

Despite the fact that the three issues pointed out by the authors (systematic collection of data, laws without loopholes and appropriate training of the police) are still lacking in Brazil, another relevant aspect to take into consideration is advocacy and active popular support. The organization of grassroots movements, starting with people affected directly by DWI [with Mothers Against Drink Driving (MADD) being the most successful example] has been pivotal in changing the scenario and reducing accident rates in the United States and other developed countries [3]. Unfortunately, this type of advocacy is not present in Brazil.

Brazil, as a relatively young democracy, lacks a tradition of citizenship movements. Nevertheless, in an analogous field—that of tobacco—the country is at the forefront of policies [4], with an important contribution from advocacy groups such as Aliança de Controle do Tabagismo (ACT; <http://actbr.org.br/>).

A recent development in Brazil could also be a turning point in the DWI field. On a Saturday night last September, a drunk driver killed a woman and her 28-year-old daughter on the pavement next to a São Paulo mall. Rafael Baltresca, their son and brother, was left without a family. This could have been one more tragedy forgotten in a couple of weeks, except that Mr Baltresca decided to initiate a movement to change DWI regulations. He joined a cause organized by the Ordem dos Advogados do

Brasil (OAB, a law association) in an attempt to reform the existing laws. In a matter of weeks he was able to attract a group of supporters, including family members and friends of other DWI victims, lawyers, researchers and young people outraged at the current situation. An intense media advocacy component has, so far, been contributing to the movement's organization with several initiatives, including a public petition (that already has approximately 200 000 supporters) to be sent to the Congress, alliances with several other associations and heavy marketing of the movement through the social media (<http://www.facebook.com/NaoFoiAcidente>). The movement is called 'Não foi um acidente' ['it was not an accident']—to point to the fact that many people, including most politicians who speak publicly about DWI accidents, still consider those to be mere accidents, and not the product of preventable behaviour.

Brazilians, with an annual traffic accident death rate of more than 38 000 in 2008 [5] and rising, now seem to be realizing that the active participation of civil society in organized advocacy movements is a critical success factor to tackle the state of affairs of drinking and driving rates.

#### Declaration of interests

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**Keywords** Accident, advocacy, alcohol, Brazil, drinking and driving, DWI.

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## DEVELOPING COUNTRIES IGNORE DRINKING AND DRIVING PROBLEMS AT THEIR OWN PERIL

In their paper on drinking and driving, Pechansky & Chandran [1] argue that limited knowledge of the extent of this risky behaviour and its consequences might help to explain the lack or inadequacy of policies and strategies to address the problem in southern America compared to North American countries. In order to address this gap they propose improvements in data collection, passage of drinking and driving laws, where such laws do not exist, and better enforcement of the laws.

These are essential strategies in a broad and systematic policy response aimed at reducing the health burden attributable to road traffic accidents. However, it seems that in the case of Brazil, the problem is not so much the lack of data or laws but lapses in the enforcement of existing laws. Even with an unsatisfactory situation (as illustrated in the vignette), Brazil is already ahead of many developing countries, especially most countries in the African region, where alcohol policies have not been developed and implemented (although discussions are currently taking place in a few of these countries). It is noteworthy, too, that even where, as in Kenya, a national Alcoholic Drinks Control Act has been passed recently, no provision was made for the control of drunk driving, including specifying the limit of blood alcohol concentration for drivers [2].

However, there is good reason to be concerned. Compared to South America, African countries report very high levels of abstention from drinking; however, the average quantity consumed by drinkers per year is higher than in all regions [3], the rate of weekly heavy episodic drinking is more than double the global rate (three times more among female drinkers) and the pattern of drinking is of moderate to high risk, all of which support the 'all-or-nothing' drinking pattern or habitual drinking to intoxication reported in several studies [4,5]. It is not surprising, therefore, that the major contributor to alcohol-attributable disease burden in subSaharan Africa is unintentional injuries, especially from road traffic accidents [6]. In a region currently experiencing the positive and negative impacts of globalization and rapid economic growth, and where alcohol producers are poised to increase their market shares through unrestrained marketing and promotion and undue influence on policy [7], the problem will worsen without appropriate responses.

The place to begin, as suggested by Pechansky & Chandran, is in better understanding of the problem through research and monitoring activities. In this regard, the growing interest in alcohol's harms to others among alcohol epidemiologists might help to focus the