DISTRACTED DRIVING & BEHAVIOUR CHANGE

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**Canadian Coalition on
DISTRACTED DRIVING**

Distracted driving is a leading cause of road deaths and injuries across the country. Comprehensive strategies are needed to tackle this problem. Legislation, enforcement, and escalating penalties are important tools to discourage distracted driving, and these strategies are already in use across Canadian jurisdictions. However, not all drivers are equally motivated by enforcement and penalties, and other initiatives are needed to motivate safer driving habits.

Distracted driving is a behavioural problem. There are many types of driver distractions. They may include visual, auditory, cognitive and physical distractions which can occur inside or outside of the vehicle. Although the use of technology while driving is perhaps one of the most widely recognized types of distraction, there are also many other types of distraction.

Behaviour change strategies are an important tool to reduce distracted driving. Research shows that behaviour can be shaped or influenced by internal (i.e., individual factors) and external factors (e.g., environment, social norms). Proven behaviour change models can provide a solid foundation for education campaigns. This fact sheet summarizes some important behavioural models that can inform effective distracted driving campaigns.[1]

> **Theory of habit formation.** A habit is a specific behaviour that is prompted by a particular cue or trigger and results in a positive outcome. This outcome encourages repetition of the behaviour. Over time it becomes both routine and subconscious, forming a habit. People may be unaware that habits exist, which means that they are difficult to change. The following steps can help change habits:

>> Remove the cue to avoid triggering the habitual behaviour, or replace it with a new behaviour that is more rewarding.

>> Commit to making smaller, more attainable changes to begin to change behaviour, or stack tiny habits onto existing habits (i.e., put on a seatbelt and then put the phone in the glove box).

>> Reward yourself every time the new behaviour is successfully performed.[2]

> **Theory of planned behaviour (TPB).** This theory predicts that personal intentions to engage in certain behaviours are based on a combination of: 1) attitudes toward the behaviour; 2) perceived social pressure to engage in or abstain from a behaviour; and, 3) perceived mechanisms in society that influence behaviour (e.g., social cues, rules and laws).[3]

> **Health belief model (HBM).** This theory proposes that the desire to protect our health is a main motivator to avoid negative health behaviours. Key influencers include perceived real risk associated with the consequences and seriousness of the consequences, perceived barriers that decrease the likelihood of action (i.e., inconvenience); perceived benefits that increase the likelihood of action; confidence in the ability to take action (i.e., self-efficacy); and, internal and external cues or triggers that affect the likelihood of action. Research shows that perceived benefits and barriers to action were the greatest predictor of behaviour outcomes.[4]

> **Protective motivation theory (PMT).** This theory is similar to the Health Belief Model and proposes that people are motivated to avoid actions that would be detrimental to their health. It emphasizes the possible threats and vulnerability a person may feel from the idea of engaging in a negative behaviour and proposes that our desire to defend ourselves against negative consequences of a behaviour based on fear and the perceived ability to take action (i.e., self-efficacy), plays a critical role in our decision to adopt the behaviour. It is also the determining factor in change or resistance to change.[5]

> **Social norms theory.** This theory suggests behaviour is influenced by (often inaccurate) perceptions of how other members of a person's social group think and behave. It predicts that personal beliefs are strengthened if it is believed that others share the same attitudes and perceptions towards the behaviour. This theory suggests that a person's social perceptions may have a more powerful effect on behaviour than the actual risks to health or safety.[6]

> **Elaboration-likelihood model.** This theory suggests that individuals are motivated to process a message if it is viewed as personally relevant or if they feel a high level of personal or social responsibility regarding the behaviour. This means that audiences that have prior knowledge of the issue, and possess the ability to understand the message, are more likely to use this route.[7]

> **Fear-based models.** This approach confronts people with depictions or associations of negative consequences of risky behaviours by using reality-based scenarios. This approach can produce the desired results under certain conditions, but its effects are short-lived. In addition, younger and male audiences may be less receptive to this approach. Persons that are most likely to engage in the behaviour, and are most invested in it, are most likely to ignore or reject the message if it is not well-constructed.[8]

Effective fear-based messages illustrate the negative consequences in ways that are less graphic and confrontational and that rely upon positive emotions. These examples also contain a high degree of personal relevance to the target audience and suggest ways that drivers can protect themselves. Two compelling examples include:

» The impossible driving and texting test (Responsible Young Drivers in Belgium at http://youtu.be/HbjSWDwJILs).

» Embrace life (Sussex Safer Roads, United Kingdom (http://youtu.be/h-8PBx7isoM).

Effective campaign components

There are some important components of road safety campaigns that make them effective.

> **Concern.** People must understand the risks and consequences and be concerned about the behaviour.

> **Personal relevance.** The audience must be able to see themselves in the situation presented in the message, or relate to the situation.

> **Motivation.** Messages should address the reason that people engage in problem behaviour to increase personal relevance. These reasons may vary across audiences.

> **Self-efficacy.** Substituting problem behaviours with alternative behaviours must be perceived as viable by the target audience.

Recommended strategies for effective campaigns:

> Inform the campaign with research-driven, psycho-social theories of behaviour.[9]

> Provide tools to help the audience avoid the risky behaviour (i.e., turn off the phone, get directions, and send or receive texts/emails before or after driving).

> Identify ways the target audience can be part of the solution (e.g., encourage businesses not to schedule conference calls while participants may be driving).[10]

> Explain the benefits of behaviour change versus the status quo (distracted driving).

> Define indirect impacts and benefits that result from reductions in distracted driving.[11]

Tips for effective campaign styles:

> Avoid a tone that would shame an identifiable group.

> Do not sound overly self-righteous as this may not resonate with persons who believe that they are 'above-average' drivers.

> Audiences are often more receptive to humour-based messages.

> Fear-based campaigns can work if well-constructed, but they may be less effective with younger males.

Tips to deliver campaigns:

> In an era of online communications, keep the key message brief.[12]

> Include distracted driving in driver education materials to increase awareness among the next generation of drivers.[13]

> Acknowledge the characteristics of the target audience and where distracted driving by this group is most likely to occur.

> Realize that a sustained, long-term campaign is likely needed to change behaviour as was required to reduce drinking and driving.[14]

> If possible, present the message prior to or at the point of behaviour that needs to be changed.

Conclusions

There is not one solution to this complex issue; a variety of approaches are needed to begin to bring about the desired behavioural and societal changes. Recognizing the varying motivations for behavioural change from person to person is an important component to the creation of successful campaigns. Sharing campaigns with other road safety stakeholders will assist all of us to continue to work together to create behavioural change across Canada.

For more information on research findings dealing with road safety campaigns, please refer to:

http://tirf.ca/TIRFCAD15E
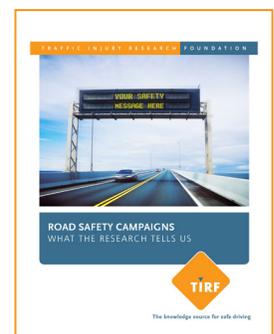
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Traffic Injury Research Foundation

The mission of the Traffic Injury Research Foundation (TIRF) is to reduce traffic-related deaths and injuries. TIRF is a national, independent, charitable road safety research institute. Since its inception in 1964, TIRF has become internationally recognized for its accomplishments in a wide range of subject areas related to identifying the causes of road crashes and developing programs and policies to address them effectively.

Acknowledgements

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