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Alcohol and Traffic

GENERAL FACT SHEET

This fact sheet arises from the project Building Capacity, which has received funding from the European Union, in the framework of the Public Health Programme. Sole responsibility for the contents of this publication lies with the author. The Executive Agency is not responsible for any use of the information that may be contained herein.

European Commission

Drink driving in road traffic at a glimpse

- 2-3% of all journeys are with a drinking driver
- Around 17 000 road deaths annually - 1 out of every 3 road traffic deaths is caused by alcohol
- In 2003, alcohol cost the EU 10 billion euro worth of damage to property linked to drink-driving accidents

[figures from the Alcohol in Europe report (2006), p. 212]

In June 2009, the European Traffic Police Network (TISPOL) carried out a series of controls across Europe in a 7-day period.
Altogether 690,383 drivers were tested in 21 European countries. Of these, 11,448 drivers provided positive breath tests for alcohol and 985 were charged with drug-driving offences. Thus 1,65% of journeys are with alcohol above the legal BAC limit. *(TISPOL, June 2009)*

A 2010 Eurobarometer Survey shows that:

- Only 27% of respondents can correctly state the legal blood alcohol limit (BAC) in their country.
- 36% gave an incorrect answer.
- 37% said they did not know what the limit was.

[figures from April 2010 Special Eurobarometer Survey 331]

Strategies

The World Health Organisation suggests that the following strategies are effective in combating drink-driving and that this is an area where the wider public is in favour of policy action.

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1) Reduce the legal BAC limit

WHO recommends that countries with BAC limit above 0.5g/l bring that level to 0.5 g/l. Countries that currently have a legal BAC limit of 0.5 g/l should bring that down to 0.2g/l.

2) Enforce legal BAC limits

Legal limits are without meaning if they are not enforced. The best means for enforcing BAC limits is random breath testing. Punishment for offenders should be immediate, for example with on-the-spot fines. Other enforcement measures, to complement the above, could include alcohol locks, in particular for professional drivers, and treatment programmes linked to offender's punishment.

3) Education campaigns

This should be a complement to the above policies and should aim to raise awareness about legal BAC limits and their enforcement, in order to prevent drink-driving.

The Pathways for Health project, co-financed by the European Public Health Programme, recommends the following actions as being the most efficient and cost-effective in countering drink-driving:

- Introduce an EU-wide maximum BAC of 0.5g/l
- Introduce an EU-wide maximum BAC of 0.0g/l for young drivers, public services drivers and drivers of heavy duty vehicles

Granting police unrestricted powers to conduct breath tests would be efficient to prevent drink-driving but is not cost-effective.

Actions which are least efficient are:

- Education and rehabilitation programmes for drives as part of their penalty for drink-driving.
- Training the hospitality industry and people who serve alcohol to get them to contribute to reducing drink-driving.

(Source: Farke (2008) p. 9)

Questions to consider

When considering what policy actions to take, the WHO 2009 Handbook suggests considering the following questions:

1. Are there sufficient data systems in place to monitor drink–driving accidents and fatalities?

Mortality data will capture driving fatalities, although the extent to which routine data are available on the proportion of these due to alcohol varies from country to country. Ideally, every person who dies from a traffic accident should have their blood alcohol

level measured, so that the prevalence of drink–driving fatalities can be measured and monitored. (It should be noted that in some jurisdictions, when there is a one-car accident that kills the driver but nobody else, post-mortem tests may not be legal due to the rights of the deceased). Police records should include data on all road traffic accidents, including the age and gender of the driver and the location of the accident. Ideally, every driver who is a causal agent in an accident should have his or her breath measured for alcohol, so that alcohol's possible contribution can be measured and monitored. A standardized measure of what to classify as a drink–driving accident should be agreed upon across the European Region, for example, any accident involving a driver who has a blood alcohol level over 0.2 g/l.

2. Is it possible to incorporate into regular public opinion polls and surveys some questions on attitudes to drink–driving policies, knowledge of legal BAC limits, and drink–driving behaviour?

3. Is there in place an effective road safety transport policy that addresses drink–driving together with road safety measures to reduce the severity and risk of drink–driving accidents? Such measures might for instance address infrastructure and speed limits. Drink–driving policies should be embedded in overall road safety transport policies. At a given blood alcohol level, drink–driving accidents can be more severe or more common when high speeds or poor road design are involved.

4. Are traffic police willing to mount joint campaigns and activities with the ministry of health to reduce drink–driving? Usually the police are positive supporters of increased action against drink–driving, and joint actions and campaigns can increase public awareness of the problem and the measures being used to address it.

5. Do the police have adequate resources for effective enforcement? Can fines be used to finance police activity?
Effective enforcement of drink–driving laws requires a significant amount of police time to conduct and process random breath-testing activities and sobriety checkpoints. Resources are also required to pay for breath-testing equipment.

6. Does the health sector have specialist services to provide treatment for recidivist drink–drivers?
High BAC levels and frequent drink–driving offences are a sign and symptom of alcohol use disorders and alcohol dependence. Resources need to be available for treating such cases, perhaps as mandated by a court order.

Source: WHO (2009), pp. 40-41

Options for action

The 2009 WHO Handbook for Action to Reduce Alcohol Related Harm suggests the following options are available to policy-makers.

- **Maintain the status quo** – no change to BAC limits – no change to levels of enforcement.

WHO feels this option would not benefit policy-measures, but rather would constitute a missed opportunity to reduce deaths and injuries linked to drink-driving and that could have been prevented.

- **Reduce the legal BAC level for drinking and driving for all drivers**

WHO suggests that a BAC limit closer to 0.2 g/l has been shown to be most effective. It must of course be enforced, but such a low legal limit also sends out a clear message that you cannot drink and drive.

- **Enhance enforcement**

Low legal BAC limits are effective only if the public knows what they are and knows that there is a high probability that they will be stopped, pulled aside and checked at any time. It is also important that people found in breach of these limits are punished immediately and, for more dangerous cases, severely, for example by withdrawing the drink driver's licence.
(Source: WHO (2009), pp. 41)

Stakeholders for action

- The police are the key stakeholder for reducing drink-driving and its related harm.
- The department of transport, normally in charge of implementing laws on drink-driving and of improving road safety.
- The hospitality industry and people who serve alcohol should feel responsible in terms of not serving alcohol to drivers.

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AER, April 2010