

Towards Zero Drink Drive Tolerance

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Recent figures show the number of drink drivers involved in accidents has risen in the UK for the first time in a decade. In 2015, 3,450 drivers failed a breath test after an accident, up from 3,227 in 2014.¹ Figures from the Department of Transport reveal 1,380 people were killed or seriously injured in alcohol related accidents during 2015 – up five per cent on the previous year. According to the latest figures from the Institute of Alcohol Studies, every year drink driving causes 240 deaths and more than 8,000 casualties in the UK. 60% of those who are killed or injured are people other than the driver, such as passengers, pedestrians and cyclists. The cost to the country has been estimated at £800 million a year.²

The level of 80mg/100ml was set in the UK over 50 years ago, England along with Wales and Northern Ireland continue to have one of the highest drink drive limits in the world. In fact, the UK is the only country of the 53 member states of WHO European region not to have reduced the legal limit to 50 mg/100ml³. Nine of the European Union (EU) member state countries have gone as far as legislating for a zero tolerance level on the basis that any alcohol concentration in the blood increases the risk of a crash. Novice drivers and Professional /commercial drivers particularly need to be targeted and the WHO strategy is to supplement enforcement of the lower drink drive limit with more random breath tests and more punitive personal punishment.³

After Scotland lowered its limit to 50 mg/100ml in December 2014, police figures showed a 12.5% decrease in drink driving offences in the first nine months. Statistics released by Transport Scotland revealed 168 deaths in 2015,

down from 203 the previous year and a drop in the total number of casualties, which fell by 3% from 11,307 to 10,968 – the lowest number since records were started.⁴

Many factors in addition to the level of alcohol in the blood influence the extent of impairment in driving skills including weight, age, sex and metabolism.⁵ Newer patterns of alcohol consumption such as the fashion to mix alcohol with other drugs and energy drinks have been shown to have a profound influence on accident causation. Energy drinks lessen subjective intoxication in persons who have also consumed alcohol and cause a significantly higher frequency of alcohol related consequences, even after adjusting for the amount of alcohol consumed. Almost one-quarter of college students report mixing alcohol with energy drinks.⁶ Drug use – marijuana, narcotics, stimulants and depressants is also associated with significantly increased risk of fatal crash involvement, particularly when used in combination with alcohol.⁷ The binge drinking pattern is known to have increased considerably over the past ten years in the UK and binge drinkers have been found to be more likely to drive while impaired by alcohol compared with non-binge drinkers.⁸ After an evening bout of binge drinking, concentrations of alcohol will still be present the following morning sufficient to fail breath test analysis.⁹

Certain age groups appear to be particularly vulnerable. A Freedom of Information (FoI) request published in 2016 revealed that 27-year-old men and 26-year-old women were the most common drink-driving offenders at 8,886 and 1,620 respectively, and that thirty year-old men had 95 per cent more offences at 8,258

compared to the 258 of 18-year-old male drivers. Older age groups also have a high risk of offending, with 80-year-olds being nearly twice as likely to be caught drink-driving compared to 17-year-olds.¹⁰

The potential benefit of lowering the maximum drink drive limit to 50mg/100ml will need to be combined with effective deterrent penalties. In addition, improved awareness campaigns for the age groups identified along with insightful targeting of other vulnerable groups including the often resistant daily drinkers will be essential.¹¹ The establishment of zero tolerance level needs to be considered further particularly for the groups described as being at most risk and when alcohol intake is combined with other addictive drugs.^{7,12} With just 10mg/100ml concentration in blood, these subjects have an increased likelihood of being involved in a fatal accident. The current reluctance of Government to impose more fiscal and regulatory measures to reduce overall alcohol consumption in this country may not apply to the same extent to drink driving limits.¹³ Indeed Government have stated that reduction in drink driving remains a priority. There is also strong public support for lowering the limit, with the British Social Attitude Survey recently reporting that three quarters of the public (77%) support lowering the drink driving limit.¹⁴

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