

TACKLING DRINKING AND DRIVING IN NORTHERN IRELAND

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1. Drinking and Driving Introduction

1.1. Issue

The consequences of drinking and driving are devastating. Drivers who consume alcohol before getting behind the wheel kill or injure not only themselves but their passengers and other road users. Annually, drink driving contributes to at least 10,000 road deaths in Europe alone. It is estimated that 2–3% of journeys undertaken in Europe are by drivers with an illegal blood alcohol content (BAC).¹ In Northern Ireland, on average, 25 people die each year as a result of driver/rider alcohol or drugs.

Analysis of 345 cases of driver/rider fatalities in Northern Ireland between 2003 and 2007 showed that 18 of those fatalities (5%) had levels of alcohol in their system below the legal limit².

There are a number of ways in which Blood Alcohol Concentration (BAC) can be expressed. In the UK and Republic of Ireland it is usually expressed as the weight in milligrammes of alcohol in 100 millilitres of blood (mg/100ml). In the UK and Republic of Ireland the legal limit for driving is usually stated as 80 milligrammes of alcohol per 100 millilitres of blood.

This paper assesses the impact of drinking and driving, in terms both of the effect of alcohol on driving ability and of the deaths and injuries caused by drink driving in Northern Ireland. It assesses the need for change, reports on the outcomes of alternative approaches in other jurisdictions and considers possible changes to our current legislation. The Department of the Environment seeks your views on how we might move forward, and any other comments you might have with regard to drinking and driving in Northern Ireland.

¹ European Transport Safety Council Factsheet, January 2008, http://www.etsc.be/documents/Fact_Sheet_DD.pdf

² It should be noted that this does not imply that alcohol was the cause of the fatal collision or was the only impairing drug present.

1.2. Overview of Physical Impact of Alcohol on Driving

Drivers need to use a variety of skills when they are behind the wheel, from hazard perception to judging distance, and from defensive driving to vehicle control. There are many factors, both internal and external, which can impact on a person's ability to drive safely – weather conditions, vehicle faults, distractions – but the single biggest factor within a driver's control is impairment through alcohol consumption.

The body's ability to process alcohol depends on a number of factors, such as:

- amount – how much alcohol has been taken and how quickly;
- age – younger drivers are particularly affected by alcohol, having less tolerance to its effects and less driving experience;
- weight/size – the smaller you are, the lower your blood volume is likely to be, so the same amount of alcohol may affect you more;
- gender – women are typically smaller and have proportionately more body fat and less body water than men; ingesting the same amount of alcohol is likely to result in a woman having a higher blood alcohol concentration than a man;
- water intake – dehydration leads to a higher concentration of alcohol in the blood; and
- food intake – alcohol is absorbed more slowly if there is food in the body.

1.3. Main Drink-Driving Offenders

In the period 2003 to 2007, approximately 93% of road deaths as a result of drink/drugs driving were caused by males. Young men aged 17 to 24 are the group most likely to be responsible for drink driving deaths and serious injuries. They are responsible for 35% of drink-related fatal and serious casualties while accounting for only around 11% of licence holders. However, in focusing on one problem group we must not lose sight of the fact that the

other offending groups are collectively responsible for almost two-thirds of the deaths and serious injuries on our roads that are attributed to driver alcohol/drugs.

1.4. Peak Periods for Drink Driving

Research indicates that the peak times for drink driving are:

- summer months and the Christmas period;
- weekends;
- late at night/early morning.

Drink drivers are often detected 'the morning after', and the Department of the Environment and PSNI always ensure that this issue is highlighted in public information campaigns.

The charts below illustrate that December is the worst month of the year for deaths and serious injuries due to driver/rider alcohol or drugs, with relatively high numbers also occurring in July and August. More deaths and serious injuries occur on Saturdays and Sundays than on any other day of the week. The peak times of the day for deaths and serious injuries due to drink or drug driving fall between the hours of 8pm and 4am, with almost 30% occurring between midnight and 2am alone.

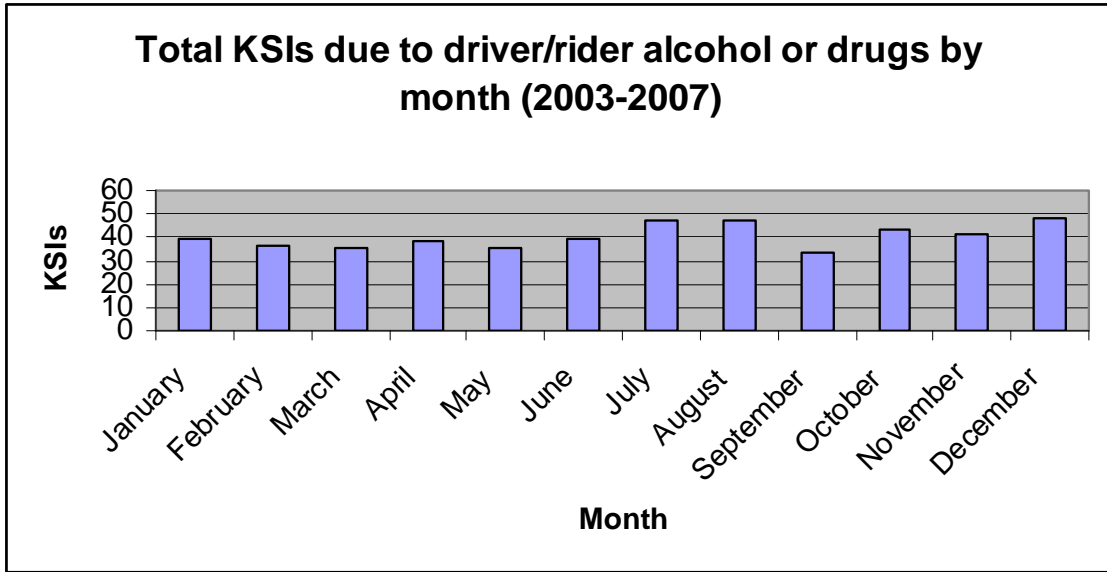


Figure 1

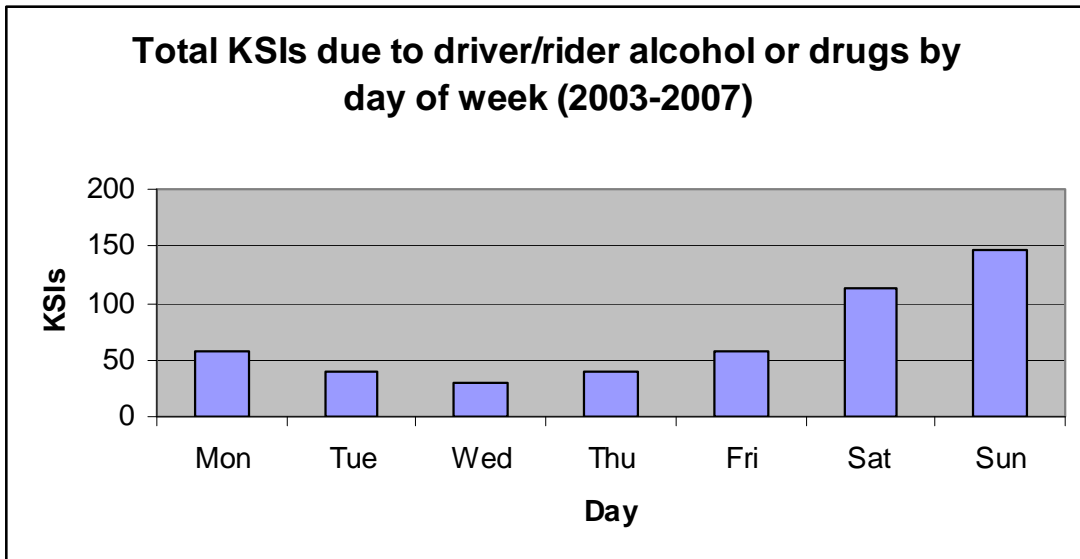


Figure 2

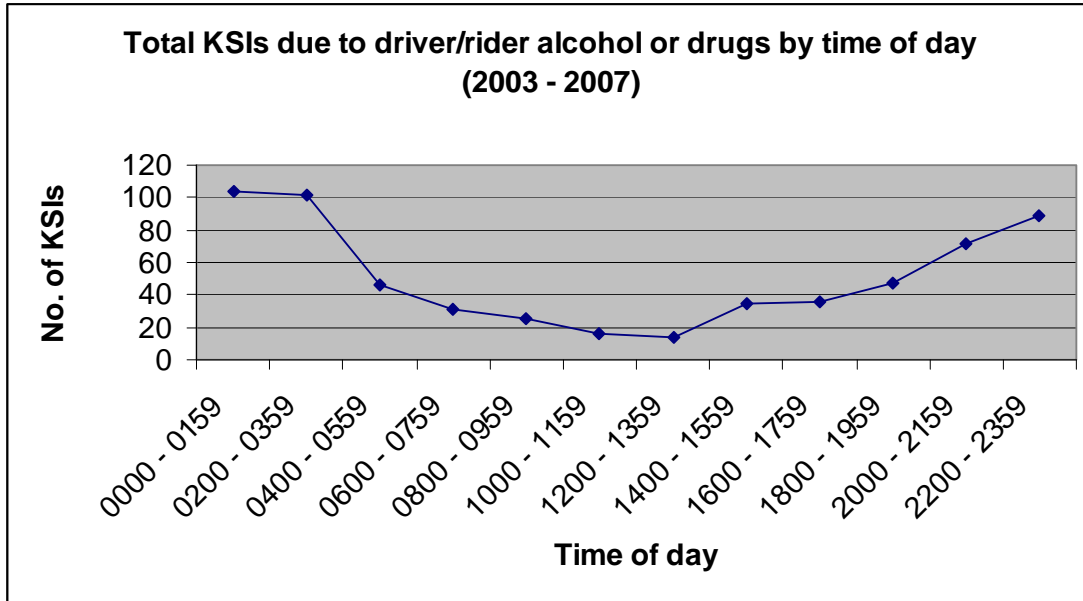


Figure 3

1.5. Impact of Alcohol on Driving Ability

There is clear evidence that alcohol impairs the cognitive and motor skills required for safe driving and there is now a wealth of research (DHS 2008) indicating that the impairment begins with any departure from zero blood alcohol concentration (BAC).³

Impairment

While it is true that people metabolise alcohol at different rates and react differently to alcohol, evidence shows that drivers will generally react in broadly similar ways to alcohol consumption. The following is included to indicate the progressive nature of intoxication and impairment.

Alcohol Level 20mg - 50mg

Judgement of distance and speed of oncoming vehicles is affected. Drivers will tend to take greater risks, particularly in dangerous manoeuvres such as overtaking or driving too close to the vehicle in front.

³ German Centre for Addiction Studies (DHS), 2008. "Reducing Drinking and Driving in Europe, Hamm, DHS

Alcohol Level 50mg - 80mg

Vision is affected, slowing reactions to red lights and tail lights. Drivers are more likely to drive too fast and to misjudge distances when approaching bends. Motorcyclists will find it difficult to drive in a straight line.

Alcohol Level 80mg +

Drivers will overestimate their own ability. Vision is so affected they may not notice cyclists, pedestrians or parked vehicles in sufficient time to avoid them.

Alcohol is typically eliminated from the system at a rate of about one unit per hour. If you have had a lot to drink the night before, your blood alcohol level may well still be in excess of the legal limit the next morning. There is nothing that can be done to speed up the elimination process or 'sober up'. For example, taking tea or coffee, exercising, taking a shower or eating will make no difference to your BAC.⁴

In a review of 112 studies into the 'Effects of Low Doses of Alcohol on Driving Related Skills', Moskowitz and Fiorentino (2000) concluded that *'there is no BAC level at which impairment does not occur'*. They found that at under one-eighth of our legal limit both basic driving skills and "divided attention" ability (the ability to focus simultaneously on different sources of information on the road) were found to be impaired in half or more of the behavioural tests.⁵ Evidence showed that impaired drivers tended to focus more on the most basic activities, such as steering, to the detriment of other key driving skills.

Collision Risk

Due to differences in driving factors and conditions and the methodologies used, estimates vary of the precise extent to which alcohol increases crash

⁴ Road Safety Authority, Ireland, "Cause of Road Crashes", www.rsa.ie

⁵ Moskowitz, H. and Fiorentino, D. (2000) *A review of Literature on the Effects of Low Doses of Alcohol on Driving-Related Skills*, DOT HS 809 028, U.S. Department of Transportation, National Highway Traffic Safety Administration, Washington, DC.

risk. However, numerous studies demonstrate that even moderate amounts of alcohol increase the risk of collision. Results of studies have repeatedly demonstrated that there is a clear relationship between relative crash rate and BAC level. As BAC increases, so too does the risk of being responsible for collisions (Hole 2007).⁶

Such studies compare the BACs of drivers in collisions with the BACs of drivers not involved in collisions. Borkenstein (1964)⁷ demonstrated that at BAC levels between 50mg/100ml and 100mg/100ml a driver is twice as likely to be involved in a collision. Kruger (2004)⁸, in a more recent study, found that a driver with between 50mg/100ml and 80mg/100ml alcohol was nearly three times more likely to have a collision than someone with a zero BAC. Research by Compton (2002) indicates that the crash rate per kilometre driven for a driver with 80mg/100ml alcohol in his blood (the current legal limit) is approximately 2.7 times higher⁹. Zador (2000) found that at BACs between 20mg/100ml and 49mg/100ml drivers were at least three times more likely to die in a single vehicle crash and that this increased to at least six times with a BAC between 50mg/100ml and 79mg/100ml.¹⁰

Younger Drivers

Younger drivers, in particular, are hampered by a lack of experience, by an often inaccurate assessment of their level of competence and by the effects of alcohol on their ability to drive, to make prudent choices, and on their behaviour.

There is clear evidence (Keall *et al.* 2004) that low doses of alcohol (below 50mg/100ml) have a much stronger effect on younger drivers (24 years of age

⁶ Hole, G (2007) *The Psychology of Driving*; Lawrence Erlbaum Associates..

⁷ Borkenstein, RF, Crowther, FR, Shumate, RP, Ziel, WB, and Zylman, R, (1964). *The role of the drinking driver in traffic accidents*. Illinois: Indiana University, Dept of Police Administration

⁸ Kruger, HP and Vollrath, M, (2004). The alcohol-related accident risk in Germany: Procedure Methods and Results. *Accident Analysis and Prevention*, 36, 125-133.

⁹ Compton, R.P., Blomberg, R.D., Moskowitz, H., Burns, M., Peck, R.C. & Fiorentino, D. (2002) Crash rate of alcohol impaired driving. Proceedings of the sixteenth International Conference on Alcohol, Drugs and Traffic Safety ICADTS, Montreal

¹⁰ Zador, P. L., Krawchuk, S. A., & Voas, R. B. (2000). Alcohol-related relative risk of driver fatalities and driver involvement in fatal crashes in relation to driver age and gender: An update using 1996 data. *Journal of Studies on Alcohol*, 61, 387–395.

and younger) than on older drivers¹¹. US research confirmed the greater impact of alcohol on young people's risk levels, including at levels below 50mg/100ml. For example, at zero BAC a driver aged 21-24 has a 1.79 times greater crash risk than a driver aged 35-49. This rises to a 2.48 times greater risk at 40 – 50mg/100ml (Preusser 2002)¹².

Studies have also indicated that the relative risk of a younger driver sustaining fatal injuries increases much more quickly with each alcoholic drink. A Norwegian study (Glad 1985), for example, found that the fatality risk for an 18-25 year old driver with a BAC at or above 50mg/100ml is significantly increased¹³.

So, while drink driving is certainly dangerous at all ages, the impact on young drivers is even more severe. Research also shows that at the age of 18 areas of the human brain which are responsible for the integration of information and impulse control are still developing¹⁴. In considering a younger person's general competence to drive there is also a need to take into consideration 'social maturity' and other psychological factors - for example, reaction to peer pressure and impulse control, which can be further impaired by the use of alcohol.

1.6. Drinking and Driving – The Cost

Social

Road traffic collisions represent a significant cost to Northern Ireland both in social and economic terms. Between 2003 and 2007, 127 people died in collisions attributed to driver/rider alcohol or drugs – 20% of all road deaths in Northern Ireland in that period. Five hundred and ninety five people were seriously injured – 10% of all serious injuries on Northern Ireland's roads.

¹¹ Keall, M., Frith, W. & Patterson, T. (2004) *The influence of alcohol, age and number of passengers on the night-time rate of driver fatal injury in New Zealand*. In: *Crash Analysis & Prevention*, Vol. 36 p. 169-178.

¹² Preusser, D.F. (2002) *BAC and fatal crash rate*. In: ICADTS 2002 Symposium Report 'The Issue of Low BAC', p937.

¹³ Glad, A. (1985), *Research on Drinking and Driving in Norway: A Survey of Recent Research on Drinking and Driving and on Drinking Drivers*, Transportøkonomisk Institutt (TØI), Oslo.

¹⁴ European Road Safety Observatory, http://www.erso.eu/knowledge/content/06_young/novice_drivers.htm

In 2007 alone, 18 people were killed and 113 were seriously injured in alcohol or drug-related collisions. For each death and serious injury there is a chain of people affected, including the family, friends and wider community as well as the emergency and health services.

In 2007, in comparison with the rest of the UK, Northern Ireland had a similar proportion of deaths but a higher proportion of serious injuries attributed to driver/rider alcohol or drugs. In Northern Ireland, 16% of fatalities and 10% of serious injuries were due to driver or rider drugs/alcohol. In GB, 16% of all road deaths (460 out of 2,946) and 6% of serious injuries (1,760 out of 27,774) were due to driver or rider alcohol.

Financial

The value of avoiding each road death is £1.65m and each serious injury £185k (at 2007 prices)^{15, 16}. In the period from 2003 to 2007 it is estimated that the value of avoiding the 722 drug/alcohol-related deaths and serious injuries would have been around £286 million. It can be expected that a reduction in the BAC limit, if appropriately enforced, and assuming that people who comply with the current limit would comply with a new lower limit, would result in a reduction in collisions. The projected benefit of a reduction in the BAC level from 80mg to 50mg is detailed below in paragraph 1.7.

¹⁵ <http://www.dft.gov.uk/pgr/roadsafety/ea/pdfeconnote105.pdf>

¹⁶ Road casualties in Great Britain: Annual Report 2007, DfT, 2008.

Deaths and Serious Injuries attributable to driver/rider alcohol and costs, 2003 – 2007

Year	Deaths	Serious Injuries	Cost of Deaths £m	Cost of Serious Injuries £m	Cost of KSI Casualties £m
2003	37	148	24	17	40
2004	30	124	25	18	43
2005	24	95	34	15	50
2006	18	115	45	21	65
2007	18	113	61	27	88
Total	127	595	188	98	286

Table 1

1.7. Reducing the BAC Limit: Projected Benefits through reductions in fatalities, injuries and costs

Allsop (2005)¹⁷ estimates that in Great Britain 65 lives would be saved annually if the legal limit for the general driver population were to be reduced from 80mg/100ml to 50mg/100ml. The Department for Transport's research in 1998 indicated that 50 lives might be saved in Britain with a reduction to 50mg/100ml. This assumed that those people who adhered to the current limit would adhere to the new limit, with similar levels of enforcement.

Research in Northern Ireland indicates that a reduction to 50mg/100ml for all drivers could result in between one and two lives saved here every year, and around ten serious injuries avoided¹⁸. This represents a potential saving to society of between £3.5m and £5.1m per annum. There is no research estimate for other BAC reductions. However, it is anticipated that other levels of reduction would in fact deliver broadly similar benefits, as the underlying objective of any option would be to prevent people from drinking and driving at all.

¹⁷ Allsop, R.E. (2005) How much is too much?-Lowering the legal drink-drive limit. In: Proceedings of the Brake Conference on Drink and Drug Driving, London, May 2005.

¹⁸ Based on GB projections on the potential number of fatalities and injuries that could be prevented from Allsop, R.E. (2005) How much is too much?-Lowering the legal drink-drive limit. In: Proceedings of the Brake Conference on Drink and Drug Driving, London, May 2005.

2. Drinking and Driving - The Law

2.1. Police Powers

Random breath testing

Random breath testing (RBT) has been shown to be twice as effective as selective breath testing (where there is a suspicion that a driver has consumed alcohol) in detecting drivers with an illegal BAC.¹⁹ Highly visible RBT in the vicinity of places where alcohol is consumed acts as a deterrent to drink driving. This, combined with less visible checkpoints to detect drivers with an illegal BAC, is thought to enhance the effectiveness of RBT.

There is widespread public support for the introduction of RBT in Northern Ireland. According to a 2008 study by the NI Statistics and Research Agency, 86% of people here think that the police should be able to stop and breathalyse people at random²⁰.

Enforcement in the EU

The use of RBT is now widespread in the EU. However, the likelihood of being detected varies greatly between member states. In Finland, for example, where RBT has been used for over 25 years, some 40% of drivers are breath tested every year²¹.

The SARTRE report (Sardi and Ever 2004) on "European drivers and road risk"²² revealed that nearly 30% of drivers believe they would never be breathalysed, while 45% believe that they would be breathalysed only rarely. Over 70% of drivers in Europe stated that they had not been breathalysed in the last three years.

¹⁹ http://www.erso.eu/knowledge/content/05_alcohol/police_enforcement.htm

²⁰ Road Safety Monitor May 2008, Northern Ireland Statistics and Research Agency.

²¹ 'Traffic enforcement in Europe: effects, measures, needs and future' (Mäkinen et al, 2003).

²² Sardi, GM and Ever, C (2004), "Drinking and Driving", European drivers and road risk: part 1 – Reports on principal analyses, edited by Sartre, INRETS, <http://sartre.inrets.fr/documents-pdf/repS3V1E.pdf>

However, more than 60% of Finnish drivers reported that they had been tested at least once in that period. In Italy, few if any drivers reported that they had been tested, with similarly low levels of testing reported by drivers in the United Kingdom and Republic of Ireland.

A more recent European Transport Safety Council report²³ shows that, in those countries where numbers of drink driving deaths have dropped most rapidly, there has also been an increase in drink drive enforcement. Again the UK was included among the countries with the lowest testing levels.

Mandatory Alcohol Testing in Republic of Ireland

Mandatory alcohol testing was introduced in Republic of Ireland in July 2006 and authorities view it as playing a significant part in reducing fatalities. This gave An Garda Síochána powers to conduct checkpoints for the purpose of random breath testing in any public place (once authorised by an Inspector).

In the period immediately preceding the introduction of mandatory alcohol testing - up to July 2006 - road deaths in Republic of Ireland had actually risen by approximately 6% over the same period in 2005, but from August to December road deaths fell by around 25% compared with the same period in 2005. Figures for the first 12 months after the introduction of RBT demonstrated that road deaths had fallen by 22%, resulting in 92 fewer deaths²⁴.

Enforcement levels have been significant in the period following the introduction of these powers and An Garda Síochána now carries out approximately 30,000 roadside screening breath tests on drivers per month - aiming for around 400,000 per year. This equates to approximately one roadside breath test per annum for every six licensed vehicles. It should be noted that the number of police officers deployed full-time on traffic duties has increased from 500 to 1200 since 2004.

²³ Enforcement Monitor no. 5. ETSC, January 2006.

²⁴ "Ireland: Drink Driving Facts", Road Safety Authority, 2008.

Enforcement in Northern Ireland

In Northern Ireland, around 25,600 roadside breath tests were carried out in 2007. Compared with the numbers of licensed vehicles on the roads, this was a higher number than in England and Wales (1 in 39 compared with 1 in 50).

While mainstream public attitudes in Northern Ireland about the unacceptability of drinking and driving are positive, there remains a hard core of drink drivers who will not be persuaded by advertising campaigns and who still see drink driving as a risk worth taking, with little chance, in their view, of being detected by the police.

The NISRA survey showed that 39% of motorists in Northern Ireland who drank alcohol thought it was unlikely they would be stopped by police if they were drinking and driving.²⁵

Despite such reported perceptions of a lack of enforcement in Northern Ireland²⁶, the PSNI has more than doubled the number of breath tests carried out annually in the five years since the introduction of the NI Road Safety Strategy in November 2002. The number of roadside screening breath tests for driver/rider alcohol in Northern Ireland has risen from 11,910 in 2002 to 25,628 in 2007.

No. of roadside breath tests performed in Northern Ireland – 2002 – 2007

	2002	2003	2004	2005	2006	2007
Roadside Screening Breath Tests	11910	13986	21175	23081	25107	25628
Number Positive	2596	2836	4460	5152	5043	3452
%	21.8	20.3	21.1	22.3	20.1	13.5

Table 3

It should be noted that the evidential breath-testing equipment currently used by the PSNI is type-approved only for the current prescribed limit for alcohol. If the Minister's decision is ultimately to change that limit, consideration will

²⁵ Road Safety Monitor May 2008, Northern Ireland Statistics and Research Agency.

²⁶ Road Safety Monitor May 2008, Northern Ireland Statistics and Research Agency.

have to be given to the equipment that would be used to enforce any new limit or limits. However, the decision about setting an appropriate level should not be determined by what technology is currently in use or available: the Department's objective is to establish the right limit/s. If necessary, the Department will subsequently work with the police to ensure that any new limit/s can be effectively enforced.

The number of drivers/riders who have lost their licences from 2005 to mid 2008 as a result of drink-driving or while under the influence of drugs is illustrated in the table below.

Driving disqualifications for drink/drug driving related convictions in Northern Ireland

Nature	2005	2006	2007
Mandatory Disqualification	3676	3402	3058
Discretionary Disqualification	335	294	249
Total	4011	3696	3307

Table 4

2.2. Offences

Drink driving legislation is a transferred matter in Northern Ireland, though historically legislation has mirrored that in Great Britain. The legislation governing drink driving limits can be found in Article 13 (2) of the Road Traffic (Northern Ireland) Order 1995.

The main drink driving offence in Northern Ireland is that of exceeding:

- 80 milligrammes of alcohol per 100 millilitres of blood;
- 35 microgrammes of alcohol per 100 millilitres of breath; or
- 107 milligrammes of alcohol per 100 millilitres of urine.

2.3. Penalties

The penalties for drink driving in Northern Ireland are as follows:

Conviction	Maximum Imprisonment	Maximum Fine	Minimum Disqualification	Required to resit driving Test?
Causing death or grievous bodily injury by careless driving while under the influence of drink or drugs	14 years	Unlimited	2 years	Yes (extended test)
Driving or attempting to drive whilst unfit through drink or drugs	6 months	£5,000	12 months (3 years if convicted twice in 10 years)	Yes
Driving or attempting to drive with excess alcohol in blood, breath or urine	6 months	£5,000	12 months (3 years if convicted twice in 10 years)	Yes
Failing to provide a specimen of breath, blood or urine for analysis	6 months	£5,000	12 months (3 years if convicted twice in 10 years)	Yes
In charge of a vehicle whilst over the legal limit or unfit through drink/drugs	3 months	£2,500	Discretionary	No

Table 2

2.4 High Risk Offenders

There are higher penalties for 'high risk offenders', i.e. those drivers who are more than two and a half times the limit, (equivalent to a BAC of 200mg/100ml), who are convicted of a repeat drink drive offence within ten years, or who refuse to provide a sample to police.

Even the most conservative estimates indicate that at levels of alcohol well below 150mg/100ml the chances of a typical motorist being involved in a crash are significantly more than 10 times greater. The increased risk facing a driver at 200mg/100 ml is more than 20-30 times that of a driver who has not drunk any alcohol (Hole 2007)²⁷.

2.5 Courses for Drink Driver Offenders

Courts in Northern Ireland have the power to offer an offender the option of attending a rehabilitation course. These educational interventions aim to reduce the likelihood of re-offending. On satisfactory completion, the offender's period of disqualification is reduced by 25%.

A review carried out by NISRA looked at reconviction rates for drink drive offenders. This indicated that for two years after attendance those who did not complete a course were 6.3 times more likely than those who completed a course to be reconvicted of a drink drive offence and that for three years those who did not complete a course were 3.8 times more likely to be reconvicted.²⁸

2.6 Public Awareness Campaigns and Public Attitudes

Campaigns have been mounted over a number of years by the DOE and PSNI to inform people of the limits and penalties and to seek to change driver behaviour. Campaigns have tended to seek to separate entirely drinking from

²⁷ The Psychology of Driving; Graham Hole; Lawrence Erlbaum Associates; 2007.

²⁸ Evaluation of Courses for Drink Drive Offenders- Reconviction Rates; NISRA, 2004.

driving, in recent years using the message NEVER EVER DRINK AND DRIVE. These campaigns have been very hard hitting, graphically portraying the impact and consequences of alcohol on driving.

In Northern Ireland, the 2008 NISRA NI Road Safety Monitor survey revealed that 21% of motorists who drink alcohol said they would normally drive after one drink. Thirty one per cent of motorists who drink alcohol said they would drive the morning after an evening on which they had four or more (for female motorists) or five or more (for male motorists) alcoholic drinks.

The 2008 Road Safety Monitor also reported that 65% of respondents said that motorists should not be allowed to drive after drinking any alcohol, with a similar proportion of drivers and non-drivers who were interviewed responding this way. A further 8% of respondents said the amount motorists should be allowed to drink before driving should be reduced.

While 98% of NISRA survey respondents stated that they had never driven at any time in the last 12 months when over the limit, around 2% said they had done so once or twice and small percentages (fewer than 1% in each instance) said they had done so three to four times or more than four times²⁹.

²⁹ Continuous Household Survey, 2006-07. NISRA.

3. Drinking and Driving – International Experience

3.1. European BAC Limits

An EU recommendation in 2001 suggested that all member states introduce a BAC limit of 50mg per 100ml and a lower limit of 20mg per 100ml for certain higher-risk drivers, for example novice drivers, lorry drivers and motorcyclists. In the Commission Communication on an EU strategy adopted in 2006, member states were invited to consider a zero BAC limit for young and novice drivers.

A list of the current BAC limits in the European Union member states can be found at Appendix A.

Only three EU states still have a BAC limit of 80mg: the UK, Republic of Ireland and Malta. Republic of Ireland has already announced its intention to reduce the limit to 50mg in 2009.

Many countries have opted for lower limits: for example, Romania, Czech Republic and Slovakia, among others, have a zero blood alcohol limit for all drivers.

3.2. Impact of Limits and Penalties in Europe

In Europe as a whole, reductions in drink driving deaths have been more significant over the last decade than reductions in other areas such as speeding on the roads. There is ample evidence that reductions in BAC limits, supported by effective enforcement and publicity, can reduce drink driving at all BAC levels.

According to Bartl and Sturmvoll (2000), implementing a BAC limit of 10mg/100ml in **Austria** for novice drivers resulted in a 16.8% fall in fatal crashes involving drivers with a BAC level of 80mg/100ml or more.³⁰ Austria is

³⁰ Bartl, G. & Sturmvoll, G. (2000) Description of post licensing measures in Austria, DAN-Report

now considering a zero BAC limit and higher sanctions for all school bus drivers, although there are no plans to introduce mandatory driving disqualifications.

Significant reductions have been seen in the **Czech Republic** (zero BAC) and **Germany** (50mg/100ml BAC and zero for novice/professional drivers), where drink driving deaths have decreased by more than 10% every year on average over the period 1996 to 2005. Germany is introducing higher sanctions for drink drivers in 2009, in the form of higher fines, but again not mandatory driving bans.

On the other hand, in some countries, for example **Hungary** (zero BAC), **Lithuania** (20-40mg/100ml BAC), **Spain** (30-50mg/100ml BAC) and **Great Britain** (80mg/100ml BAC), the drink driving problem had not improved up to 2006.³¹ GB has, however, reported that the provisional number of killed or seriously injured casualties in 2007 due to driver or rider alcohol was 12% below the 2006 level³².

Belgium (50mg/100ml BAC) has seen a 27% reduction in road crash fatalities between 2001 and 2007.³³ The proportion of drivers found over the 50mg limit decreased from 3.3% in 2003 to 2.1% in 2005. New legislation introduced in 2004 brought in higher minimum fines for drink drivers. The Belgian road safety strategy adopted a target of breath tests for one in three drivers (which will amount to two million tests annually).

Poland (20mg/100ml BAC) experienced a slight increase (1%) in the number of alcohol-related road fatalities, although there was a marked decrease of 20% in the number of detections for drink-driving.³⁴ This decrease in drink driving detections is attributed to changes in the traffic penalty regime and increased publicity.

³¹ European Transport Safety Council Annual Report, June 2007, Chapter 3.
www.etsc.be/documents/PIN_Report.pdf

³² Road casualties in Great Britain: Annual report 2007, DfT, October 2008.

<http://www.dft.gov.uk/pgr/statistics/datatablespublications/accidents/casualtiesgbar/roadcasualtiesgreatbritain20071>

³³ www.etsc.be 2008

³⁴ Bringing an End to Drink Driving in Poland: Poznan and beyond, October 2008, www.etsc.be

Sweden (20mg/100ml BAC) currently imposes a minimum mandatory ban at levels above 100mg/100ml, although bans are possible at levels above 30mg. However, the Swedish government is currently consulting on proposals to allow drivers to opt for a breath alcohol ignition interlock ('alcolock'), as a condition of keeping their licences, even at levels above 100mg (an alcolock is a device, similar to a breathalyser, that is integrated into a vehicle's ignition. The driver must breathe into the alcolock and any result above the pre-programmed BAC level will prevent the vehicle from starting).

In **Finland**, around 23-25% of road deaths are caused by drink drivers, and this increased slightly from 1996 to 2005. Finnish researchers believe that the problem is mainly due to drivers with an alcohol problem – over 60% of drivers detected are over 120mg/100ml, and there are high levels of repeat offences (up to 23% reoffend within five years). For these reasons, Finland has introduced alcolocks, which must be used in conjunction with alcohol treatment and rehabilitation, as an alternative to driving disqualification. It is estimated that this could lead to a 25-28% annual reduction in alcohol-related road deaths.³⁵

In **Switzerland**, the number of road deaths decreased by an estimated 20% from 2004 to 2005. Preliminary findings show that one of the main reasons for this is a 25% reduction in alcohol related deaths in 2005. On 1 January 2005, the legal BAC limit was reduced from 80mg to 50mg/100ml and random breath testing was introduced.³⁶

Key Points

Experience in Europe indicates that reducing the existing BAC limit for all drivers in a country reduces serious collisions. Some analysts (Elvik and Vaa 2004) suggest that any reduction, properly enforced, would lead to a reduction of 8% in fatal crashes and 4% in injury crashes.³⁷

³⁵ www.etsc.be, Drink Drive Monitor 06

³⁶ European Transport Safety Council Factsheet, January 2008, http://www.etsc.be/documents/Fact_Sheet_DD.pdf

³⁷ Elvik, R. & Vaa, T. (2004) The handbook of road safety measures. Elsevier Ltd, Oxford, UK

Although currently under consideration in some member states, it is perhaps notable that no EU state currently imposes a mandatory driving disqualification for first time offenders with BAC levels between 50 and 80mg. Instead they rely on graduated penalties such as fines, penalty points and/or discretionary prison sentences and discretionary disqualifications (although in some cases the driver's licence may be confiscated until the sentence has been issued in court).

Research has shown that for young drivers, starting from a position of a legal BAC limit of 80mg/100ml, only a reduction to zero mg or 20mg is effective, and that lowering BAC levels to 40mg or 60mg has not tended to produce significant reductions in alcohol-related fatalities.³⁸ As shown in section 3.2, a reduction in BAC levels has, in other countries, reduced fatal collisions by between 8% and 20%.

Generally speaking, police across the EU have powers to conduct random breath tests, although some states have operational requirements such as authorisation by a senior officer).

3.3. Position in Great Britain

BAC limits are currently the same throughout the UK. At 80mg/100ml, they are amongst the highest in Europe, with those of Republic of Ireland and Malta. A consultation document issued in GB in 1998 with a range of proposals to combat drink-driving, and while a majority of responses favoured a lower limit no action was subsequently taken.

It is worth noting that while Northern Ireland and Great Britain are among the countries with the highest BAC limits the penalties are also among the most severe, with mandatory disqualification for drivers convicted of driving above the legal limit and a requirement here to resit the driving test. Many countries with lower legal BAC limits do not have such severe penalties, even for drivers convicted at above 80mg (see section 3.2 below).

³⁸ European Road Safety Observatory, http://www.erso.eu/knowledge/content/06_young/novice_drivers.htm

The UK Government's current policy is to "reduce drinking and driving through a combination of effective law enforcement, maintaining a tough penalties regime and continuing to invest in high-profile national publicity campaigns."

³⁹ The UK Government does not accept that there is enough evidence to warrant reducing the limit and is not proposing to do so - instead focusing on compliance with and enforcement of the current limit⁴⁰.

Provisional statistics on collisions involving drinking and driving in Great Britain in 2007 show that:

- fatalities resulting from drink drive collisions fell by 18 per cent from 560 in 2006 to 460 in 2007;
- seriously injured casualties fell by 11 per cent from 1,970 to 1,760;
- slight casualties, however, rose by 4 per cent from 11,840 to 12,260;
- total casualties therefore rose by 1 per cent from 14,370 to 14,480;
- fatal collisions fell by 16 per cent from 490 to 410;
- there was an overall increase of 2 per cent in drink drive collisions from 9,400 to 9,620⁴¹.

3.4. Position in Republic of Ireland

The Road Safety Authority has recommended a reduction in the BAC in Republic of Ireland for drivers from the current level of 80mg to 50mg and a reduction in the current limit to 20mg for learner and professional drivers. (Road Safety Strategy⁴² 2007-2012, Action Point 76).

Tougher penalties for drink driving offences were introduced in March 2007, as set out below.

³⁹ Commons Hansard, Written answers for 13 June 2008. See: <http://www.parliament.the-stationery-office.co.uk/pa/cm200708/cmhansrd/cm080613/text/80613w0003.htm>

⁴⁰ Road Safety Compliance Consultation. DfT, November 2008. <http://www.dft.gov.uk/consultations/open/compliance/>

⁴¹ Road casualties in Great Britain: Annual report 2007, DfT, October 2008.

<http://www.dft.gov.uk/pgr/statistics/datatablespublications/accidents/casualtiesgbar/roadcasualtiesgreatbritain20071>

⁴² http://www.rsa.ie/NEWS/upload/File/822_RSA_Strategy_ENG.pdf

- The disqualification periods for drink driving offences now range from one year to six years depending on the level of alcohol detected and whether it is a first or subsequent offence. This compares with the previous range of three months to four years.
- The offence of refusing to provide a sample of blood, urine or breath for evidential purposes now attracts an automatic disqualification of four years for a first offence and six years for a second or subsequent offence. Previously it was two and four years respectively.
- The process of applying to have a licence restored following a disqualification has also been changed and only those who have not been disqualified in the preceding ten years can apply for a reduction in their disqualification periods. Only those who have been disqualified for two or more years are allowed to apply for the removal of a disqualification. Those with shorter disqualifications have to serve them in full.

Statistics show that road fatalities in Republic of Ireland have dropped consistently over the last three years from 396 in 2005, to 365 in 2006 and to 338 in 2007. However, Republic of Ireland does not yet have separate data on collisions involving drinking and driving relating to 2006 and 2007.

4. Tackling Drink Driving – Recommended Approaches

4.1. EU Recommendations

The Institute for Alcohol Studies in London, acting on behalf of the European Commission, published a report on the use of alcohol in the EU, including issues around drinking and driving. The report was published in 2006, making a number of recommendations for tackling drink driving, many of which have been adopted by EU Member States⁴³.

The nine recommendations were:

1. a maximum blood alcohol concentration limit of 50mg/100ml should be introduced throughout Europe; countries with existing lower levels should not increase them;
2. a lower limit of 20mg/100ml should be introduced for young drivers and drivers of public service and heavy goods vehicles; countries with existing lower levels should not increase them;
3. unrestricted powers to breath test, using breathalysers of equivalent and agreed standard, should be implemented throughout Europe;
4. common penalties with clarity and swiftness of punishment, with penalties graded depending at least on the BAC level, should be implemented throughout Europe;
5. driver education, rehabilitation and treatment schemes, linked to penalties, based on agreed evidence-based guidelines and protocols should be implemented throughout Europe;
6. action to reduce drinking and driving should be supported by a Europe-wide campaign;
7. existing designated driver campaigns should be evaluated for their impact in reducing drink driving collisions and fatalities before financing and implementing any new campaigns;

⁴³ http://ec.europa.eu/health-eu/doc/alcoholineu_summary_en.pdf European Commission Report "Alcohol in Europe: A Public Health Perspective", 2006

8. effective and appropriate training for the hospitality industry and servers of alcohol should be implemented to reduce the risk of drinking and driving;
9. comprehensive community-based educational and mobilisation programmes, including urban planning and public transport initiatives, should be implemented to reduce drinking and driving.

4.2. Best Practice Recommendations

Other experts⁴⁴ recommend taking the following steps to tackle the issue of drinking and driving:

- *reduce the availability of alcohol*, for example by limiting selling points, raising prices or raising the minimum drinking age;
- *separate drinking from driving*, e.g. through the use of alcohol ignition interlocks or designated driver programmes;
- *police enforcement*, through legal blood alcohol limits, roadside breath tests and sanctions or penalties;
- *education and information*, through schools and driver training, rehabilitation courses, public campaigns and promotion of safety culture.

The British Medical Association (BMA)⁴⁵, in a drink driving seminar in London in March 2008 considered the views of road safety and health representatives and police from across the UK and Republic of Ireland. It concluded that the BAC limit should be reduced to 50mg and agreed to encourage such a reduction across the UK.

⁴⁴ European Road Safety Observatory, http://www.erso.eu/knowledge/content/05_alcohol/measures.htm

⁴⁵ http://www.bma.org.uk/health_promotion_ethics/alcohol/Drinkinganddriving.jsp

Reducing the limit would also reflect the views of the Parliamentary Advisory Council for Transport Safety (PACTS)⁴⁶ and the Association of Chief Police Officers (ACPO)⁴⁷.

⁴⁶ <http://www.publications.parliament.uk/pa/cm200708/cmselect/cmtran/460/46005.htm>

⁴⁷ <http://www.acpo.police.uk>

5. The way ahead in Northern Ireland

5.1. Key Policies in Northern Ireland

This consultation paper examines and seeks views on the following policy and legislative options for dealing with drink driving:

- reduction in BAC limits;
- penalties for exceeding the limit or limits;
- greater use of rehabilitation courses; and
- powers to detect drink drivers.

There are further measures and proposals to reduce drink driving that might be included in future consultation papers. These could include alcohol ignition interlocks ('alcolocks'), rehabilitation of repeat offenders, publicity and education campaigns and the removal of the right to a blood or urine sample to replace the breath test.

5.2. Options for BAC Limits

The options to be considered are to:

- retain the current limit of 80mg/100ml;
- introduce a 50mg/100ml limit for all drivers;
- introduce a 20mg/100ml limit for all drivers;
- introduce a limit of 50mg/100ml for most drivers and a lower limit of 20mg/100ml for all inexperienced drivers and professional drivers.

Zero BAC

An absolute zero BAC limit is not included as an option as it would be unrealistic and problematic to enforce. Even people who never drink alcohol produce small amounts of it during the digestive process and there are many ways that people can unknowingly ingest small quantities of alcohol.

80mg/100ml BAC

One option is to make no change, i.e. to leave the BAC limit at 80mg/100ml. It is argued that our current BAC limit of 80mg/100ml, accompanied by our tough penalties, act as more of a deterrent than lower limits in other countries, where mandatory disqualification is not the norm.

50mg/100ml BAC

Another option is simply to reduce the current limit from 80mg/100ml to 50mg/100ml. The penalties that currently apply at 80mg/100ml could simply move to the new limit. Alternatively, graduated penalties could be introduced, with the current penalties only applying at 80mg/100ml or above (see section 5.4 for further discussion of penalties).

Those supporting a 50mg/100ml limit such as the BMA note that the risk of involvement in a collision rises significantly once the blood alcohol level rises above 50mg/100ml⁴⁸. Research (Babor *et al* 2003) indicates a marked deterioration in driving performance between 50mg/100ml and 80mg/100ml: the relative crash risk of drivers with a BAC of 50mg/100ml is double that for a person with a zero BAC, and the risk rises to 10 times for a BAC of 80mg/100ml⁴⁹.

20mg/100ml BAC

A third option would be to reduce the current limit from 80mg/100ml to 20mg/100ml. The penalties that currently apply at 80mg/100ml would simply move to the new limit.

A BAC limit of 20mg/100ml could be regarded as a more workable “zero” limit. In effect this would mean that taking even a small amount of an alcoholic beverage before driving is likely to result in a driver exceeding the limit. It does allow, however, for certain factors such as the natural production of alcohol in the body, and consumption of some medicines and foodstuffs that might have very low levels of alcohol present.

⁴⁸ Briefing Paper on Drinking and Driving, Great Britain. BMA. December 2008.

⁴⁹ Babor T, Caetano R, Casswell et al (2003) Alcohol: no ordinary commodity. Oxford: Oxford University Press.

50mg/100ml for most Drivers and 20mg/100ml for Inexperienced and Professional Drivers

A limit of 50mg/100ml for most drivers, together with a lower limit of 20mg/100ml for all inexperienced drivers and professional drivers, would be in line with recommendations from the EU and with the current limits in most European countries.

They reflect levels of risk associated with different categories of driver and the potential scale of collisions associated with driving vocationally, along with the duty of care owed to passengers and to other road users.

It should be borne in mind that the only safe option for drivers is never to drink and drive. The limit is the point at which the law will become involved to penalise, prevent recurrence and deter others from similar behaviour. It should be set at a level at which such intervention is deemed reasonable and acceptable.

The Department seeks your views on retaining or reducing the BAC limit. (Please see questionnaire at Annex G, Questions 1 and 2)

5.3. Professional Drivers

If there were to be a lower limit for '*professional drivers*', the term would have to be defined. It is likely to mean 'any driver who is licensed to carry passengers or goods for hire and reward' but could be further refined to specify the nature of the vehicle being driven. The Department is interested in views on the definition of a '*professional driver*'.

5.4. Penalties

In considering the way forward, the Department must seek to balance any new limits against the possible penalties they will attract. The most effective

legislation will maximise the deterrent effect while making reasonable, publicly acceptable and well understood law. It will enable police efforts to detect offenders while seeking to rehabilitate and minimise recurrence. Penalties must be commensurate with the offence or offences.

Currently at BAC 80mg/100ml in Northern Ireland the penalties are among the most severe in Europe. However, experience in other countries has demonstrated that less severe penalties, lower limits and effective enforcement can have significant impacts on drink driving rates and fatal and serious collisions.

If the legal blood alcohol limit is reduced, the Department has identified the following options for motorists other than inexperienced and professional drivers.

- For any new offence or offences at BAC levels below 80mg/100ml, simply use the penalties that currently apply.
- Keep the existing penalties at 80mg or above. For any new limits below 80mg introduce graduated penalties. This means that the severity of the penalty is matched to the level of the limit or your status as a professional or novice driver. These penalties could include penalty points, fines and attendance at drink drive courses. If an offender goes to court and is convicted, higher fines, penalty points and/or possible disqualifications for periods shorter than 12 months could then apply. This approach would reflect common practice in other EU countries.

If we were to have one limit it would be necessary to apply a ban, regardless of the BAC level at which it is set. We would not want it to be the case that a driver who offends at 80mg/100ml or higher would be treated more leniently than at present. If one or more limits are to be introduced with lower penalties, the 80mg/100ml limit and penalties should also be retained.

Mandatory Drink Drive Courses

Drink drive courses are currently used as a sentencing option in courts in Northern Ireland. These are voluntary, and offenders receive a reduction of 25% in the period of disqualification on successful completion. If mandatory courses were to be introduced for BAC levels below 80mg/100ml, it would seem important also to make this provision for drivers at or above 80mg/100ml. It would further require consideration to be given as to whether such courses would replace the resit of the driving test or should sit alongside that requirement at 80mg/100ml or remain only for high risk offenders⁵⁰.

While it might be argued that the deterrent effect of a retest is strong, its primary purpose is to improve behaviour and prevent reoffending. Participation in a drink drive course could result in greater improvements as it focuses specifically on separating drinking alcohol from driving rather than on a broader assessment of driving skills and knowledge. This would seem to be supported by the NISRA review which indicated that the reconviction rate of those who did not complete a course was 3.8 times the rate of those who did complete a course⁵¹.

It would seem reasonable that, if mandatory courses were introduced and the need to resit a driving test removed, no reduction in the period of disqualification would be granted. It would seem reasonable to retain the need to resit a driving test for high risk offenders. If a driver is to be disqualified for a number of years, it would seem sensible to ensure that his/her driving skills and knowledge are refreshed and up-to-date.

The Department seeks your views on drink drive penalties.

(Questionnaire, Questions 3 – 5)

⁵⁰ The requirement to resit a driving test is unique in the UK to Northern Ireland.

⁵¹ Evaluation of Courses for Drink Drive Offenders- Reconviction Rates; NISRA, 2004.

5.5. High Risk Offenders

The Department is not proposing to change the current practice of imposing higher sanctions against 'high risk offenders'. However, the current BAC level at which a 'first offence' drink driver is considered to be a high risk is 200mg/100ml, based on 2.5 times the current drink drive limit of 80mg/100ml. This would seem high given the extremely elevated levels of risk at such a level.

The Department seeks your views on reducing the threshold BAC level for the purposes of defining a high risk offender. (Questionnaire, Question 6)

The other criteria defining high risk offenders are **refusal to provide a sample** to police or on conviction of a **repeat offence** within ten years. While the former would clearly not change, the latter would require clarification as to what offence is intended, as there could be more than one limit.

If new lower limits are introduced, they might attract lower penalties. It would seem unreasonable to, for example, categorise as a high risk offender a driver who has committed two offences, neither of which has resulted in a ban. It would seem more reasonable that the 'high risk' category would be triggered by a second disqualification for a drink drive offence within the set time period.

The Department seeks your views on relating the term 'high risk' to convictions that draw a disqualification from driving. (Questionnaire, Question 7)

5.6. Police Powers

Current position

Current legislation⁵² in Northern Ireland requires a police officer to have 'reasonable cause to suspect' that a person is driving, has driven or will attempt to drive a vehicle while they have alcohol in their body before they can require a breath test. A key EU recommendation is that police forces be given unrestricted power to require breath tests without the need to have 'reasonable suspicion'.

The research and experience outlined in paragraph 2.1 indicate that random breath testing is widely used in the EU, is effective as a deterrent, would help to detect those who drink and drive at any BAC level, and would have widespread public support in Northern Ireland.

The Department seeks your views on giving the police powers to stop and breathalyse drivers at random. (Questionnaire, Question 8)

Blood and urine tests

A driver with a breath alcohol concentration reading in excess of 35 microgrammes per hundred millilitres of breath (35µg/100ml - equivalent to a BAC of 80 mg/100 ml) will normally be arrested and subjected to an evidential breath test. If the evidential breath alcohol concentration reading is in excess of the prescribed limit but no more than 50µg/100ml, the law allows a driver to ask for a blood or urine specimen to replace the breath test. This concession was introduced in the early days of breath testing to provide confidence in evidential breath tests. Over time, evidential breath tests have proved reliable and accurate. Other countries do not afford this right which usually works in the driver's favour. The inevitable delay in carrying out the blood test allows elimination of alcohol that was present when he or she was driving. Some

⁵² Road Traffic (Northern Ireland) Order 1995, Articles 14-21

drivers, therefore, avoid being charged, even though they were in fact driving while above the limit. Any person exercising this right would also take away the advantage of any future evidential roadside testing.

The Department seeks your views on whether this right should be withdrawn (Questionnaire, Question 9). The Department does not propose to withdraw blood or urine tests to be used where a valid evidential breath test cannot be obtained.

Appendix A

BAC levels and penalties in Europe

Country	BAC (mg/100ml)	Public Transport Drivers	Commercial Drivers	Novice/ Probationary Drivers	Mandatory Ban?
Austria	50	10	10	10	Possible ban for third drink driving offence in 2 years, or for BAC over 80mg
Belgium	50	50	50	50	> 50mg/100ml for drivers with less than two years
Bulgaria	50	50	50	50	Possible fines of up to €350 & up to two year ban
Cyprus	50	20 (planned)	20 (planned)	20 (planned)	Over 39mg, licence will be confiscated until court hearing
Czech Republic	0	0	0	0	Ban possible but not mandatory
Denmark	50	50	50	50	> 120mg/100ml or for repeat offences at lower BAC
Estonia	0	0	0	0	No mandatory ban, appear to use fines & imprisonment

Appendix A

Finland	50	50	50	50	No mandatory ban, appear to use fines & imprisonment
France	50	20	50	50	No mandatory ban, appear to use fines, imprisonment, penalty points, or confiscation of vehicle.
Germany	50	50	0	0	> 110mg/100ml
Greece	20	20	20	20	No mandatory ban - fines, imprisonment or ban (only for BAC above 40mg or repeat offences)
Hungary	0	0	0	0	Fines, imprisonment and police power to confiscate licence on the spot.
Republic of Ireland	80	80	80	80	> 80mg/100ml – minimum 12 month ban
Italy	50	20	50	50	> 150mg/100ml or recidivist offenders

Appendix A

Latvia	50	50	50	20	Between 20-50mg/100ml – 3 month ban (<2 years driving experience).
Lithuania	40	40	20	20	>40mg/100ml – minimum 12 month ban
Luxembourg	50	50	20	20	No mandatory ban, appear to use fines & imprisonment only
Malta	80	80	80	80	n/a
Netherlands	50	50	50	20	> 82mg/100ml
Poland	20	20	20	20	No mandatory ban, appear to use fines & imprisonment only
Portugal	50	50	50	50	Possible one month to one year ban for 50mg – 80mg/100ml.
Romania	0	0	0	0	Police power to confiscate licence on the spot
Slovakia	0	0	0	0	Possible fines of up to €500 & up to two year ban
Slovenia	50	0	0	0	n/a

Appendix A

Spain	50	30	30	30	Police power to confiscate licence on the spot
Sweden	20	20	20	20	> 100mg/100ml – mandatory min 12 month ban > 30mg/100ml – possible 2-12 months ban
United Kingdom	80	80	80	80	> 80mg/100ml