

Proposed changes to penalties for motoring offences

Alcohol Change UK is a leading UK charity working to reduce alcohol harm. **We are not anti-alcohol. We are anti-alcohol harm.** Our vision is a society free from alcohol harm, delivered through five key changes: improved knowledge, better policies and regulation, shifted cultural norms, improved drinking behaviours, and more and better support and treatment. We focus on evidence and compassion.

We produce research, deliver the incredible Dry January[®] challenge as part of the year-round behaviour change programme: Try Dry[®], provide leading edge training to public-facing professionals including on our award-winning Blue Light approach, provide independent information to the public, and share our expertise with Governments to help them to improve the nation's health and wealth.

We welcome the opportunity to provide a response to the Department for Transport's consultation on proposed changes to penalties for motoring offences. Due to the nature of our work, we have responded only to the relevant drink and drug driving questions.

5. In your view, should the legal alcohol limit for drink and drive offences in England and Wales:

- Be lowered
- Stay the same
- Don't know

6. What legal limit do you think is appropriate?

20mg (milligrammes) of alcohol per 100ml blood.

7. Why do you think this legal limit is appropriate?

Reducing the limit to 20mg alcohol/100ml blood is a sensible, logical, and long-overdue change, especially as the legislation dates back to the 1960s when roads looked very

different. This is a good opportunity for the government to set a drink driving limit that protects potential victims and is clear for the public to understand.

A 20mg alcohol/100ml blood limit sends a clear message that the legal level is essentially no alcohol beyond what may naturally exist in someone's body – and we know that clear messaging results in better outcomes. A 20mg alcohol/100ml blood limit would help to eliminate confusion among drivers about how much alcohol they can consume legally and safely if they are driving. At a 50mg alcohol/100ml blood limit “some people think driving after one or two drinks is safe”¹ or keeps them within the legal limit,² but this is highly variable from person to person, depending on the strength of the alcohol and someone's body composition. Lowering the limit to 20mg alcohol/100ml blood could plausibly deter drivers who find small amounts of alcohol acceptable, reducing the risk of alcohol-related harm on our roads.

Public communications campaigns around drink driving laws are essential, given that eight out of ten people (82%) guessed the legal limits incorrectly or simply did not know them. A 20mg alcohol/100ml blood limit, in effect a limit of zero alcohol, or “Don't Drink and Drive” is much easier to communicate, in line with existing Government communications campaigns, while a 50mg alcohol/100ml blood limit is actually inconsistent with this messaging.

England and Wales have one of the highest legal blood alcohol content (BAC) limits in the world, as most countries have BAC limits between zero and 50mg alcohol/100ml blood.³ In fact, seven countries in the European Union have BAC limits between zero and 20mg alcohol/100ml blood,⁴ in line with recommendations from the European Transport Safety Council.⁵ While Alcohol Change UK would support a reduction to 50mg alcohol/100ml blood as this would be better than no reduction, this would be likely to lead to England and Wales finding themselves behind the majority of European countries again within a few years. A number of countries with limits currently higher than 20mg alcohol/100ml blood and looking to reduce these limits, with Spain, for example, planning to reduce its limit to 20mg alcohol/100ml blood shortly.⁶ We would advise the government to not miss this opportunity to make a progressive and forward-looking change now, in order to make our roads safer for everyone.

There is clear evidence that lowering the legal limit will reduce road collisions and save lives:

- A person's ability to drive is affected after consuming any amount of alcohol.^{7 8 9}
- The higher someone's blood alcohol content, the higher their likelihood of being involved in a fatal crash.¹⁰
- Drivers with a BAC of between 20mg and 50mg alcohol/100ml blood have at least a three times greater risk of dying in a vehicle crash.¹¹
- Impairment of critical driving functions such as coordination, reaction time, and attention can occur at BACs as low as 20mg alcohol/100ml blood.¹² This leads to increased risk through other driver errors, like increased fatigue, distraction, and excessive speeding.
- People with 80mg alcohol/100ml blood are 13 times more likely to be involved in a fatal crash than those who have not consumed any alcohol.¹³
- The relative risk of motor vehicle crash fatality is increased by 55% among young male drivers and by 35% among young female drivers at a measured BAC of only 10 to 20mg alcohol/100ml blood.¹⁴

- In the six years after Sweden lowered its drink-drive limit from 50mg to 20mg alcohol/100ml blood, there was a 9.7% reduction in fatal and single vehicle crashes,¹⁵ while a further study showed a 10% decrease in fatal crashes.¹⁶

A more recent systematic review and meta-analysis on the effects of acute alcohol consumption, defined as a range between 23mg and 100mg alcohol/100ml blood, on measures of simulated driving¹⁷ found that higher alcohol levels led to worse driving performance, and as low as 21mg alcohol/100ml blood leads to an increase in standard deviation of lane position meaning side to side car movement, increasing by 0.7cm for every 10mg alcohol/100ml blood increase thereafter. They concluded that detectable alcohol-induced driving impairments are likely to commence at levels below that of many drink-driving enforceable limits.

Fell and Voas conclude that “There is strong evidence in the literature that lowering the limit from 100mg to 80mg alcohol/100ml blood is effective, that lowering the limit from 80mg to 50mg alcohol/100ml blood is effective, that lowering the limit from 50mg to 30mg or 20mg alcohol/100ml blood is effective, and that lowering the limit for youth to any measurable amount of alcohol is effective.”¹⁸

Evidence from Scotland, which has had a lower limit of 50mg alcohol/100ml blood since 5 December 2014, suggests that lowering the limit should be accompanied by access to cheaper, alternative transport and adequate law enforcement.^{19 20} An increase in the level of police enforcement is vital. This includes introducing random breath testing, mirroring the powers in Northern Ireland.

In England and Wales in 2022, although the majority of people screened by the police had less than 35µg alcohol/100ml breath,²¹ equivalent to 80mg alcohol/100ml blood:

- 1,794 people (3.6%) had 21-35µg alcohol/100ml breath, maximum 80mg alcohol/100ml blood
- 2,383 people (4.8%) had 5-20µg alcohol/100ml breath, maximum 40mg alcohol/100ml blood

Further communication with the Department for Transport established that of the people screened in England and Wales in 2022, 1,736 (3.5%) had 9-21µg alcohol/100ml breath, 20 to 50mg alcohol/100ml blood.²²

These figures demonstrate that the police had reason to breathalyse even people with lower breath alcohol content than the legal limit, whether this was following a road traffic collision, suspicion of alcohol, a moving traffic offence, or something else not specified. A Senior Statistical Officer in DfT noted that there can be multiple reasons for police officers to request a roadside breath test at the same incident, but the breath tests do not allow for multiple reasons to be recorded, so this is at the discretion of the reporting officer.²³

Of the people who underwent screening breath tests in England and Wales in 2022 for being involved in a road traffic collision, only 13% of them were over the current limit of 80mg alcohol/100ml blood.²⁴ While the dataset does not neatly categorise screening test results by the proposed lower limits we are considering, if the BAC limit had been 50mg alcohol/100ml blood, around 15% of those tested would have been over the limit, and if the BAC limit had been 20mg alcohol/100ml blood, around 18% of those tested would have been over the limit.

It should also be noted that data was not received from all police forces and as such does not cover all tests carried out in England and Wales, so the number of people stopped at these levels is likely to have been higher.

Our analysis of Department for Transport data on blood alcohol levels of reported fatalities aged 16 and over suggests that lowering the limit to 20mg alcohol/100ml blood would have more of an impact on reducing driver fatalities than reducing it to 50mg alcohol/100ml blood. For all available years of data in England and Wales, there were more driver fatalities with low but detectable BAC levels of 10-49mg alcohol/100ml blood than between 50-79mg alcohol/100ml blood.²⁵ Although this does not mean that alcohol was the primary cause of the collision and subsequent fatality, it does still indicate that a meaningful proportion of drivers involved in fatal collisions had consumed a level of alcohol that would still be permissible under a 50mg alcohol/100ml blood legal limit.

This distribution is relevant for policymaking because legal BAC limits do not only indicate driving impairment thresholds, but also impact on behaviour. A lower legal limit would have stopped some of these people from driving and subsequently losing their lives, as they would have been more aware of the impact of even a small amount of alcohol. As such, lowering the limit to 20mg alcohol/100ml blood instead of simply 50mg could plausibly deter drivers who find small amounts of alcohol acceptable, reducing the risk of alcohol-related harm on our roads.

Comparing the England and Wales dataset to the Scotland dataset can provide cautious but supportive context. Although the time series begins in 2014, it is possible that knowledge around an upcoming reduction of the Scottish limit in December 2014 would have had an impact on people's behaviour. From the beginning of the time series, or from 2015 if people should wish to discount the 2014 data, Scotland has consistently recorded a higher proportion of driver fatalities with less than 10mg alcohol/100ml blood compared with England and Wales. Although the Scottish sample size is far smaller, and thus subject to greater yearly fluctuations, the pattern is still consistent with a hypothesis that lower legal limits are linked to lower alcohol consumption before driving.

It must be noted that the police do not necessarily test for alcohol content when road users are killed in road collisions.²⁶ While coroners can request alcohol data for road deaths, they do not always do so, despite this being a recommendation in the 2010 North Report.²⁷ Additionally, toxicology data is typically available for around 60-70% of relevant cases,²⁸ and the data simply points to the presence of alcohol, not that alcohol was the causal factor. Cross-jurisdictional comparisons, even within Great Britain, are also subject to other confounding factors, like differing levels of policing and enforcement and other road safety conditions. However, the observed distribution of BAC levels amongst driver fatalities suggests that a lower limit can have a preventative impact on low-level alcohol consumption before driving.

Under the Railways and Transport Safety Act (2003), the prescribed limit for people working in some transport roles is lower than the current drink driving limit:

- 50mg alcohol/100ml blood 25µg alcohol/100ml breath in shipping
- 20mg alcohol/100ml blood in some but not all functions of aviation

This shows that people recognise how even a small amount of alcohol can affect our ability to perform certain tasks, but this is not extended to driving amongst the general population.

Public polling has consistently shown support for lowering the legal drink driving limit in England and Wales. A survey of 2,000 adults by breathalyser firm AlcoSense found that 87% believe stricter penalties are needed to stop people getting behind the wheel under the influence.²⁹ The same survey found that:

- 78% want the existing limit reduced
- 28% said it should be brought in line with Scotland's 50mg alcohol/100ml blood
- 50% said it should be reduced to zero or 20mg alcohol/100ml blood

According to a Direct Line survey in 2025:³⁰

- 58% of people (and 55% of drivers) think it is socially unacceptable to drive after drinking even within the legal limit
- 61% of people agree that you may not be safe to drive even if you are under the legal limit
- 84% of drivers agree that it is safest to say no to any form of alcohol when driving. This rises to 91% in Scotland.

According to a Startline Motor Finance Group survey in 2025:³¹

- Almost nine out of 10 (88%) motorists say the government would be right to reduce the alcohol limit for drink-driving
- 69% believe any kind of drink driving is a huge risk

In 2023, when asked if they would support changing the legal limit for blood alcohol concentration for drivers to 0mg/100 ml, essentially a zero tolerance for drink-driving:

- In England: 67.8% support, 20.6% oppose, 11.6% unsure³²
- In Wales: 64% support, 22.3% oppose, 13.8% unsure³³

8. In your view, should the legal alcohol limit for drink and drive offences in England and Wales be lower for novice drivers than for other drivers?

- Yes
- No
- Don't know

9. What legal limit do you think is appropriate for novice drivers?

20mg (milligrammes) of alcohol per 100ml blood

10. Why do you think this legal alcohol limit is appropriate?

Alcohol Change UK strongly believes that there is enough evidence to support lowering the legal alcohol limit to 20mg alcohol/100ml blood for all drivers. However, if the government instead chooses to lower the limit to 50mg alcohol/100ml blood for all drivers, the limit should be lowered to 20mg alcohol/100ml blood for new private drivers, for 3 years after passing their test, regardless of their age.

According to Government data, one in five new drivers crashes within their first year on the road.³⁴ Newly qualified drivers are at greater risk on the road, due to their relative inexperience.³⁵ The compound effect of someone being a novice driver and the impact of alcohol likely increases their chances of a crash. A study of 4,000 fatal crashes involving alcohol in the USA noted that crash risk increases with BAC and decreases with age, concluding that the crash risk for a 16-20 year old at 80mg alcohol/100ml blood is about 14 times higher than at 10mg alcohol/100ml blood, whereas for drivers aged 21-34 and 35+, the crash risk at 80mg alcohol/100ml blood is about nine and six times higher than at 10mg alcohol/100ml blood.³⁶

Novice drivers are more likely to be young drivers, as young people aged 17-24 made up 60% of all driving tests passed in 2024/25 in Great Britain.³⁷ The Department of Transport has long recognised the over-representation of young novice drivers in road collisions as a public health risk. Regardless of their BAC level, inexperienced drivers are at higher risk of having a collision than experienced drivers. In 2024, around a fifth of all KSI casualties from collisions involving cars were in collisions which involved a young car driver, while young male car drivers aged 17 to 24 are 4 times as likely to be killed or seriously injured compared with all car drivers aged 25 or over.³⁸ When considering factors contributing to casualties, between 2020 and 2024, alcohol was a factor in 7% of cars driven by young car drivers, compared to 4% of other car drivers.³⁹

The rate of self-reported drink-driving is highest among the under-25s: in this age group, 30% say they have driven while over the limit compared to 19% of drivers aged 25 to 44, 5% of those aged 45 to 64 and just 2% of those aged 65 or older.⁴⁰ Under-25s are not necessarily the only novice drivers, but these statistics are still important.

A 2025 survey of more than 2,000 adults, including 1,300 drivers, found that 37% of “Gen Z” believed it was more socially acceptable to drive when marginally over the legal limit, compared with 9% of “baby boomers”.⁴¹ Across the population as a whole, only 21% of people agree. Additionally, only 64% of those aged 18 to 27 believe the safest approach to driving is to say no to any alcohol, compared with 83% overall.

Graduated driver licensing systems restrictions have been implemented in a number of countries, placing additional driving requirements on novice drivers, due to their relative inexperience. Currently, 18 out of 30 European countries have lower drink driving limits for novice drivers,⁴² and the European Commission recommends that the legal limit for novice drivers should be 0 or just above 0 when taking enforceability into account.⁴³ Evidence from the introduction of lower limits for novice drivers in Europe has shown that they lead to a reduction of around 15% in alcohol related collisions within the target.⁴⁴ In Great Britain in 2023, there were 4,390 drink-drive collisions.⁴⁵ A 15% reduction could have meant 3,732 drink-drive collisions. In Australia, a total alcohol ban for the entire probationary period decreased fatalities and injuries requiring hospitalisation.⁴⁶

We note the concerns from the Royal Society for the Prevention of Accidents (RoSPA) that if young drivers are subjected to a lower drink driving limit, they may then be more likely to drink and drive once they are subject to the higher limit, due to a misguided belief

that they can then “drink more and drive”.⁴⁷ That is why the right approach is a lower limit of 20mg alcohol/100ml blood for everyone, and there is strong evidence to support this, as outlined earlier.

A survey of 2,000 adults by breathalyser firm AlcoSense showed strong support for a zero-tolerance drink driving limit for novice drivers, as 48% of people said the drink driving limit should be reduced to zero, and 21% said it should be reduced to 20mg alcohol/100ml blood.⁴⁸

11. In your view, if the legal alcohol limit for drink and drive offences in England and Wales is lowered, should the criteria for being considered a high-risk offender be lowered accordingly?

- Yes
- No
- Don't know

12. Why did you give this answer?

High-risk offenders (HRO) represent only a small proportion of all drivers but contribute disproportionately to road accidents.⁴⁹ A 2021 report⁵⁰ from the Parliamentary Advisory Council for Transport Safety (PACTS) which called on Government for a major review of drink driving noted that since 2010:

- 7% of those who committed a drink driving offence were reoffending
- 17% of drink drive offences committed were committed by a reoffender

It does follow that if the legal alcohol limit is lowered, whether to 20mg or 50mg alcohol/100ml blood, the criteria for classifying people as high-risk offenders should also be reviewed. The 2010 North Report had recommended that the threshold of 2.5 times the prescribed limit should be applied to a 50mg alcohol/100ml blood,⁵¹ which would encompass anyone with more than 125mg alcohol/100ml blood. Using the same ratio, a lower legal limit of 20mg alcohol/100ml blood would make the HRO threshold 50mg alcohol/100ml blood. Both lower limits would, by extension, include a far larger proportion of people caught drink driving.

However, we must ensure that the penalty is proportionate to the crime, as is already the case with the guidance given to magistrates, which allows for graduated responses and penalties. Perhaps new categories need to be developed, following clear evidence thresholds, classing people as moderate risk and high risk offenders, and appropriate penalties implemented.

Additionally, the risk must be proportionate to the crime and being classed as a HRO. According to Hels et al., this is the level of injury risk for drivers at different BAC levels compared to drivers who have consumed no alcohol.⁵²

- 10-50mg alcohol/100ml blood: about 1-3 times greater
- 50-80mg alcohol/100ml blood: 2-10 times higher risk
- 80-120mg alcohol/100ml blood: 5-30 times higher risk
- >120mg alcohol/100ml blood: 20-200 times higher risk

According to the 2010 NICE report,⁵³ this is the level of risk for drivers dying in a vehicle crash at different BAC levels:

- 20-50mg alcohol/100ml blood: at least a 3 times greater
- 50-80mg alcohol/100ml blood: at least 6 times greater
- 80-100mg alcohol/100ml blood %: 11 times greater

In England and Wales in 2023, when considering the BAC of reported car driver fatalities aged 16 and over:⁵⁴

- <10mg alcohol/100ml blood: 68%
- 10-49mg alcohol/100ml blood: 10%
- 50-79mg alcohol/100ml blood: 2%
- 80-99mg alcohol/100ml blood: 1%
- 100-149mg alcohol/100ml blood: 5%
- 150-199mg alcohol/100ml blood: 6%
- >200mg alcohol/100ml blood: 9%

As the police do not necessarily test for alcohol content when road users are killed in road collisions,⁵⁵ these figures may be underestimates. Regardless, the calculation should be based around collision risk evidence and is one for the government to explore further.

It may also be worth reviewing evidence from other countries. For example, in Sweden, “severe drink driving” is classed as having 100mg alcohol/100ml blood and higher.⁵⁶

Further consideration should also be given to the support given to people classed as HRO, to stop them from reoffending. The PACTS report⁵⁷ noted the role of alcohol and mental health problems in drink driving, while three report contributors wrote a blog post specifically on the topic noting that “The criminal justice system in the UK needs closer links with treatment, support and recovery services, to enable people to recover and avoid further drink-driving.”⁵⁸ The authors also recommend that primary prevention of drink driving “should also be included in the public health response to alcohol problems, including interventions to address cheap alcohol, easy availability and widespread marketing that can reduce population-level drinking.”

A more recent blog post hosted on the British Medical Association’s website also makes the same points around the importance of funding specialist treatment services to prevent reoffending, and decisive action on wider harms and inequalities, for both alcohol and drugs.⁵⁹

Finally, the government should consider providing specialist rehabilitation courses for people experiencing alcohol problems convicted of drink driving offences.⁶⁰ Please see our response to question 29 on other evidence or comments about the current penalty framework for more information.

19. In your view, should alcohol ignition locks (alcolocks) be allowed to be used as part of a drink drive rehabilitation process?

- Yes
- No
- Don't know

20. Why did you give this answer?

Recent studies indicate the use of alcolocks can reduce rates of reoffending, through significantly reducing the number of days the offenders drink, the number of drinks they had on a day when they drink, and increasing rates of abstinence, particularly for public service and commercial vehicles.⁶¹

A small trial of an alcolock programme in Britain,⁶² in which alcolocks were fitted to the vehicles of convicted drink-drive offenders found that almost half (43%) of the participants failed to complete the 12 month programme. However, the devices did detect, and therefore, prevent many occasions in which a participant tried to start their car with alcohol in their system, including 328 occasions when the level of alcohol was above the drink-drive limit. The main problems reported by participants included being over the alcolock limit the morning after drinking, delay in starting the car due to the time taken for the alcolock to warm up, and difficulties with rolling re-tests during a journey. Many of the participants indicated that the devices made them at least think seriously about their drinking, and in some cases helped change their drinking patterns outright. The study also gathered the thoughts of some of the alcolock participants' partners, most of whom reported that the alcolock had changed their partner's drinking behaviour.

The UK College of Policing has concluded that alcolocks result in an overall reduction in crime and reoffending, with a strong effect impact on crime by reducing drink-driving reoffending while the device is installed.⁶³

Eight European countries currently have alcolock rehabilitation programmes as an alternative to driving bans or to otherwise manage and help rehabilitate drink driving offenders.^{64 65} A map from the European Transport Safety Council also shows how different countries mandate alcolocks for first and second time offenders and depending on their alcohol content.⁶⁶ For example, in Italy, offenders driving with 80-150mg alcohol/100ml blood will have to install an alcolock for 2 years, following a driving ban of 6 months to 1 year, and install an alcolock for 3 years if they are caught with more than 150mg alcohol/100ml blood, following a driving ban of one to two years.

Statistics from the RAC Report on Motoring 2025⁶⁷ show that 82% of people support the use of alcolocks to reduce drink driving. Support is strong among younger and middle-aged drivers, with 87% of under-25s and 86% of 25-44-year-olds in favour, while it is 73% among those aged 65 and older. Of those who support the use of alcolocks, when asked which drivers caught should have an alcohol interlock fitted:

- 71% believe all drivers caught over the legal limit should be required to have an alcolock installed
- 23% think only repeat offenders should face this measure

A survey of 2,000 adults by breathalyser firm AlcoSense showed strong support for using alcolocks as part of a drink drive rehabilitation process, with 70% of people surveyed in favour, consisting of 45% strongly supporting and 25% somewhat supporting the proposal.⁶⁸

We do not have a view on when alcohol interlocks should be used as part of a drink driving rehabilitation process. They could be installed for all drivers caught over the legal limit, all drivers caught over a designated higher limit than the legal limit, only for repeat offenders, or something else. The European Commission suggests installing alcolocks in the cars of “severe first time offenders and all recidivists in combination with a driver rehabilitation course.”⁶⁹ The RAC and road safety groups support alcolocks being fitted into the vehicles of reoffenders.^{70 71} According to a Freedom of Information Request from the Press Association, as of 20 July 2024, 27,837 British drivers were convicted of drink driving multiple times, driving calls for installing breathalysers in the cars of reoffenders.^{72 73} More recent data sets the figure to 26,819 licence holders convicted more than once in the last 11 years, highlighting calls for mandatory alcolocks for high risk and repeat drink drive offenders.⁷⁴

Regardless of the circumstances in which alcolocks are installed, the Government should make this a requirement, not an option which would reduce or eliminate the time for which someone’s license is suspended, as is the case with drink-drive rehabilitation courses being used to reduce the time for which someone is banned for driving. This measure, as currently in place, may disadvantage people from lower socio-economic classes, who cannot afford to pay for a drink-drive rehabilitation course in order to return to driving sooner and should also be re-examined. We support any usage of alcolocks being fairly applied.

However, the Government should introduce an assessment for alcohol dependency before allowing the justice system to impose alcolocks on offenders, similar to how alcohol tags should not be used on people who are alcohol dependent.⁷⁵ This is also the case in Holland, where alcolocks were mandatory for first offenders with 130-180mg alcohol/100ml blood, but people with more than 180mg alcohol/100ml blood were first assessed for alcohol dependency, and only if they were not alcohol dependent were they obliged to participate in the alcolock programme.⁷⁶

While we support mandating offenders to covering the cost of installing alcolocks in their vehicles, to act as a further deterrent from drink driving and so that the state is not covering the cost, some leniency should be allowed for people from lower socio-economic backgrounds. This could be in the form of waiving part or all of the costs, from the unit, to installation, to monthly monitoring and calibration. Similarly, providers have shared anecdotal evidence that offenders often choose to keep the alcolock even after their mandatory period has been completed. It may be prudent for the government to cover the cost of this for a time period for people from lower socio-economic backgrounds if the cost would be prohibitive to them doing so. For example, New Zealand provides an alcolock subsidy for people who meet the financial eligibility criteria.⁷⁷

Additionally, people convicted of drink driving offences who are returning to driving should be required to install alcolock devices in their vehicles as part of a drink drive rehabilitation process which also includes mandatory participation in a drink driving rehabilitation course. Please see our response to question 29 on other evidence or comments about the current penalty framework for more information. Additionally, there is evidence that combining alcolocks and rehabilitation programs helps achieve a more permanent behavioural change and stops people from reoffending.^{78 79}

As in our response to other questions in this consultation, Alcohol Change UK believes that the penalty should be proportionate to the crime. We support the use of alcolocks over alcohol tagging, as this is less intrusive into other areas of someone's life. We recognise that a limitation of alcolocks is that they do not preclude people from driving other cars not fitted with alcolocks, but the benefits still outweigh any risks. Mitigating factors can also be considered, such as mandating for people with alcolocks fitted to have temporary driving licenses which clearly state that they should be driving a car with an alcolock, to preclude them from renting another car, for example.⁸⁰ While they could, in theory, drive another car, implementing penalties for not complying with the installation of the device should act as a deterrent from doing so. For examples, see the map of interlock use across Europe from the European Transport Safety Council.⁸¹

We note the consultation on "Mandating vehicle safety technologies in GB type approval"⁸² and disagree with the proposal to not mandate alcohol interlock installation facilitation (AIIF) technology at this time, instead allowing manufacturers to install this voluntarily. Alcohol interlocks can prevent drink-driving and be a useful tool in the drink drive rehabilitation process, as described in our response above. Additionally, under EU law, all new vehicle types launched after 6 July 2022 and all new cars sold after July 2024 must include AIIF.^{83 84} As such, we support facilitating the installation process where needed, by mandating for AIIF technology.

23. In your view, could hospital procedures for drink and drug driving suspects be improved?

- Yes
- No
- Don't know

24. How do you think hospital procedures for drink and drug driving suspects could be improved?

The 2010 North Report recommended streamlining the procedure for testing drug drivers in hospital, including by “reducing the time between suspicion of impaired driving and the taking of blood for testing”.⁸⁵ The same should be done for people suspected of drug driving. Anecdotal evidence from police officers highlights cases of attending hospital with suspects and waiting nine hours for blood to be taken, only for toxicology to then find no alcohol in the suspect’s system.

Once samples have been taken, hospitals may be well placed to provide an intervention through assessing people for alcohol problems and offering support for those who might be alcohol dependent or who need to rethink their alcohol consumption habits. This could be a necessary first step in providing specialist rehabilitation courses for people experiencing alcohol problems convicted of drink driving offences,⁸⁶ mentioned elsewhere in this consultation response. Funding specialist treatment services will likely prevent reoffending,⁸⁷ and everyone would benefit from the criminal justice system developing closer links with treatment, support, and recovery services.⁸⁸

Additionally, routinely collecting data on the location of the last alcoholic drink consumed could support local authorities with identifying hotspots for drink driving, following the system of anonymised data sharing used in the Cardiff model for violence prevention.^{89 90}

We recognise the strain that our NHS is currently under and that healthcare professionals’ key role is to ensure the health of patients, and we hope there is a way in which hospital procedures for drink and drug driving suspects can be improved without negatively impacting the provision of healthcare services.

25. Are there any other changes to current law and practice regarding drink and drug testing that you would like to suggest?

- Yes
- No
- Don’t know

26. How do you think current law and practice regarding drink and drug testing could be improved?

Section 7A of the Road Traffic Act 1988 should be reformed, to take away the need for consent when death has occurred because of a motor vehicle, in line with calls from Brake and others campaigning for Charlotte’s law.^{91 92 93} Currently, blood can only be tested when people are able to consent, which means that in certain cases, it can take a very long time for blood to be tested which adds to the already unimaginable grief faced by families and loved ones.

27. In your view, should random breath testing (mirroring the powers in Northern Ireland) be introduced in England and Wales?

- Yes
- No
- Don't know

28. Why did you give this answer?

Evidence in Scotland highlights an important lesson about how drink-drive limits work in practice. Legislation must be accompanied by strong enforcement, such as random breath testing measures, and public communication campaigns.⁹⁴

'Random testing' normally involves testing carried out at locations selected based on intelligence, not randomly, and every passing driver has the same random probability of being stopped and tested.⁹⁵ Regardless, the UK College of Policing has concluded that drink drive stops to assess drivers' degree of alcohol impairment result in an overall reduction in crime and reoffending, with a very strong effect impact on crime, by reducing alcohol related injuries and crashes.⁹⁶ Meta-analysis data has shown that enforcing drink driving checkpoints in Europe reduced accidents by 15% on average, with larger reductions when enforcement was accompanied by paid publicity.⁹⁷ Lower limits work best when supported by visible enforcement and clear public messaging. A 20mg alcohol/100ml blood limit, in effect a limit of zero alcohol, or "Don't Drink and Drive" is much easier to communicate, in line with existing Government communications campaigns, while a 50mg alcohol/100ml blood limit is actually inconsistent with this messaging.

Recommendation 26 of the North Report states that: "Section 6 of the Road Traffic Act 1988 should be amended to provide a general and unrestricted power to require anyone who is driving a motor vehicle to cooperate with a preliminary breath test. This power should not be extended to a person who had been driving, was or had been attempting to drive or who is or has been simply in charge of a motor vehicle."⁹⁸

Any such changes to the legislation will need to include adequate protections to prevent discrimination. There is evidence from the USA that checkpoints can also be positioned disproportionately.⁹⁹ To mitigate this risk there would need to be a clear rationale for checkpoint location, set out in legislation.

Findings from a recent survey suggest the public sees legal limits and police action as equally important. A majority (58%) said the most effective way to tackle drink driving would be to combine a lower limit with more robust enforcement, rather than relying on either approach alone.¹⁰⁰

A survey of 2,000 adults by breathalyser firm AlcoSense showed strong support for giving police powers to conduct random breath tests at checkpoints set up on roads, with 70% of people surveyed in favour, consisting of 44% strongly supporting and 27% somewhat supporting the proposal.¹⁰¹

29. Provide any other evidence or comments you have about the current penalty framework for drink and drug driving offences.

As a charity seeking to reduce the harm caused by alcohol, we would be remiss to not mention the need to support people who have committed drink driving offences through the use of drink driving rehabilitation courses, and the benefits of educating people through public communications campaigns.

Currently, many people who plead guilty to a drink driving offence are offered a drink drive rehabilitation (DDR) course, after which their driving ban is usually reduced by a quarter.¹⁰² Evidence shows that people who complete a DDR course are 2.6 times less likely to be convicted of a subsequent drink driving offence and 1.7 times less likely to be convicted of a subsequent motoring offence.¹⁰³ The same evaluation found that course attendance was more beneficial within some offender groups: male offenders, younger offenders, offenders in higher social categories, and offenders without a previous drink driving conviction. DDR courses should be mandatory for everyone convicted of drink driving, not as a way for people to reduce their driving ban. This measure, as currently in place, may disproportionately disadvantage people from lower socio-economic classes, who cannot afford to pay for a drink-drive rehabilitation course in order to return to driving sooner and should also be re-examined. Financial support should be provided to people who cannot afford to pay for a course.

A review from the Parliamentary Advisory Council on Transport Safety (PACTS) concluded that the government should consider providing specialist rehabilitation courses for people experiencing alcohol problems convicted of drink driving offences.¹⁰⁴ While this is beyond the scope of the consultation, Alcohol Change UK believes that the Government should make support and treatment accessible to all. Not everyone convicted of drink driving will have an alcohol problem, and not everyone who has an alcohol problem will be convicted of drink driving. However, where people need support, they should be able to access it.

Beyond amending the current penalty framework, the government should consider the best way to communicate any changes to the public. Public communications campaigns around drink driving laws are essential, given that eight out of ten people (82%) guessed the legal limits incorrectly or simply did not know them.¹⁰⁵ This is another reason why a 20mg alcohol/100ml blood limit, in effect a limit of zero alcohol, or “Don’t Drink and Drive” is much easier to communicate, in line with existing Government communications campaigns, while a 50mg alcohol/100ml blood limit is actually inconsistent with this messaging.

Alcohol Change UK strongly believes that there is enough evidence to support lowering the legal alcohol limit to 20mg alcohol/100ml blood. However, if the government instead chooses to lower the limit to 50mg alcohol/100ml blood for all drivers, the limit should be lowered to 20mg alcohol/100ml blood for commercial drivers. This was also a recommendation in the 2010 North Report.¹⁰⁶

We are happy to be approached after the submission of this consultation response if we can provide further details on the above, or help the government with its development of a progressive drink driving policy.

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