

May 2026

# Proposed changes to penalties for motoring offences

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 alcohol per 100ml blood

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

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.

Currently, England and Wales have one of the highest drink driving limits in the world. Seven countries in the European Union have limits between zero and 20mg alcohol/100ml blood.<sup>1</sup> The Government must make our roads safer for everyone.

There is clear evidence that lowering the legal limit will reduce road collisions and save lives, because a person's ability to drive is affected after consuming any amount of alcohol.<sup>2 3</sup>

Under the Railways and Transport Safety Act (2003), the prescribed limit for people working in some transport roles like in aviation is 20mg alcohol/100ml blood. This shows that people recognise the impact of even a little bit of alcohol, but this is not extended to driving amongst the general population.

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 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.

According to Government data, one in five new drivers crashes within their first year on the road.<sup>4</sup> Newly qualified drivers are at greater risk on road, due to their relative inexperience.<sup>5</sup> The compound effect of someone being a novice driver and the impact of alcohol likely increases their chances of a crash.

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.<sup>6</sup>

The rate of self-confessed 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.<sup>7</sup>

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”.<sup>8</sup> 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.

## 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.<sup>9</sup> A 2021 report<sup>10</sup> 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. 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.

Further consideration should also be given to the support and treatment offered to people classed as HRO, to stop them from reoffending. The PACTS report<sup>11</sup> 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.”<sup>12</sup> 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.”

### 13. In your view, should a person suspected of committing a:

	Have their driving licence suspended until attendance at court	Have their driving licence suspended until guilty plea	Have their driving licence suspended until bailed pending forensic analysis being undertaken	Not have their driving licence suspended
Drink offence			X	
Drug offence				

### Why did you give this answer?

There is enough evidence around drink driving research to suggest that people suspected of drink driving offences should receive immediate license suspensions to stop reoffending while cases move through toxicology and the courts. This recommendation was also raised in a recent blog post written by PCCs Joy Allen and David Sidwick.<sup>13</sup> Delays between charging people with an offence and their court appearance may mean that people reoffend before they are banned.

### 18. In your view, should new powers be created to allow the seizure of vehicles of a person arrested for drink and drug driving?

- Yes
- No
- Don't know

## 19. Why did you give this answer?

People should not be allowed the opportunity to reoffend before they have been charged with a drink driving offence, for their own safety and for the safety of all road users. This is also recommended in the blog post written by PCCs Joy Allen and David Sidwick mentioned in question 13.<sup>14</sup>

However, we believe that in some cases this could be a harsh penalty to enforce, for example if the vehicle is a family car and other people also need it, particularly for those on lower incomes, for whom alternative transport might be unaffordable. Perhaps if someone is arrested for drink or drug driving, their vehicles should be seized only if they are not used by anyone else, with some time allowed for that third person to retrieve the car before it is officially seized by the police.

## 20. 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

## 21. Why did you give this answer?

Alcohol interlocks can be a useful tool in the drink drive rehabilitation process, and all new vehicles in the UK should include alcohol interlock installation facilitation technology as standard.

Use of alcolocks can reduce rates of reoffending, through significantly reducing the number of days people 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.<sup>15</sup>

A small trial of an alcohol ignition interlock programme in Britain,<sup>16</sup> 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. 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 interlock participants' partners, most of whom reported that the interlock had changed their partner's drinking behaviour.

The rehabilitation process should also include mandatory participation in a drink driving rehabilitation course. There is evidence that combining alcolocks and rehabilitation programs helps achieve a more permanent behavioural change and stops people from reoffending.<sup>17 18</sup>

The Government should introduce tests for alcohol dependency before allowing the justice system to impose alcohol interlocks on offenders, similar to how alcohol tags cannot be used on people who are alcohol dependent.<sup>19</sup>

Alcolocks should be mandatory rather than optional, and the Government must ensure fair application to avoid disadvantaging lower socio-economic groups who may not be able to afford paying for an alcolock to return to driving sooner. Similarly, while offenders should cover the cost of installing alcoholics 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.

### 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”.<sup>20</sup> 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.

Hospitals may also be well placed to provide interventions by assessing people for alcohol problems and offering support and referrals to treatment services where needed. Everyone would benefit from the criminal justice system developing closer links with treatment, support, and recovery services.<sup>21</sup>

Additionally, r<sup>22</sup><sub>[OBJ]</sub>;23<sub>[OBJ]</sub>

### 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.<sup>24</sup> Currently, blood can only be taken 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?

In Scotland, although studies found that reducing the drink driving limit had no impact on either traffic accident or fatality rates, a study published in the Lancet suggested that a plausible explanation for no resulting reduction in road traffic accidents was that "the legislative change was not suitably enforced—for example with random breath testing measures."<sup>25</sup>

'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.<sup>26</sup> 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.<sup>27</sup>

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.<sup>28</sup> To mitigate this risk there would need to be a clear rationale for checkpoint location, set out in legislation.

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

People who have committed drink driving offences should also be supported through the use of drink driving rehabilitation courses. Evidence shows that people who complete a drink driving rehabilitation 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.<sup>29</sup>

The government should consider providing specialist rehabilitation courses for people experiencing alcohol problems convicted of drink driving offences. 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.

The government must ensure that any changes to drink driving legislation is well communicated to people through public communications campaigns. A 20mg alcohol/100ml blood limit, in effect a limit of zero alcohol, or “Don’t Drink and Drive”. is much easier to communicate. Emphasis should also be placed on the dangers of driving the morning after an evening’s drinking, and on the potential legal penalties for driving over the limit.

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 commercial drivers.

## References

- <sup>1</sup> European Transport Safety Council (n.d.). [Blood Alcohol Content \(BAC\) Drink Driving Limits across Europe.](#)
- <sup>2</sup> Moskowitz, H., and Florentino, D. (2000). [A Review of the Literature on the Effects of Low Doses of Alcohol on Driving-Related Skills.](#) US Department of Transportation.
- <sup>3</sup> NICE (2010). [Review of effectiveness of laws limiting blood alcohol concentration levels to reduce alcohol-related road injuries and deaths.](#) Centre for Public Health.
- <sup>4</sup> Department for Transport (2019). [Government looks at steps to make new drivers safer.](#)
- <sup>5</sup> Brake and AXA UK (2023). [Driver testing and education.](#)
- <sup>6</sup> Department for Transport (2025). [Reported road casualties in Great Britain: younger driver factsheet, 2024.](#)
- <sup>7</sup> RAC (2025). [Report on Motoring 2025.](#)
- <sup>8</sup> Butt, M. (2025). [Gen Z thinks it has become more socially acceptable to drive while over drinking limit.](#) The Independent. Original Direct Line Motor Insurance data unavailable at time of writing.
- <sup>9</sup> European Transport Safety Council (2008). [Drink Driving: Young Drivers and Recidivist Offenders.](#)
- <sup>10</sup> Webster, E., Mohan, A., Fitzgerald, N., et al. (2020). [Drink Driving: Taking Stock, Moving Forward.](#) Parliamentary Advisory Council for Transport Safety.
- <sup>11</sup> Webster, E., Mohan, A., Fitzgerald, N., et al. (2020). [Drink Driving: Taking Stock, Moving Forward.](#) Parliamentary Advisory Council for Transport Safety.
- <sup>12</sup> Mohan, A., Uny, I., and Fitzgerald, N. (2021). [The role of alcohol and mental health problems in drink-driving.](#)
- <sup>13</sup> Allen, J., and Sidwick, D. (2025). [Time to lower the limit: Tackling the toll of drink and drug driving.](#) Alcohol Health Alliance.
- <sup>14</sup> Allen, J., and Sidwick, D. (2025). [Time to lower the limit: Tackling the toll of drink and drug driving.](#) Alcohol Health Alliance.
- <sup>15</sup> Nochajski, T. H., Manning, A. R., Voas, R., et al. (2020). [The impact of interlock installation on driving behavior and drinking behavior related to driving.](#) *Traffic injury prevention*, 21(7), 419-424.
- <sup>16</sup> Department for Transport (2008). [Road Safety Research Report: An Investigation of the Usefulness, the Acceptability and Impact on Lifestyle of Alcohol Ignition Interlocks in Drink-Driving Offenders.](#)
- <sup>17</sup> European Commission (2015). [Alcohol.](#)
- <sup>18</sup> European Transport Safety Council (2018). [7 Smart Ways of Tackling Drink-Driving in the EU.](#)
- <sup>19</sup> Ministry of Justice (2020). [‘Sobriety tags’ come into force.](#)
- <sup>20</sup> North, P. (2010). [Report of the Review of Drink and Drug Driving Law.](#)
- <sup>21</sup> Mohan, A., Uny, I., and Fitzgerald, N. (2021). [The role of alcohol and mental health problems in drink-driving.](#)
- <sup>22</sup> Cardiff University (2023). [The Cardiff Model for Violence Prevention.](#)
- <sup>23</sup> Baker, T., Taylor, N., Kloot, K. et al. (2023). [Using the Cardiff model to reduce late-night alcohol-related presentations in regional Australia.](#) *Australian Journal of Rural Health*, 31(3), pp. 531-539.

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- <sup>24</sup> McIntyre, A. (2026). [Bereaved mum says drink-drive limit should be zero.](#)
- <sup>25</sup> Haghpanahan, H., Lewsey, J., Mackay, D. F., et al. (2019). [An evaluation of the effects of lowering blood alcohol concentration limits for drivers on the rates of road traffic accidents and alcohol consumption: a natural experiment.](#) *The Lancet*, 393(10169), pp. 321-329.
- <sup>26</sup> Tunbridge, R., & Harrison, K. (2017). [Fifty years of the breathalyser: where now for drink driving?](#)
- <sup>27</sup> College of Policing (2015). [Drink-drive stops.](#)
- <sup>28</sup> Kagawa, R. M. C., McCort, C. D., Schleimer, J., et al. (2021). [Racial bias and DUI enforcement: Comparing conviction rates with frequency of behavior.](#) *Criminology & Public Policy*, 20, pp. 645-663.
- <sup>29</sup> Smith, L. R., Buckle, G., Keigan, M., Buttress, S., and Stone, J. (2004). [The drink/drive rehabilitation scheme: evaluation and monitoring. Final report.](#) TRL Report TRL613.