

# Road Safety Strategy

## Call for Evidence

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 Transport Committee's Call for Evidence on the Road Safety Strategy. We have responded only to the questions relevant to our work and have provided evidence relevant to reducing drink driving.

## Summary

Alcohol Change UK supports reducing the drink driving limit to 20mg (milligrammes of alcohol)/100ml (millilitres) blood for all drivers.

We recommend a number of further measures to strengthen the Strategy's impact:

- A lower drink driving limit for novice and commercial drivers, if the limit is only reduced to 50mg/100ml blood
- Mandating alcohol interlock installation facilitation (AIIF) technologies
- Testing for alcohol dependency before imposing alcohol interlocks
- Mandating drink drive rehabilitation courses
- Launching effective drink-driving communications campaigns
- Developing policies free from alcohol industry interference
- Making offenders cover the costs of evidential testing for drink driving
- Improving data collection

We believe the following measures set out in the Strategy are based on robust evidence:

- Lowering the drink driving limit
- Use of alcohol interlock devices
- Powers to suspend driving licences and vehicle seizures

While there is enough evidence to support lowering the legal alcohol limit to 0.02% BAC for all drivers, if the government instead chooses to lower the limit to 0.05% BAC for all drivers, we provide evidence as to why the limit should be lowered to 0.02% for new private drivers.

## Ambitions and evidence

### **C. Are the measures set out in the Strategy collectively sufficient to deliver its targets? What further measures, if any, would strengthen its impact?**

Alcohol Change UK is impressed by the Government's ambition and the thoughtful, proactive approach to the Road Safety Strategy, and welcome the Government's consultation on proposed changes to penalties for motoring offences. We hope this will deliver the first change to the drink driving limit in more than 50 years, by reducing the limit to 20mg (milligrammes of alcohol)/100ml (millilitres) blood or 0.02% BAC (blood alcohol content). Making a bold and progressive change, once, is a far better approach than making a smaller change now and then needing to make another change in five to ten years time, requiring two moments of political capital and legislative time. More information on the robust evidence available to support a 0.02% BAC limit is available in our response to Question D.

There are a number of further measures which would strengthen the Strategy's impact, which we outline below.

#### **A lower drink driving limit for novice and commercial drivers**

While there is enough evidence to support lowering the legal alcohol limit to 0.02% BAC for all drivers, if the government instead chooses to lower the limit to 0.05% BAC for all drivers, the limit should be lowered to 0.02% for new private drivers, for 3 years after passing their test, regardless of their age. More information on this is available in our response to Question F.

Similarly, if the government instead chooses to lower the limit to 0.05% BAC for all drivers, the limit should be lowered to 0.02% for commercial drivers. This was also a recommendation in the 2010 North Report.<sup>1</sup> 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:

- 25µg alcohol/100ml breath in shipping, slightly lower than 0.05% BAC
- 9µg alcohol/100ml breath in some but not all functions of aviation, equivalent to 0.02% BAC

This also shows that people recognise the impact of even a little bit of alcohol, but this is not extended to driving amongst the general population.

#### **Mandating alcohol interlock installation facilitation (AIIF) technologies**

We note the consultation on "Mandating vehicle safety technologies in GB type approval"<sup>2</sup> 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 to Question L on vehicle safety standards.

### **Testing for alcohol dependency before imposing alcohol interlocks**

However, the Government should likely 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>3</sup> This was also the case in Holland, where alcohol interlocks were mandatory for first offenders with a BAC of 0.13-0.18%, but people with a BAC higher than 0.18% were first assessed for alcohol dependency, and only if they were not alcohol dependent were they obliged to participate in the alcohol interlock programme.<sup>4</sup>

### **Mandating drink drive rehabilitation courses**

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.<sup>5</sup> 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.<sup>6</sup> 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.<sup>7</sup> While this is beyond the scope of this call for evidence, 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.

### **Launching effective drink-driving communications campaigns**

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.<sup>8</sup> This is another reason why 0.02% BAC, in effect a limit of zero alcohol, or “Don’t Drink and Drive” is much easier to communicate.

A review of 30 years of drink-driving communications demonstrated how campaigns aiming to shift drivers’ perceptions of risk, changing norms around the social acceptability of drink driving, forcing those in denial to apply these norms to their own behaviour, and making their new understanding resonate at the moment of decision, have resulted in significant and sustained behavioural change, even amongst the more entrenched drink drivers.<sup>9</sup>

- As more than a third of motorists have unwittingly driven while over the legal blood-alcohol limit after consuming alcohol the night before,<sup>10</sup> 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.

- At whatever level the blood alcohol limit is set, all messages relating to drinking and driving should emphasise that even small amounts of alcohol will impair a driver's ability to control a vehicle and make clear that avoiding alcohol entirely before driving is the safest option.<sup>11</sup>

Public communications campaigns also have the benefit of increasing the public's perception of being caught, which can act as a further deterrent against drink driving beyond sentencing. The PACTS drink driving report highlights enforcement levels have fallen by 63% since 2009 and that drivers increasingly believe they are less likely to be caught, undermining deterrence.<sup>12</sup> A UK motoring deterrence paper notes very severe maximum penalties for drink driving but argues that many people are not fearful of prosecution, and that deterrence for motoring offences relies on raising the real and perceived risk of detection rather than increasing already-high penalties.<sup>13</sup> RoSPA also highlight that effective enforcement of the law is essential and should be high profile as well as highly visible, to enhance its deterrent effect.<sup>14</sup>

### **Developing policies free from alcohol industry interference**

There is an inherent conflict of interest between allowing parts of the alcohol industry, such as producers, to be involved in the development of policymaking and public information campaigns.<sup>15</sup> As the World Health Organization notes: "Overwhelming evidence indicates that companies producing and selling unhealthy commodities have defeated, delayed or weakened the design, implementation and evaluation of public policies worldwide."<sup>16</sup> More recently and closer to home, FOI research showed how alcohol industry interference made marketing restrictions disappear from the 10 Year Health Plan in England.<sup>17</sup>

### **Making offenders cover the costs of evidential testing for drink driving**

An additional recommendation raised by PCCs Joy Allen and David Sidwick is for "offenders to cover the costs of testing, so communities impacted do not have to bear the financial burden of high-risk behaviour as taxpayers."<sup>18</sup> Anecdotal evidence suggests that this may lead to a minor increase in police paperwork as they may need to chase people to pay them back for the cost of testing, but this would likely still be worth it over time, and could also serve to act as a further deterrent against drink driving in the first place. On the cost of testing, no official data is available from the police, as police costs are not publicly available in such detail.<sup>19</sup> An internet search produced a variety of results, ranging from £48-168 for breath testing,<sup>20</sup> and including figures like £99,<sup>21</sup> £246,<sup>22</sup> and £390<sup>23</sup> for blood testing.

### **Improving data collection**

Data collection by the police service and others needs to be improved to allow for proper evaluation of changes to the drink driving limit. There is a need for a clear and well-paced timetable for implementation, monitoring and evaluation, so that more lives can be saved.

While researching evidence for our response to the consultation on proposed changes to penalties for motoring offences, we kept finding gaps in the data. For example:

- On screening breath tests: 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.<sup>24</sup>
- The police do not necessarily test for alcohol content when road users are killed in road collisions.<sup>25</sup>
- 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.<sup>26</sup>
- On driver fatalities at different BAC levels, toxicology data is typically available for around 60-70% of relevant cases.<sup>27</sup>

- 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.<sup>28 29</sup>

## D. Are the measures set out in the Strategy based on robust evidence?

### Lowering the drink driving limit

A 0.02% blood alcohol content (BAC) 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 0.02% BAC limit would help to eliminate confusion among drivers about how much alcohol they can consume legally and safely if they are driving. At a 0.05% BAC limit “some people think driving after one or two drinks is safe”<sup>30</sup> or keeps them within the legal limit,<sup>31</sup> 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 0.02% could plausibly deter drivers who find small amounts of alcohol acceptable, reducing the risk of alcohol-related harm on our roads.

England and Wales have one of the highest legal BAC limits in the world, as most countries have BAC limits between zero and 0.05%.<sup>32</sup> In fact, seven countries in the European Union have BAC limits between zero and 0.02%.<sup>33</sup> While Alcohol Change UK would welcome a reduction to 0.05% BAC, this would be likely to lead to England and Wales finding themselves behind the majority of European countries again within a few years. We would advise the government to not miss out on this opportunity to make this progressive and ambitious change 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.<sup>34 35</sup>
- Impairment of critical driving functions such as coordination, reaction time, and attention can occur at BACs as low as 0.02%.<sup>36</sup>
- Drivers with a BAC of between 0.02% and 0.05% have at least a three times greater risk of dying in a vehicle crash.<sup>37</sup>
- 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 0.01% to 0.02%.<sup>38</sup>
- In the six years after Sweden lowered its drink-drive limit from 0.05% to 0.02% BAC there was a 9.7% reduction in fatal and single vehicle crashes,<sup>39</sup> while a further study showed a 10% decrease in fatal crashes.<sup>40</sup>

Fell and Voas conclude that “There is strong evidence in the literature that lowering the BAC limit from 0.10% to 0.08% is effective, that lowering the BAC limit from 0.08% to 0.05% is effective, that lowering the limit from 0.05% to 0.03% or 0.02% is effective, and that lowering the BAC limit for youth to any measurable amount of alcohol is effective.”<sup>41</sup>

A more recent systematic review and meta-analysis on the effects of acute alcohol consumption, defined as a range between 0.023 and 0.10% BAC, on measures of simulated driving,<sup>42</sup> found that:

- Higher alcohol levels led to worse driving performance
- After drinking alcohol, drivers had:
  - More side-to-side movement within their lane, by about 4cm
  - Less consistent speed control, by about 0.4km/h
- As low as 0.021% BAC leads to an increase in standard deviation of lane position meaning side to side car movement, increasing by 0.7cm for every 0.01% BAC increase thereafter
- Detectable alcohol-induced driving impairments are likely to commence at levels below that of many drink-driving enforceable limits

Evidence from Scotland, which has had a lower BAC limit of 0.05% since 5 December 2014, suggests that lowering the limit should be accompanied by access to cheaper, alternative transport and adequate law enforcement.<sup>43 44</sup> An increase in the level of police enforcement would be beneficial. 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,<sup>45</sup> equivalent to 0.08% BAC:

- 1,794 people (4%) had 21-35µg alcohol/100ml breath, maximum 0.08% BAC
- 2,383 people (5%) had 5-20µg alcohol/100ml breath, maximum 0.04% BAC

These figures still 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.

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 BAC limit of 0.08%.<sup>46</sup> While the dataset does not neatly categorise screening test results by the proposed BAC levels we are considering, if the BAC limit had been 0.05%, around 15% of those tested would have been over the limit, and if the BAC limit had been 0.02%, 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.

Lowering the BAC limit to 0.02% may have more of an impact on reducing driver fatalities than reducing it to 0.05%. For all available years of data in England and Wales, there were more driver fatalities with low but detectable BAC levels of 0.01-0.049% than between 0.05-0.079% BAC.<sup>47</sup> 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 0.05% legal limit. It must be noted that the police do not necessarily test for alcohol content when road users are killed in road collisions.<sup>48</sup>

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.<sup>49</sup>

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 may 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 0.02% instead of simply 0.05% 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 0.01% BAC 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 should be noted that toxicology data is typically available for around 60-70% of relevant cases,<sup>50</sup> 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.

### **Use of alcohol interlock devices**

As part of the Road Safety Strategy, the Government are consulting on the use of alcohol interlock devices. As mentioned in our response to Question C, we support mandating for alcohol interlock installation facilitation (AIIF) technology. The relevant consultation, "Mandating vehicle safety technologies in GB type approval"<sup>51</sup> notes Government's proposal to not mandate alcohol interlock installation facilitation (AIIF) technology at this time, instead allowing manufacturers to install this voluntarily. Under EU law, all new vehicle types launched after 6 July 2022 and all new cars sold after July 2024 must include AIIF.<sup>52 53</sup> There is enough evidence to show that alcohol interlocks can prevent drink-driving and be a useful tool in the drink drive rehabilitation process.

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.<sup>54 55</sup> 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.<sup>56</sup>

Recent studies indicate the use of interlocks 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.<sup>57</sup>

A small trial of an alcohol ignition interlock programme in Britain,<sup>58</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. The main problems reported by participants included being over the interlock limit the morning after drinking, delay in starting the car due to the time taken for the interlock 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 interlock participants' partners, most of whom reported that the interlock had changed their partner's drinking behaviour.

The UK College of Policing has concluded that car breathalyser locks 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.<sup>59</sup>

Statistics from the RAC Report on Motoring 2025<sup>60</sup> show that 82% of people support the use of alcohol interlocks to reduce drink driving.

### **Powers to suspend driving licences and vehicle seizures**

We are not legal experts and advise the government to consult with those with more expertise in this area for this question. However, there is enough evidence from what we understand to suggest that people suspected of drink driving offences should receive immediate license suspensions and have their vehicles seized to stop reoffending while cases move through toxicology and the courts. Both powers were recommended in a recent blog post written by PCCs Joy Allen and David Sidwick.<sup>61</sup> The latter, on the vehicle seizure of a person arrested for drink driving, was also recommended in the 2010 North Report for repeat offenders in drink and drug driving offences involving mandatory disqualification.<sup>62</sup>

Currently, if after undergoing an evidential breath test in custody, whereby someone suspected of drink driving has given two samples which read higher than the legal limit of 35µg alcohol/100ml breath, they are then charged to attend court and released under investigation. There are no conditions set, such as their license being suspended or their vehicle seized. Current Home Office approved Alcohol and Drug testing equipment operates to a specification that provides the law with sufficiently accurate results data to enable a prosecution and subsequent conviction. By enabling the person to continue driving it opens up potential for a repeat offence.

A similar series of events follows if people undertake blood or urine tests instead of breath testing, except that samples are taken and sent to a toxicology lab to be tested, and it can take months for a result.

In addition it can take at least 6 months before a case goes to court and a dangerous driver is removed from the road. At present, only a court can impose an interim ban before a trial in serious cases. Consideration of a greater role for the DVLA in revoking licences, with police resources to enforce this, would achieve a balance between public safety and presumption of innocence. The best way to protect road users from the most dangerous and reckless drink drivers is to restrict their ability to drive until deemed safe.

A 2021 report from the Parliamentary Advisory Council for Transport Safety (PACTS) which called on Government for a major review of drink driving noted that 17% of drink drive offences are committed by a reoffender.<sup>63</sup> Police officers and academics interviewed for the report highlighted that delays between charging people with an offence and their court appearance may mean that people reoffend before they are banned.

From our understanding, the best option for this is for people to have their licence suspended until toxicology reports show that the person was not under the influence of alcohol. However, the Department for Transport may have other evidence at its disposal to proceed instead with one of the other options mentioned above. Regardless, something needs to change to stop people from reoffending, and having their driving license suspended should help achieve this.

On vehicle seizure, 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. We understand from the information in the consultation document and from police resources that the aim is for this process to mirror the penalty for driving with no insurance, following which a car can be reclaimed by a third person if they have a valid license and a certificate of insurance covering that person to use the vehicle.<sup>64</sup> 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.

It may also be worth examining how other countries enforce this measure. In Denmark, police can seize the vehicle of someone arrested for drink driving if the person's BAC content is higher than 0.12% two times within three years.<sup>65</sup>

## Theme 1: Supporting road users

### **F. What measures would be most effective in reducing deaths and serious injuries involving new and novice drivers? What are the likely impacts of introducing a minimum learning period for learner drivers?**

As mentioned briefly in our response to Question C on the measures set out in the Strategy, there is enough evidence to support lowering the legal alcohol limit to 0.02% BAC for all drivers. However, if the government instead chooses to lower the limit to 0.05% BAC for all drivers, the limit should be lowered to 0.02% for new private drivers, for 3 years after passing their test, regardless of their age.

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.<sup>66</sup> 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.<sup>67</sup> 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>68</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>69</sup> 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”.<sup>70</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.

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, such as lowering the drink-drive limit for this group. Currently, 18 out of 30 European countries have lower drink driving limits for novice drivers,<sup>71</sup> and the European Commission recommends that the legal limit for novice drivers should be 0 or just above 0 when taking enforceability into account.<sup>72</sup> 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.<sup>73</sup> In Australia, a total alcohol ban for the entire probationary period decreased fatalities and injuries requiring hospitalisation.<sup>74</sup>

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”.<sup>75</sup> This should be treated as an argument to implement a lower limit of 0.02% BAC for everyone. Regardless, there is enough evidence to support lowering the legal alcohol limit to 0.02% BAC for all drivers.

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