

European status report on alcohol and health 2014

Drink-driving policies and countermeasures



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Background

Alcohol is a central nervous system depressant that impairs cognition, vision and reaction time and thus increases the risk of being involved in a road crash for all road users. At any blood alcohol concentration (BAC) greater than zero the risk of being involved in a crash rises. Furthermore, consumption of alcohol puts a road user at risk of harm by increasing the likelihood that the individual will adopt other unsafe behaviour, such as speeding and not using seat-belts and helmets.¹

Although drink–driving fatalities and accidents have been on the decline in most Member States, there remains considerable room for improvement. Drink–driving can result in harm to people other than the drinker and, in general, measures to reduce drink–driving, including greater enforcement by the police, receive widespread public support. Action on drinking and driving requires coordinated efforts by government, traffic police, the criminal justice system, safety authorities, the health sector, local communities and other stakeholders.²

Strategies

As outlined in the *European action plan to reduce the harmful use of alcohol 2012–2020*,² strategies to reduce motor vehicle crashes and fatalities include:

- reducing the legal BAC limit for driving;
- enforcing BAC limits through intelligent random breath-testing and sobriety checkpoints;
- supplementing enforcement by public education campaigns; and
- introducing punishments with severe personal consequences (such as on-the-spot fines, driving licence penalty points and, as appropriate, driving licence suspension), court-mandated interventions and the use of alcohol ignition locks for specified periods.

Methods

This chapter presents the results from the WHO survey on alcohol and health, carried out during the period February–December 2012. Unless otherwise noted, the responses reflect the policy situation in each Member State as at 31 December 2011. The survey was sent to the WHO national focal points for alcohol policy in each Member State, to be completed in consultation with various national experts. All 53 Member States of the WHO European Region participated in the survey.

¹*Alcohol in the European Union. Consumption, harm and policy approaches*. Copenhagen, WHO Regional Office for Europe, 2012.

²*European action plan to reduce the harmful use of alcohol 2012–2020*. Copenhagen, WHO Regional Office for Europe, 2012.

Results

All but two Member States (Malta and the United Kingdom) reported a maximum legal BAC level of 0.5 g/litre or below for general population drivers, and nine Member States have legislated for a zero tolerance level (Table 1, Fig. 1).

Table 1. National maximum BAC levels (g/litre)

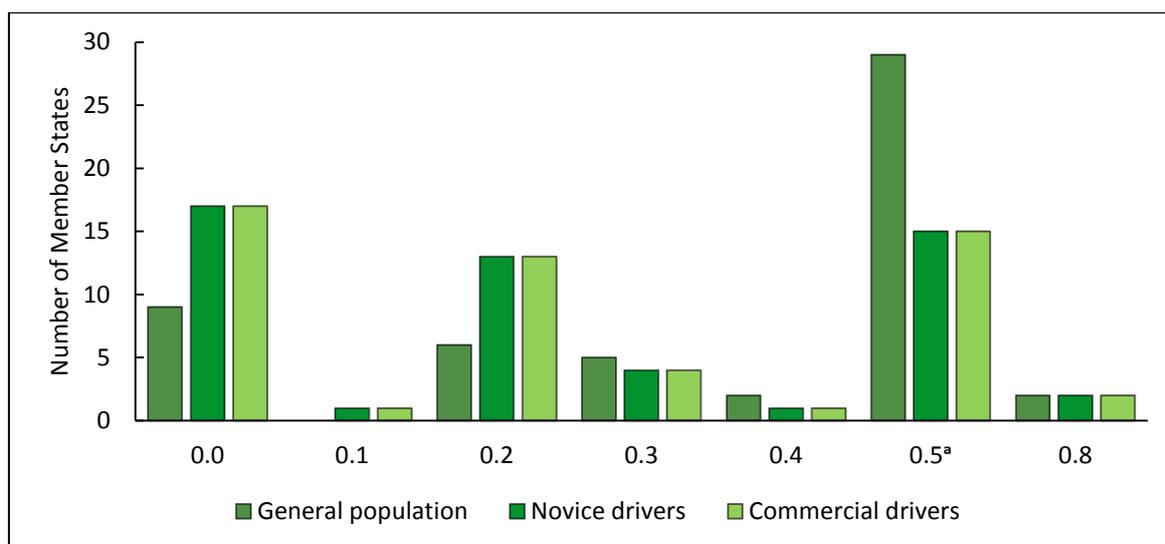
MEMBER STATES	GENERAL POPULATION	YOUNG/NOVICE DRIVERS	PROFESSIONAL/ COMMERCIAL DRIVERS
Albania	0.5	0.5	0.5
Andorra	0.5	0.5	0.2
Armenia	0.4	0.4	0.4
Austria	0.5	0.1	0.1
Azerbaijan	zero tolerance	zero tolerance	zero tolerance
Belarus	0.3	0.3	0.3
Belgium	0.5	0.5	0.5
Bosnia and Herzegovina	0.3	zero tolerance	zero tolerance
Bulgaria	0.5	0.5	0.5
Croatia	0.5	zero tolerance	zero tolerance
Cyprus	0.5	0.5	0.5
Czech Republic	zero tolerance	zero tolerance	zero tolerance
Denmark	0.5	0.5	0.5
Estonia	0.2	0.2	0.2
Finland	0.5	0.5	0.5
France	0.5	0.5	0.5 (0.2 for public transport drivers)
Georgia	0.2	0.2	0.2
Germany	0.5	zero tolerance	zero tolerance
Greece	0.5	0.2	0.2
Hungary	zero tolerance	zero tolerance	zero tolerance
Iceland	0.5	0.5	0.5
Ireland	0.5	0.2	0.2
Israel	0.5	zero tolerance	zero tolerance

MEMBER STATES	GENERAL POPULATION	YOUNG/NOVICE DRIVERS	PROFESSIONAL/ COMMERCIAL DRIVERS
Italy	0.5	zero tolerance	zero tolerance
Kazakhstan	zero tolerance	zero tolerance	zero tolerance
Kyrgyzstan	0.5	0.5	0.5
Latvia	0.5	0.2	0.5
Lithuania	0.4	0.2	0.2
Luxembourg	0.5	0.2	0.2
Malta	0.8	0.8	0.8
Monaco	0.5	0.5	0.5
Montenegro	0.5	0.5	0.5
Netherlands	0.5	0.2	0.5
Norway	0.2	0.2	0.2
Poland	0.2	0.2	0.2
Portugal	0.5	0.2 ^a	0.2 ^a
Republic of Moldova	0.3	0.3	0.3
Romania	zero tolerance	zero tolerance	zero tolerance
Russian Federation	zero tolerance	zero tolerance	zero tolerance
San Marino	0.5	0.5	0.5
Serbia	0.3	zero tolerance	zero tolerance
Slovakia	zero tolerance	zero tolerance	zero tolerance
Slovenia	0.5	zero tolerance	zero tolerance
Spain	0.5	0.3	0.3
Sweden	0.2	0.2	0.2
Switzerland	0.5	0.5	0.5
Tajikistan	0.3	0.3	0.3
The former Yugoslav Republic of Macedonia	0.5	zero tolerance	zero tolerance
Turkey	0.5	0.5	0.2 ^a
Turkmenistan	zero tolerance	zero tolerance	zero tolerance

MEMBER STATES	GENERAL POPULATION	YOUNG/NOVICE DRIVERS	PROFESSIONAL/COMMERCIAL DRIVERS
Ukraine	0.2	0.2	0.2
United Kingdom	0.8	0.8	0.8
Uzbekistan	zero tolerance	zero tolerance	zero tolerance

^a Effective as of 2013.

Fig. 1. Maximum legal BAC level for category of driver, by number of Member States (n=53)



^aIn France, the maximum legal BAC level for public transport drivers is 0.2 g/litre.

All but one Member State reported using breath-testing as a usual method for measuring BAC. Blood or urine analysis is also commonly employed (44 Member States). Random breath-testing, meaning that any driver can be stopped by the police at any time to test his/her breath for alcohol consumption, is used by 46 Member States. Sobriety checkpoints (checkpoints or roadblocks established by the police on public roadways to control for drink-driving) are employed by 29 Member States as a means to enforce maximum legal BAC.

A range of penalties were reported for offenders against drink-driving laws. All but one Member State reported the use of fines.³ Suspension of driving licences and imprisonment were also common³ (Table 2).

³ Data not available for one Member State.

Table 2. Number of Member States implementing penalties for drink–driving

PENALTIES	NO. OF MEMBER STATES (n=52)
Fines	51
Driving licence suspension	48
Imprisonment	34
Driving licence revoked	28
Penalty points	26
Vehicle impounded	23
Short-term detention	22
Mandatory education and counselling	16
Mandatory treatment	12
Community/public service	10
Ignition interlock	5

Recent additions to the portfolio of BAC limit enforcement include the use of breath alcohol ignition interlocks (“alcolocks”) and brief interventions for offenders. Thirteen Member States reported using alcolocks to prevent drink–driving. In France, all public transport companies are required to use alcolocks, while in Finland, alcolocks are obligatory for school and day care transport companies.

Conclusion

The *European action plan to reduce the harmful use of alcohol 2012–2020*² proposes a portfolio of policy options and strategies to reduce drinking and driving. These include reducing the legal BAC level for all drivers to closer to 0.2 g/litre and enhancing enforcement through increased random breath-testing or greater use of sobriety checkpoints. The results of the most recent WHO survey on alcohol and health show that 28% of the Member States have a maximum legal BAC level of 0.2 g/litre or below for general population drivers. Use of random breath-testing and sobriety checkpoints were reported by 46 Member States and 29 Member States, respectively; however, the extent to which these strategies are used (such as the percentage of motorized vehicles stopped each year at sobriety checkpoints) was not assessed by the survey.