



Scottish Health Action on Alcohol Problems (SHAAP) response to Northern Ireland Department of the Environment Consultation on regulations to introduce measures to tackle drink driving in Northern Ireland

May 2016

Scottish Health Action on Alcohol Problems (SHAAP) welcomes the opportunity to comment on the proposed measures to tackle drink driving in Northern Ireland. SHAAP provides the authoritative medical and clinical voice on the need to reduce the impact of alcohol related harm on the health and wellbeing of people in Scotland and the evidence-based approaches to achieve this.

SHAAP was set up in 2006 by the Scottish Medical Royal Colleges through their Scottish Intercollegiate Group (SIGA). As a partnership, it is governed by an Executive Committee made up of members of the Royal Colleges, including the Royal College of Nursing.

SHAAP works in partnership with a range of organisations in Scotland and beyond. Key partners include Alcohol Focus Scotland, the British Medical Association (BMA), the Scottish Alcohol Research Network (SARN), the Alcohol Health Alliance, the Institute of Alcohol Studies, Eurocare and the European Public Health Alliance (EPHA).

Introduction

Scottish Health Action on Alcohol Problems (SHAAP) welcomes and supports the Department of the Environment's proposals to lower the drink driving limit in Northern Ireland to 50mg/100ml and to 20mg/100ml for young and novice drinkers.

However, evidence from Scotland suggests that the success of the proposed regulations will largely depend on how the regulations are enforced and public education.

In this response, we would like to expand on the questions provided in the consultation questionnaire to present evidence/findings from Scotland, more than one year on from the country reducing its drink-driving limit to 50mg/100ml.

Evidence from Scotland (and beyond)

Scotland lowered its drink drive limit from 80mg/100ml to 50mg/100ml in December 2014, following a period of consultation. In the nine months immediately following the reduction, drink driving offences fell by 12.5%. This is equivalent to a fall in the number of offences from 4,208 to 3,682¹.

¹ <http://news.scotland.gov.uk/News/82-of-people-believe-that-drink-driving-is-unacceptable-1ffc.aspx>

Better education and enforcement are also critical parts of the solution. The introduction of the lower limit in Scotland was accompanied by both of these.

Previous evidence supports these outcomes. Evidence suggests that the risk of dying in a road traffic collision is twice as high with a blood alcohol concentration (BAC) of between 50 and 80mg/100ml than between 20 and 50mg/100ml², with drinking by drivers with BAC levels of between 50mg/100ml and 80mg/100ml a significant but largely hidden cause of accidents. According to research by the Institute of Alcohol Studies (IAS) conducted in England and Wales, reducing the drink drive limit to 50mg/100ml would save 64 lives per year³. A modelling study carried out by the Parliamentary Advisory Council for Transport Safety (PACTS) found that lowering the limit can also be expected to have an effect on a broad range of drivers⁴. It can influence those with BAC already below 50mg/100ml, who want to ensure they remain firmly within the limit; those with BAC between 50mg and 80mg/100ml who wish to comply with the new limit; and those with BAC somewhat above the current limit of 80mg/100ml but who are intending to comply with both the existing and new proposed limit. The effect of any regulation to lower the drink driving threshold can therefore be expected to be wide ranging and comprehensive.

SHAAP believes, as has been shown in Scotland, that a new, lower drink-driving limit in Northern Ireland would be extremely beneficial and contribute to a significant reduction in alcohol-related road deaths and injuries, and this can be achieved in a relatively short period of time

Change in public attitudes

Lowering the drink driving limit changes public perceptions of the issue, helps to reinvigorate messages that it is unacceptable, and can lead to actual behaviour change.

Evidence from Scotland in the twelve months following the introduction of the lower limit shows that 82% of people believe drink driving is unacceptable. Only five per cent would now opt to drive home after a night out where they had been drinking, and 67% would no longer consider driving the morning after⁵. Under a limit of 80mg/100ml, the average person could consume a pint and a half of beer and half a glass of wine, for example, and expect to pass a breathalyser test. Now, under the 50mg/100ml limit, this has been cut to a single pint of beer or glass of wine. This example is for illustrative purposes only. Given that people metabolise alcohol at varying rates, it is almost impossible to advise people on what they can and cannot drink before getting behind the wheel. According to the Scottish statistics, most people now chose not to drink at all if they are driving. This is a significant behavioural change. The lowering of the limit in Scotland was also accompanied by a high-profile publicity campaign warning drivers of the risk from even one drink. As seen in other policies around alcohol, education campaigns/programmes to increase knowledge and shift attitudes are known to have limited impact on individual behaviour, but are important in terms of ensuring people have the information necessary to make informed choices about risk⁶. Such

² Centre for Public Health Excellence NICE (2010) Review of effectiveness of laws limiting blood alcohol concentration levels to reduce alcohol-related road injuries and deaths, Final Report, March 2010
<http://www.ias.org.uk/uploads/pdf/Drink%20driving%20docs/BloodAlcoholContentEffectivenessReview.pdf>

³ Institute of Alcohol Studies (2013) Drink-driving Factsheet
<http://www.ias.org.uk/uploads/pdf/Factsheets/Drink-driving%20factsheet%20November%202013.pdf>

⁴ Allsop (2015) Saving Lives by Lowering the Legal Drink-Drive Limit, Parliamentary Advisory Council on Transport Safety (PACTS)
http://www.racfoundation.org/assets/rac_foundation/content/downloadables/saving_lives_by_lowering_legal_drink-drive_limit_Allsop_December_2015.pdf

⁵ <http://news.scotland.gov.uk/News/82-of-people-believe-that-drink-driving-is-unacceptable-1ffc.aspx>

⁶ NHS Health Scotland (2016) Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS) Final Annual Report, March 2016, page 41

campaigns also help to challenge the normalisation of alcohol in society. Legislation and education/public-awareness campaigns should not be viewed in isolation but rather as mutually reinforcing when influencing behaviour change.

SHAAP believes that the introduction of the same lower drink driving limit of 50mg/100ml in Northern Ireland would produce similar changes in public attitudes that will lead to subsequent behaviour change. Crucially, such action must be accompanied by widespread, high-profile public information campaigns to ensure consistent reinforcement of the message. A message that there is no safe level of alcohol consumption in relation to driving should be promoted.

Other measures

In our response⁷ to the Scottish Government's Consultation of 2012 on reducing the drink driving limit in Scotland, we outlined a range of options that could be considered in order to tackle drink driving, and we believe some of these options may be relevant to the Northern Irish context. These include:

- Making it clear that even the smallest amounts of alcohol will impair function to drive. Giving some more specific examples of how your ability to drive safely is compromised might be helpful as would reviewing relevant medical evidence.
- Supporting a campaign to discourage drinking at any level whilst driving – given that people metabolise alcohol at varying rates, it is almost impossible to advise people on what they can and cannot drink before driving. We note there are a small number of EU countries with a zero limit for drink driving.
- Targeting specific groups of drivers. Evidence suggests that younger drivers are more greatly affected by alcohol than older drivers, with the peak age for drink driving being 27.
- Primary prevention and education activities, especially for young people.
- Comprehensive access to treatment and support services for people with alcohol problems, and support for families affected by alcohol misuse, including drink-driving.
- Zero-tolerance for novice drivers, drivers of commercial vehicles and drivers of motorbikes.
- Graduated licensing should be introduced, restricting the circumstances in which novice drivers can drive

We are encouraged to note the legislation outlines measures for new roadside breath testing powers, including random and selective breath testing, which SHAAP recommended in our response to the Scottish Government's consultation in 2012.

Conclusion

Scottish Health Action on Alcohol Problems (SHAAP) supports the Bill's recommendation to lower the drink-drive limit to 50mg/100ml and would like to see this implemented as soon as possible. Evidence from Scotland demonstrates the significant reduction in incidences of drink-driving that can be achieved over a relatively short-time period, and the change in public attitudes and perceptions it engenders. High-profile public information campaigns are essential to ensure widespread awareness of the legislation, and significantly for instigating this change in public attitudes that drink driving is unacceptable.

http://www.healthscotland.com/uploads/documents/26884-MESAS_Final%20annual%20report.pdf

⁷ <http://www.gov.scot/Resource/0041/00416770.pdf>

Other additional measures, such as the introduction of graduated licenses; targeting of specific groups; initiatives to discourage drinking at any level; and zero-tolerance for novice drivers, could also be considered, alongside and to further strengthen the legislation outlined in the Bill, to tackle drink driving.

Contact

For further information please contact Jennifer Fingland, Policy Officer, SHAAP; shaap@rcpe.ac.uk or 0131 2476 3667.

For more information about SHAAP, please visit <http://www.shaap.org.uk/>