



**NRMA - ACT  
ROAD  
SAFETY  
TRUST**

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## **NRMA-ACT Road Safety Trust Position Paper**

# **Drink Driving**

### **The Trust**

The NRMA-ACT Road Safety Trust was established as a public charitable trust in 1992. The Trust's goal is to help achieve a driving environment in the ACT characterised by an absence of deaths and of serious injuries caused by crashes.

The Trust sees itself as having four main roles:

- an awareness role
- an educative role
- a training role, and
- a research support role.



This paper is produced by the Trust as part of a series whose aim is to help fulfil those roles. The initial drafting and re-drafting of the paper was undertaken by Ms Belinda Clark and Professor Max Cameron at Monash University Accident Research Centre. The paper was subsequently edited by the Trust with professional assistance from Ms Clare Murray.

### **The Problem**

Alcohol is involved in one third of all road fatalities in Australia, with one quarter of fatalities involving a driver with a blood alcohol content (BAC) over the legal limit <sup>1</sup>. Drink driving continues to be a road safety issue for the ACT. Advice from ACT Policing is that the main contributing factor to serious and fatal crashes in the ACT is impaired driving, generally involving alcohol, but sometimes in combination with illicit drugs.

In 2013, five of the ACT's seven fatal crashes involved alcohol/drugs. In 2012 and 2011 respectively 2 crashes out of the 12 and 6 fatalities involved alcohol/drugs. ACT Police remain concerned about the high rate of repeat offences for impaired driving. In September 2013 ACT Police reported that forty-four people were caught drink-driving on ACT roads in one weekend August 29 – 1 September, with 15 of those drivers being repeat offenders.

Compared to other road users, drink drivers are also more likely to engage in other high-risk behaviours such as speeding and not wearing seat belts <sup>3</sup>. Around 1,500 road users are detected for drink driving in the ACT each year <sup>4</sup>. In March 2014, 31,144 random breath tests were conducted in the ACT of which 275 led to formal charges<sup>5</sup>.

The current BAC limit for full licence holders in the ACT is below 0.05%<sup>4</sup>. Learner, provisional and probationary drivers, as well as some heavy vehicle and public transport licence holders, have a maximum allowable BAC of zero.

In comparison to drivers with no alcohol in their system (BAC = zero), a driver's crash risk is doubled with a BAC of 0.05%. The driver's crash risk is increased to seven times more likely with a BAC of 0.08% and then 25 times more likely with a BAC of 0.15%<sup>5</sup>.

Although having higher levels of alcohol in a driver's system contributes to increased crash risk, low levels of alcohol (less than 0.05%) have also been associated with impairment to a driver's attention, reaction time, balance, vision and hazard perception<sup>7,8,9,10</sup>. These low-level alcohol-related impairments have been linked with increased crash risks, especially within the more vulnerable driving populations such as young drivers and motorcycle riders.

Compared with older, more-experienced drivers, young drivers have a higher crash risk at all BAC levels, that is with even just a small amount of alcohol in their system<sup>11,12</sup>.

Alcohol is also involved in a greater proportion of fatal motorcycle crashes compared to fatal car crashes<sup>9,13</sup>. Motorcycle riders with a BAC of 0.03% have *three* times the risk of being in a fatal crash compared to sober riders<sup>14</sup>. This risk increases to twenty times more likely once a rider's BAC is at 0.08% compared to riders with a zero BAC<sup>14</sup>.

Driving while tired is also a significant crash risk. The effects on a driver's perception, reaction times and ability associated with 17-19 hours of sleep deprivation are comparable to having a BAC of 0.05%, and 20-25 hours deprivation are comparable to a 0.10% BAC<sup>15</sup>. When fatigue is combined with alcohol, even at low BAC levels, driving impairment and crash risk are multiplied<sup>16,17</sup>.

Alcohol also exacerbates the effects of distraction on a driver, especially during high-demand tasks such as overtaking. Alcohol can also increase the time a driver requires to focus on a given distraction such as vehicles entering from side streets, or changes in speed conditions<sup>18</sup>.

## The ACT's Drink Driving Legislative Framework

Drink driving penalties set out under the Road Transport (Alcohol and Drugs) Act 1997 correspond with the following four levels defined by a driver's evidentiary BAC level:

- level 1 less than 0.05g
- level 2 0.05g or more but less than 0.08g
- level 3 0.08g or more but less than 0.15g
- level 4 0.15g or more

Drivers with a BAC that exceeds 0.05 are served with an immediate licence suspension<sup>5</sup>.

Penalties consist of a combination of prescribed monetary fines and license disqualification periods, each of which is based on the driver's BAC level at the time of police testing. Disqualification periods range from one month for Level 1 first offences, to five years for repeat level 4 offences.

From 17 June 2014, legislation establishing the ACT's Alcohol Interlock Program applies in relation to drink driving offences. Some offenders, including high range and certain repeat offenders, will be required to participate in the mandatory alcohol interlock program, once they have served at least half their licence disqualification period.

Drivers in the court-ordered mandatory program will also be subject to requirements to complete treatment or programs to assist them to separate drinking and driving.

Other drink driving offenders may choose to participate in the voluntary interlock program.

Drivers on the mandatory or voluntary program will be required to demonstrate a period of "clean driving" before the interlock condition will be removed from their driver licence.

## The Trust's position

The Trust supports:

### 1. An informed community

In 2008, the NRMA-ACT Road Safety Trust conducted a study exploring ACT residents' knowledge about alcohol and driving. This study found "significant levels of ignorance about alcohol consumption and driving"<sup>20</sup>. These included lack of knowledge about the legal driving BAC limit (30% of participants) and the number of drinks associated with exceeding this limit (20% of participants).

Participants also reported a reduced knowledge regarding the number of standard drinks corresponding to various alcohol groups (e.g. beer, wine, spirits) and frequently underestimated the amount of alcohol they had consumed. The study recommended that more education be provided to ACT residents both about the BAC levels associated with various types of alcoholic beverages, and the driving impairment associated with these varying BAC levels. In addition, information on standard drink sizes was also recommended.<sup>20</sup> While both the ACT Justice and Community Services Directorate and Australian Federal Police publish promotional material with examples of standard drinks, there is a agreed consensus that alcohol affects everyone differently, so both agencies promote a drink or drive approach to the problem (as opposed to drinking to a safe level then driving).

The Trust recognises that education must be targeted and continuing, and funds drink-driving media campaigns. In addition, the Trust regularly endorses campaigns of the Australian Federal Police, the Transport Accident Commission (TAC), the ACT Justice and Community Services Directorate and Recording Artists, Actors and Athletes Against Drink Driving (RADD).

### 2. Comprehensive Enforcement Strategies

These include:

- highly visible stationary Random Breath Testing (RBT) operations to support general deterrence;
- covert detection methods, including mobile operations to support specific deterrence;
- mapping and monitoring of entertainment venues associated with high levels of drink driving; and
- Intelligence-led surveillance of recidivist offenders.

In June 2013 ACT police conducted 9,802 breath tests, detecting 104 drink drivers. One driver returned a positive BAC of 0.258%<sup>21</sup>. Despite continued efforts to address drink driving on the roads, many alcohol-impaired drivers go undetected, or travel significant distances before being detected.

Drivers' perceptions that they are unlikely to be detected by police, have been identified as a key factor in their decision to engage in illegal driving behaviour<sup>22</sup> (drink or drug driving). A Trust-funded study of repeat drink drivers in the ACT found that offenders used varying excuses or arguments for justifying their impaired driving, and found no strong deterrence effect by the presence of both random breath-testing, or the legal and social consequences of drink driving. Essentially, offenders had more experience of drink driving without being punished/caught, which further reinforced their belief that the laws did not, and should not apply to them. Generally, participants in this study believed that they had better than average driving abilities, and their strategies to avoid detection were successful<sup>23</sup>.

While "intelligence led" RBT resourcing and scheduling is the preferred option of the Trust, local anecdotal knowledge can also play a role in the identification of high-risk drinking venues. Much of this information can be sourced during police evidentiary interviews including questions on "last place of drinking" and other environmental questions. Mapping and monitoring of entertainment venues frequently associated with drink-driving offenders can also assist with the targeting of RBT resources, education of local alcohol-serving venues (i.e., responsible serving of alcohol programs), and for continuing non-compliance administering fines.

The Trust supports the following specific enforcement programs for the ACT:

- i. Intelligence-led drink-driving enforcement programs that do not result in predictable enforcement <sup>24</sup> – anytime, anywhere.
- ii. The implementation of intelligence-led enforcement programs that take into account crash data, enforcement data, and alcohol sales, including information collected from offenders to identify broad areas and locations where drink-driving journeys begin. Enforcement operations targeting these areas must be conducted both early in the evening and later at night using local knowledge <sup>24</sup>.
- iii. High-visibility, random-enforcement programs that are augmented with more targeted operations to maximise the chances of apprehending high risk, persistent drink-driving offenders. Such operations should include targeting roads in the vicinity of licensed premises shown to generate large numbers of impaired drivers <sup>24</sup>.
- iv. Targeted operations that are based on long-term data analyses to ensure that the resources are being targeted optimally as opposed to short term statistical increases in the drink-driving measure used to determine targets such as apprehension rates and crash data <sup>24,25</sup>.
- v. Repeat enforcement operations that involve a high level of unpredictability about frequency and operation times, including early hours of the morning <sup>24</sup>.
- vi. High visibility RBT that is complemented by mobile operations that discourage drivers from attempting to evade RBT by using back streets. Such mobile operations, however, must remain a complement to high visibility RBT and not the sole method of enforcement <sup>24</sup>.
- vii. The scheduling of RBT in urban areas should use a residual effect of at least two weeks, so that units do not return to the same testing area within a two-week period <sup>26,27</sup>.
- viii. Car-based RBT testing units used in areas in conjunction with the booze bus, in order to provide a broader coverage of the ACT road system for a greater number of hours per week. Car-based RBT testing units should also be conducted on sub-arterial roads and residential streets where it is perceived that the booze bus does not operate <sup>26,27</sup>.
- ix. Targeted alcohol screening tests, which principally aim to apprehend drink-drivers with very elevated BACs. These must not be seen as a substitute for RBT in contributing to the total number of preliminary breath tests conducted <sup>26,27</sup>.

### **3. Effective punishment options including rehabilitation**

The Trust supports the following punishment and rehabilitation programs for the ACT:

- x. The Trust supports the use of Alcohol Ignition Interlocks in the ACT as a sentencing option. The primary purpose of the interlock program is to reduce the road safety risk posed by drink drivers to themselves and other road users by preventing the driver from starting, or continuing to operate, a vehicle fitted with an interlock device if the driver has a specified blood concentration of alcohol present in his or her breath.
- xi. The Trust supports compulsory evidence-based drink-driver education and rehabilitation programs for all offenders <sup>28</sup>.
- xii. The Trust supports a holistic approach to punishment options targeted to individual offenders. Options should include monetary fines, suspension or cancellation of the offender's licence, alcohol ignition interlocks, community service (not on its own) and random alcohol testing where alcohol dependency is an issue <sup>28</sup>.

#### 4. Other activities

##### *Alternative transport services*

The Nightrider bus service has been operating in the ACT during the festive season to provide an alternative means of transport to reduce the often high levels of drink driving during the Christmas/New Year period <sup>20</sup>.

##### *Monitoring of research outcomes*

The Trust is monitoring a number of areas of research relating to drink driving. For example, research is emerging on the effect of lowering current BAC levels in general, or for specific groups of road-users. The Trust notes that zero BAC levels are common in many countries, particularly Scandinavian countries.

The Trust also notes that where drink driving enforcement is successful, it can lead to an increase in other risky behaviours, such as an increase in intoxicated pedestrian road trauma (“drink-walking”), an increase in bike riding whilst under the influence of alcohol, and in substituting alcohol for various forms of drug-driving.

##### *Hospital interventions*

The use and extension of screening and brief interventions (SBI) for alcohol in emergency departments in the ACT is also recommended.

##### *National drink driving action*

In relation to the use of alcohol interlocks to address drink driving, Action 36 of the National Road Safety Strategy 2011-2020 <sup>29</sup> proposes the following:

- a. Extend the application of alcohol interlocks to cover a wider segment of drink driving offenders;
- b. Undertake research on options to extend alcohol interlock applications to other high-risk road user groups and potentially to the broader driver population;
- c. Encourage voluntary use of alcohol interlocks by corporate fleets and other drivers; and
- d. Investigate the option of requiring demonstrated rehabilitation from alcohol-dependence before removal of interlock conditions.

Current research including a number of studies commissioned by Austroads including the application of BAC limits currently applying to certain licence categories are underway. In late 2013 the Centre for Automotive Safety Research (CASR) at the University of Adelaide published the findings of a best- practice review of Alcohol Ignition Interlock schemes (AISs). Based on evaluation findings, together with relevant theoretical and experiential perspectives, a substantial list of best- practice components characteristic of effective AISs was derived<sup>30</sup>. The list can be used to gauge the potential effectiveness of and identify possible areas for improvement in existing AISs.

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