**DRINK DRIVING COUNTERMEASURES: WHY DO THEY MATTER?**

**Alcohol is a major risk factor for traffic fatalities and injuries.**

In 2016, as many as 1.35 million people died globally from traffic crashes, and 27% of them were attributable to alcohol use, translating to around 370,000 alcohol-attributable deaths due to road injuries worldwide.

**What is blood alcohol concentration (BAC)?**

Blood alcohol concentration (BAC) refers to the amount of alcohol present in the blood of a drinker. It can be measured using a breathalyser or blood test. Because people react differently to the effects of alcohol, it is very difficult for a person to judge their own BAC. A person may not feel “drunk” but may still be legally impaired.

**The link between BAC and driving**

Overall, the crash risk increases exponentially with BAC. In general, the lower the BAC legal limit in a country, the fewer alcohol-attributable deaths due to road injuries. Alcohol blunts alertness, reduces motor coordination, alters depth perception and judgement, and can cause blurred vision. Driving skills are increasingly impaired in accordance with the number of drinks consumed before driving, with decrements in performance starting with the second drink. Even with a BAC of just 0.05%, judgement and reaction times are impaired as well as driving performance.

**What policies are effective in reducing drink driving injuries and deaths?**

1. **Lower BAC Levels:** There is strong evidence that lowering the BAC limit is an effective intervention for reducing traffic crashes. There is also strong evidence that a lowered BAC limit is effective at a range of levels, i.e., reductions in BAC limits from 0.10% to 0.08%, from 0.08% to 0.05%, and from 0.05% to 0.03% or 0.02%, are all effective and lowering the BAC limit for young people to any measurable amount of alcohol is effective. A zero-tolerance BAC level for all drivers is already in place in 15 countries (including Uruguay and Brazil), and 27 countries have low BAC limits (<0.03%).

2. **Enforcement:** Evidence shows that enforcement of the BAC level is an essential component in effectiveness. Enforcement deters drink-driving by increasing drivers’ perceived risk of arrest. The main policy options for increased enforcement are:
   - **Random breath testing (RBT):** Any motorist can be stopped at random by police and is required to take a preliminary breath test, even if they are in no way suspected of any offence. RBT is generally conducted so that it is highly visible and widely publicized.
   - **Sobriety checkpoints:** Law enforcement officials systematically stop every vehicle (or every nth vehicle) passing a predetermined fixed location on a public roadway to ascertain whether drivers might be impaired. The police decide whether they will test based on the driver’s demeanor and responses. Drivers must show some signs of alcohol impairment to be tested. To be effective, they need to be done frequently and well publicized.

**Severity of punishment:** This has typically been addressed either by changing maximum penalties or by introducing mandatory minimum penalties. There is limited evidence that increased sanctions by themselves reduce drink-driving or alcohol-related crashes.

**Swiftness of punishment:** This refers to the temporal proximity of punishment to the drink-driving event. The swifter the punishment, the lower the likelihood of repeat offenders.
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Administrative license revocation (ALR): Alcohol-related crashes decline with ALR laws, and they are most effective at reducing offending during the license suspension period, presumably reflecting less or more careful driving when without a valid licence.

DUI courts: Alternative approaches have been developed that target high-risk DUI (Driving Under the Influence) offenders to ensure they receive effective rehabilitation. DUI courts can be effective, but the characteristics of the different interventions used may affect outcomes and effectiveness.

Conclusion:

International evidence suggests that drink-driving countermeasures can consistently produce long-term, population-wide reductions in drink-driving, alcohol-related crashes, and deaths.

Sources: