

8 December 2009

Safer Journeys
Ministry of Transport
PO Box 3175
WELLINGTON 6140

New Zealand Drug Foundation Submission to the “Safer Journeys” road safety strategy

The New Zealand Drug Foundation – Te Tūāpapa Tarukino o Aotearoa welcomes the opportunity to comment on the Ministry of Transport's Safer Journeys road safety strategy discussion document. Our comments focus on the suggested initiatives around reducing drink and drug impaired driving, and are based on current evidence of the harms associated with drink and drug driving, and best practice for prevention and enforcement.

Reducing the impact of alcohol/drug impaired driving

We support the Ministry of Transport in their identification of alcohol/drug impaired driving as an area of high concern for road safety. The Drug Foundation acknowledges that the statistics around drug and alcohol related road injuries and fatalities in New Zealand are unacceptably high and that further initiatives need to be implemented to address our drug and alcohol related road toll.

In addition to our comments included below, we attach a copy of our own drug driving research report released earlier this month - *Drug Driving in New Zealand: A survey of community attitudes, experience and understanding*. This report describes research conducted over the past year, the findings from which should inform the development of prevention and public education around drug impaired driving.

Reducing the legal adult blood alcohol concentration (BAC) limit to 50mg per 100ml (BAC 0.05)

The Drug Foundation unreservedly supports the lowering of the legal adult BAC to 0.05. Each 0.02mg/100ml increase in the BAC level is associated with a near doubling of accident risk.¹ Physical impairment from alcohol in adults increases markedly between 0.05mg/100ml and 0.08mg/100ml. At 0.08mg/100ml a driver is twice as likely to have a crash as at 0.05mg/100ml.² People intending to keep below 0.08mg/100ml are more likely

¹ Eurocare (2003) Drinking and driving in Europe. Pp. 36. Brussels: Eurocare.

² R.F. Borkenstein et al. (1974) The role of drinking driving in traffic accidents. *Blutalkohol*.

to lose count of drinks than those keeping below 0.05mg/100ml.³ Two cans of beer drunk by an average-sized adult male results in a BAC of about 0.04mg/100ml BAC. Even at 0.03mg-0.05mg reaction times in braking or steering are slower, vision and decisions about handling road hazards are less accurate, attention is divided, and drowsiness is increased.⁴ Lowering the BAC to 0.05mg/100ml would reduce the social costs of road crashes by another 4-5 percent and reduce the road toll by 14 lives.⁵

A 0.05mg/100ml BAC limit is standard in most of the industrialised world, and those jurisdictions that have lowered the limit have experienced general reductions in drinking and driving and alcohol-related deaths and injuries.⁶ Twenty-seven countries including Australia⁷ and 25 out of 29 European countries have a BAC of 0.05mg/100ml or less for adult drivers.⁸ When Sweden lowered its BAC level from 0.05mg/100ml to 0.02mg/100ml in 1990, fatal alcohol-related accidents dropped by 10 percent, similar to the experience of Austria, Belgium and France.

Infringement penalties for offences between BAC 0.05 and BAC 0.079 if the legal blood alcohol limit is lowered

The Drug Foundation supports infringement penalties for offences between BAC 0.05 and BAC 0.079. Adult drink-driving offences between BAC 0.05 and BAC 0.079 would receive an infringement notice (either a fine or demerits or both) and be forbidden to drive for a relatively short period (approx 5 hours). This approach has internationally proven effective in curbing recidivism, and the more immediate the penalty, the stronger the deterrent effect⁹. This approach would also remove the compulsory order for court appearances, reducing the flow of offenders to court and save convicted drivers from incurring a criminal record.

Informing New Zealanders about the impact of alcohol on driving

The Drug Foundation supports ongoing public education about the impact of alcohol on driving, though the kind of information provided as part of any campaign should be carefully considered. While we understand the need to educate drivers around the amounts of alcohol that can be safely consumed to remain under the legal BAC limit, we have some concerns about the implications of providing such information. There are issues around

³ Office of the Minister of Transport (2003) Road Safety to 2010 Strategy: 2004 next steps package. 15 December. Cabinet paper obtained under the Official Information Act.

⁴ Chamberlain, E. and R. Solomon (2002) The case for a 0.05percent criminal law blood alcohol concentration limit for driving. *Injury*. 8 (Supplement III): 1.

⁵ Land Transport Safety Authority, www.ltsa.govt.nz, sighted 9.12.02; LTSA (2002?), Possible policy initiatives towards 2010 Road Safety Goal., advice paper obtained under OIA A lower BAC together with 90kph open road limit, hidden speed cameras, speed demerit point and raising the driving age to 17 is estimated to reduced an estimated 376 road toll in 2010 by 106 lives. Land Transport Safety Authority. Drinking and driving statistics. www.ltsa.govt.nz

⁶ Chamberlain E, Solomon R. (2002). The case for a 0.05% criminal law BAC limit for driving. *Injury Prevention*; 8 (III): III1-III17.

⁷ This allows licence suspension. Criminal prosecution comes under federal law with the BAC set at 0.08, although this level is under consideration.

⁸ Eurocare (2003) Drinking and driving in Europe. Pp. 36. Brussels: Eurocare.

⁹ Babor, T. et al. (2003). Alcohol: no ordinary commodity. Pp 163. New York: Oxford University Press.

individual variability when specifying how much alcohol can be consumed while remaining under the legal BAC limit. Such advice also relies on public understanding of concepts such as ‘average’ male and female, and ‘standard drink’. Ambiguity over these terms could lead to misinterpretation of the advice around ‘safe’ drinking and driving. Further, this kind of information might already have had an undesirable effect on New Zealanders understanding of BAC limits. Having begun to educate the public about the amounts of alcohol that can be consumed under current and possible future BAC limits, people may now be aware that they can drink more under the current limits than they previously thought. This has negative implications if the BAC is not lowered to 0.05.

Zero blood alcohol limit for certain drivers (drivers under 20 years, adults without full licence, commercial drivers)

The Drug Foundation supports lowering the BAC to zero for young, inexperienced, and commercial drivers. For young drivers, judging whether BAC has reached the current legal limit of 0.03mg/100ml may be particularly difficult given lower fat/muscle ratios and incomplete development of adolescents. Teenagers are also inexperienced drivers. Zero BAC would give a clear message that if you are driving, you don’t drink at all.

Addressing recidivism through a zero blood alcohol limit for recidivists and move towards mandatory alcohol interlocks

The Drug Foundation would like to emphasize that recidivist drink driving is usually a symptom of a drinking problem. Providing treatment to recidivist drink drivers should be the priority. Zero BAC limits are unlikely to be effective in reducing recidivist drink driving without the provision of treatment for the underlying alcohol dependence problem. Reductions in recidivism need to be tackled with a multi-pronged approach. Lowered BAC limits tied with continuous enforcement and social marketing strategies will not suffice alone in reducing recidivism long term. The criminal justice system should be used to link repeat drink drive offenders with alcohol treatment services. However, it is well accepted that addiction treatment services are significantly under resourced, resulting in inadequate service provision for repeat drink drivers. For New Zealand to effectively address drink driving, additional funding for assessment and treatment services is urgently required.

Alcohol interlocks forms a proposal to manage repeat offenders. Successfully used internationally¹⁰, alcohol interlocks comprise of a breathalyser device installed in cars and do not allow vehicles’ to be started until the driver’s breath is below a specific BAC level. This approach is in need of further testing, but has shown that in order for effectiveness, (measured on a reduction in recidivism) they must be used in association with treatment, or else changes are commonly seen only within the timeframe of the court order¹¹.

¹⁰ Williams, A.F., McCartt, A.T. & Ferguson, S.A. (2007). Hardcore drinking drivers and other contributors to the alcohol-impaired driving problem: Need for a comprehensive approach. *Traffic Injury Prevention*, 8, 1-10.

¹¹ Babor, T. et al. (2003). *Alcohol: no ordinary commodity*. Pp 163. New York: Oxford University Press.

Random roadside testing (as technology allows) and support this through research

The Drug Foundation would support the implementation of random roadside testing for drug driving, presuming the testing technology is capable of detecting drugs **at impairing levels**. The detection of drug use at any level (essentially zero tolerance), rather than drug impairment could result in charges of drug driving against unimpaired drivers. This could be detrimental to the overall aim of improving road safety. A review of current impairment testing and saliva testing techniques can be found in chapter 8 of the attached research report.

The Drug Foundation's online survey of drug driving attitudes, behaviours and understandings was the first of its kind in New Zealand and found that driving under the influence was relatively common among people who use drugs. Further research into the drug driving situation in New Zealand could provide us with more information on how best to reduce drug driving. Research should attempt to identify which substances are most prevalent among drivers on our roads, so that targeted interventions can be designed and implemented. The Drug Foundation's drug driving research project identified cannabis as the drug of most immediate concern for road safety. See the attached research report for further details.

The Drug Foundation's drug driving research also found that drug drivers evaluated the risks of driving under the influence differently to other people who used drugs but chose not to drive under the influence. Further research could also seek to understand the reasons behind decisions to drive under the influence of drugs. Such research could inform public education campaigns, which are more likely to be effective when targeted at the right people and the right attitudes. Public education around the impact of drugs on driving ability is also likely to be a valuable tool in reducing drug driving. The Drug Foundation's online survey found that the majority of respondents didn't know how different drugs affected their driving, and many people who used drugs, especially cannabis, thought their driving ability was unaffected or improved by the drug. Providing the public with realistic and accurate information around how drugs can impair driving will at least allow people to make more informed decisions about drug driving.

Please contact me if you require any further information or clarification on our submission.

Yours sincerely

Ross Bell
Executive Director