European Transport Safety Council

Report on the ETSC Transport Safety Dinner on "Which Strategies for Treating Recidivist Drink-Drivers?" Brussels 9th of December 2008

Executive Summary

Recidivist offenders represent only a small proportion of all drivers but contribute disproportionately to road accidents. While legal sanctions such as fines and licence disqualification periods have been effective in preventing a large proportion of the population from drink driving, high-risk offenders have failed to respond in the same positive way. As a result, different measures and strategies need to be implemented as additional countermeasures to avoid drink driving amongst recidivist offenders.

ETSC has organised on December 9th 2008 a Transport Safety Dinner to discuss ways of preventing drink driving amongst recidivist offenders.

The central topic of this talk was the role of different stakeholders in facing the problem of recidivist drink driving and the use of alcohol interlocks as a valuable measure against recidivism.

The debate was chaired by Ms. Inés Ayala-Sénder, Member of the European Parliament, who introduced the presentations of Ms. Isabelle Kardacz (Road Safety Unit, European Commission), Mr. Koen Ricour (TISPOL, Belgium), Ms. Åsa Bergqvist (County Administrative Board, Stockholm), Mr. Matti Jarvinen (Central Organisation for Traffic Safety, Finland), Ms. Simone Klipp (BASt) and Mr. Joseph Luppino (Diageo).

Ms. Isabelle Kardacz stressed the attention that the European Commission gives to the problem of drink driving. She enumerated all Commission legislative and funding initiatives to deal with this issue.

Mr. Koen Ricour introduced the topic of police enforcement by highlighting the importance of improving the driver's perception on the possibility of being caught by carrying out massive alcohol checks and improving the social visibility of those controls.

Ms. Åsa Bergqvist explained the Swedish experience on implementing an *alcolock* programme for drink driver offenders and the new measures that are being introduced in Sweden to improve the results of this programme.

Mr. Matti Järvinen presented the Finnish policies against drink driving stressing the advantages and disadvantages of the *alcolock* programme introduced in Finland in 2005.

Ms. Simone Klipp described how the medical community can contribute to tackling the problem of recidivism among drink drivers by working closely to the drivers with problematic alcohol consumption. She defended a health approach towards this topic.

Mr. Joseph Luppino emphasised the role of the alcohol industry dealing with drink driving and presented Diageo's commitment in this field.

Finally, the long-term effectiveness of alcohol interlocks compared to alternative rehabilitation programmes was the central point of the debate. Other issues, such as budgetary constraints influencing the number of police checks and the effectiveness of license retrieval were also raised by some of the attendants.

Presentations

Ms. Isabelle Kardacz, (Road Safety Unit, European Commission)
What is the European Commission doing to prevent recidivism amongst drink-drivers?

Alcohol consumption is directly involved in 10,000 road deaths per year in the EU. Together with speed, drink driving is one of the main factors affecting road safety. Considering this, the European Commission has included drink-driving countermeasures in many of their proposals concerning road safety.

The Commission proposal on Cross Border Enforcement targeted drink drivers as one of the offences that should be included in the Directive. Member States are, nevertheless, still debating the legal basis for this proposal so it will be necessary to wait until the legislative process is concluded to benefit from the improvement on the cross border drink driving enforcement.

Additionally, the European Commission adopted in 2001 a Recommendation on a European BAC limit of 0.5 g/l for general drivers and 0.2g/l for novice and commercial drivers. The Recommendation has no binding effects but it has been followed by the vast majority of the Member States. Nowadays, only UK, Ireland and Malta present BAC limits (0.8) over the European Commission Recommendation. Those countries opted for focusing on the enforcement of the existent limits rather than reducing the BAC limit to 0.5 g/l.

Moreover, the Directorate General for Health and Consumer Protection of the European Commission has developed a strategy to face alcohol related harm, particularly amongst youngsters.

Finally, the European Commission is acting against drink driving by funding research projects and campaigns (DRUID, designated driver's programmes, European night without accidents) that specifically deal with the effects of alcohol in road safety. One of the major outcomes of the European Commission funded projects is a common definition of what a recidivist drink driver is. According to the experts implementing the DRUID project, a recidivist drink driver would be any driver offender who was caught twice with the same offence within a period of 5 years.

Mr. Koen Ricour, (TISPOL-Belgium)
What is the role of the police in dealing with recidivist offenders?

Alcohol is one of the three main road killers in Belgium in spite of only 2% of drivers being under the influence at any one time. It should be stressed that the problem is the combination of drinking and driving. Other factors can reinforce the bad effects of alcohol and driving such as inexperience, fatigue and the use of legal or illegal drugs.

The most important element in enforcing legislation on drink driving is increasing driver's perception on the possibility of being caught. This perception could be accomplished using two strategies: effectively carrying out massive alcohol checks and improving the social support of those checks.

Massive checks should be carried out at any time but paying special attention to times and places where there are more probabilities of drink driving (at nights, weekends, after meals, in nightlife areas…).

Also, communication between police and mass media should be reinforced to effectively face the drink driving problem. Making an alcohol-checks campaign public would increase the drivers' perception of the possibility of being caught and therefore would decrease the number of drink drivers on the roads.

Finally, the individual responsibility of each police officer should be taken into account too. Each police officer should have a breathalyser available at any moment and should be responsible for carrying out a minimum number of checks.

Ms. Åsa Bergqvist, (County Administrative Board, Stockholm)
What are the lessons learnt so far in Sweden from rehabilitation programmes for recidivists?

Sweden has been running an alcolock pilot programme for drink drivers since 1999. The programme was the joint effort of different institutions and aimed at offering a choice between the use of an alcohol interlock or losing the licence.

The 2-year programme for drink driving offenders was set up on a voluntary basis. The offender needed to send a letter of intent in order to participate in the program. He was also required to have a permanent address in Sweden and he could not drive outside the Swedish border. The cost of installing the alcolock device had to be borne by the offender (5,000 to 6,000 Euros for two years). The rehabilitation programme included periodical medical tests of the user and the recalibration of the device every two months. The user could be expelled from the programme if they did not fulfill the obligations associated to the programme. In the second year biomarkers should show soberness and the reward was the reinstatement of the driving licence.

Only 11% of the drink driving offenders decided to take part in the alcolock experience in spite of the programmehaving shown better outcomes than license retrieval. In order to increase the number of alcolock users the Swedish government is considering the introduction of a new mandatory programme lasting 1 or 2 years for all repeat drink driving offenders. The major differences compared to the old programme are that the medical checks would be eliminated (not the medical screening of the patient), that it would be open to novice drivers and that participants would not be excluded from the programme for having tested positive.

Mr. Matti Järvinen, (Central Organisation for Traffic Safety, Finland)
According to the experiences carried out in Finland, is the introduction of recidivist programmes using alcolocks effective?

During the XXI century an average of 387 people died annually in road traffic. One fifth of them were drink driving related.

The threshold for drunk driving in Finland is 0.5 g/l and 1.2 g/l for gross drink driving. The Police have the right to make the driver subject to a random alcohol test in order to find out whether

the driver is driving under the influence of alcohol or other drugs, even in circumstances where there is no suspicion of guilt. Drink driving checks are routine in Finland: 25,000 drivers are apprehended drunk each year.

The common punishments foreseen in Finnish legislation are fines for first-time offenders only slightly above the 0.5 limit and license retrieval plus prison sentences in case of recidivism or gross drink driving. Prison sentences are often transformed into community service. Statistics show that 23% of the offenders commit the same offence again.

The use of alcohol interlocks was first introduced in Finland in 2005 as part of a three-year experiment to deal with the problem of drink driving offences: 350 offenders who lost their licenses committed to take part in the BAIID (Breath Alcohol Ignition Interlock Device) programme. They were allowed only to drive for one year a car where an alcohol interlock had been installed. Additionally, they accepted to participate in medical monitoring organised by the health sector.

The evaluation of this programme revealed that some elements needed to be improved. The coordination among the different parties involved (police, courts, health sector) led to a considerable delay between the time when a driver was arrested and the conviction in court. Furthermore, the role of medical monitoring was criticised as inappropriate and inefficient. Finally, the *alcolock* experiment was considered to be a punishment and something to be ashamed of by the participants who also complained about the lack of training to use the alcohol interlock device at the beginning of the programme.

New alcohol legislation entered into force on July 2008 and the utilisation options of the *alcolock* were expanded. A court of law makes the final decision and sets the trial period (1 to 3 years) where an alcohol interlock can be used. The new programme includes not only cars but also buses, trucks and other types of vehicles (such as tractors). The cost of 150 Euros per month is borne by the participant. There is a new law under preparation to make the participation in the alcohol programme mandatory, at present offenders can choose to take part. Additionally, the installation of alcohol interlocks in all school buses is in the process of being made mandatory.

Simone Klipp, (Federal Highway Research Institute, Germany)
What is the role of the medical community in identifying and treating recidivist drink-driving?

Drinking until the point of intoxication affects the behaviour of the person and their relations with the others. Chronic alcohol consumption leads to serious medical problems that can only be faced by using a medical approach.

The medical community is in a good position to tackle recidivist drink driving because physicians are in permanent touch with chronic alcohol consumers who are, very often, recidivist offenders. Although, doctors are forced to meet hard core drinkers for short periods, evidence has shown that brief interventions can produce positive results if well oriented.

The first role of the medical community would be the identification of massive alcohol consumption that could lead to risky behaviour. Additionally, during the brief moments where the

physician is in touch with the potential offender, they should try to raise the awareness of the patient of the existent problem concerning alcohol. Very often the patient does not want to admit they have a problem in their behaviour towards alcohol.

Once the problem is identified, the doctor should develop an individual strategy to rehabilitate the patient focusing on eliminating the most dangerous situations related to alcohol consumption such as drink driving. This strategy should follow a long term medical approach trying to introduce elements that would influence the patient's behaviour even once the therapy has ended.

In this framework some tools such as alcohol interlocks can be used but always considering as the main tool the purely medical therapy.

Moreover, the medical community can play a social role in screening the progress made by the recidivist offenders during their rehabilitation process. In that sense, physicians should send feedback both to the society and to the patient trying to combine punishment and reward depending on the stage of the rehabilitation strategy. It is essential that the recidivist offenders are greatly involved in that strategy, and it is crucial that they decide their new behaviour towards alcohol consumption (low or none) in order to set up together with the doctor challenging but feasible goals.

In conclusion, society should profit the strategic position of the medical community concerning hard core drinkers in order to identify the problem and to develop the most adequate strategy to tackle it.

Mr. Joseph Luppino, (Diageo)
What is the role of the alcohol industry in facing drink driving, particularly among recidivist offenders?

The drinks industry has a role to play to tackle the problem of drink-driving, especially among high risk and hard core offenders.

Industry has the expertise, the resources and the willingness to do it. Therefore, the industry has the obligation to work together with other stakeholders, including the police, to set up effective measures against drink-driving.

Diageo's strategy to reduce alcohol misuse is based on three main pillars: promotion of responsible drinking, raising consumer awareness and implementing responsible marketing and product innovation. These three pillars are the basis of the different corporate campaigns that Diageo is currently implementing in 12 European countries.

Open Debate

The experts' presentations were followed by an open debate. The audience included a large number of multinational stakeholders with interests in the topic (public authorities, car manufacturers, alcohol industry, universities and road safety research institutes, road safety NGOs, police officers, representatives of the medical community).

The long-term effectiveness of alcohol interlocks compared to alternative rehabilitation programmes was the central point in the debate. Some of the interveners insisted on the positive effect of alcohol interlock even after the device is removed, while representatives of the medical community considered that the positive effects are almost non-existent once the device is removed.

Both parties, nevertheless, agreed to consider that any programme including *alcolocks* should be included within the framework of a health-based rehabilitation programme.

Recidivist offenders are very often persons with a behavioural problem towards alcohol. Therefore, license retrieval or any enforcement measures are not effective in this group if not complemented by a countermeasure against the origin of the problem, which is the excessive alcohol consumption of those drivers.

The possibility of introducing alcohol interlocks in all types of vehicles was also raised during the debate. The majority of participants detected some short-term difficulties to implement this measure. Mainly, the necessity of regulating at an international level (UNECE) minimum standards that the equipment should comply with. Additionally, the cost-effectiveness of that measure was called into question by some participants who rather preferred in the short-term focussing on the introduction of *alcolocks* in commercial fleets and as part of rehabilitation programmes.

In spite of this, representatives from the European Commission stressed that the EU does not envisage, in the short term, new legislation on mandatory alcohol interlocks.

Finally, other issues, such as budgetary constraints influencing the number of police alcohol checks and the real effectiveness of licensing retrieval were also raised during the open debate.

In the first case, the representative from TISPOL explained that even though the number of checks could be influenced by the budget available, traffic police have enough resources to guarantee a good level of police enforcement, especially during the busy festive period.

As for the effectiveness of licensing retrieval, the audience agreed to consider that the number of drivers driving without license was worrisome but in spite of this, the implementation of that measure should be part of any enforcement measure against drink driving.

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