AHA Submission: Department for Transport consultation: Proposed changes to penalties for motoring offences

April 2026

The Alcohol Health Alliance UK (AHA) is an alliance of more than 60 non-governmental organisations dedicated to promoting evidence-based policies to reduce the harm caused by alcohol. Members include medical royal colleges, national treatment providers, and charities such as Cancer Research UK. A full list is available online.

The AHA advocates for evidence-based policies to limit the health, social and economic costs associated with alcohol, which includes work to tackle and prevent harms from drink driving.

DRINK DRIVING – ENGLAND AND WALES LIMITS

Question 5: In your view, should the legal alcohol limit for drink and drive offences in England and Wales be lowered or stay the same?

The AHA supports proposals in the Road Safety Strategy to reduce the drink driving limit in England and Wales, a limit that has not been reduced since its creation in 1969. (1)

We reiterate that lower drink driving limits and tougher penalties cannot alone address wider national alcohol harms. As part of a wider package, evidence-based, WHO-recommended preventative policies to tackle the price, marketing and availability of alcohol are much-needed measures that would greatly complement work to reduce drink driving, drive down harmful alcohol consumption rates and save even more lives.

Question 6: What legal limit do you think is appropriate?

In 2024 the AHA contributed to a consensus statement, developed by the British Medical Association (BMA), which calls for a legal BAC limit of 0.05 for most drivers, with a lower 0.02 limit for new and commercial drivers, and an aspiration toward universal adoption of the lower threshold. (2) This statement was underpinned by clear and robust evidence. (3)

We continue to support this consensus statement, and call for a reduction in the legal alcohol limit in England and Wales from the current BAC limit of 0.08 to a lower BAC limit of 0.05, as a minimum level of reduction from the current limit (now the highest in Europe).

However if the Government is determined to be ambitious in reducing numbers killed and seriously injured (KSIs) on the roads, and meeting the targets outlined in the Road Safety Strategy, we recommend considering a lower BAC limit of 0.02 to match this ambition (paired with appropriate enforcement and public awareness campaigns for best success).

Question 7: Why do you think this legal limit is appropriate?

In the UK, 1 in 10 fatal crashes involve alcohol, yet England, Wales and Northern Ireland have the highest legal drink-driving limit in Europe at 0.08 (80mg/ 100ml blood) Blood Alcohol Content (BAC). Whilst most countries currently have BAC limits between zero and 0.05 (50mg/ 100 ml), (4) seven countries in the European Union have BAC limits between zero and 0.02 (20 mg/100 ml). (5)

Evidence shows that drivers are significantly impaired at (or near) the current drink driving limit in England and Wales. A 2022 study showed that at a BAC of 0.07 (under the current limit of 0.08), drivers show significant lane weaving and slower, less accurate reactions, yet rate their driving ability the same as when sober.(6)

Alcohol's impact on driving capabilities is significant, affecting reaction times, coordination, concentration, judgement, and vision, and increasing risks of driver errors such as fatigue, distraction, and speeding.(7) Laboratory studies show impairment in critical driving functions starts at low BAC levels (8,9,10), with most subjects significantly impaired even at 0.05 BAC.(11)

In addition, crash (and fatality) risks rise sharply with even small amounts of alcohol (12, 13). An evidence review by the National Institute for Clinical Excellence (NICE) in 2010 found that:

- Drivers with a 0.02 – 0.05 BAC are at least three times more likely to die in a crash. This risk rises to six times at 0.05 to 0.08 BAC, and to 11 times at 0.08 to 0.1 BAC.
- Increasing evidence shows that lower limits can have a significant impact on road safety: changes to the legal limit can service as a deterrent to drinking and driving, in turn saving lives and preventing serious injuries linked to drink driving incidents.(14)

International evidence from several countries, including Australia, Brazil, France, Japan, Sweden, Lithuania, Estonia, and Switzerland, indicates how a reduction in BAC limit has contributed to a reduction in fatal collisions.(15)

According to 2010 NICE estimates which modelled collisions in England and Wales based on research conducted in Europe and Australia, more than 150 lives a year could be saved by lowering the drink drive limit to 0.05.(16) At a minimum, reports in 2020 estimated that 25 lives and 95 serious casualties per year could be saved with a lower limit.(17)

Consideration of a lower limit

The AHA strongly supports introducing a lower drink driving limit in England and Wales. Whilst 0.05 BAC would be a much-needed reduction that the AHA would welcome, bringing us into line with Scotland and much of the EU, countries are increasingly reducing their BAC limits further for standard drivers.

We encourage the Government to look at the emerging research on lower limits, and to consider reducing the BAC for England and Wales to 0.02 for all drivers, not just new/novice drivers. This reflects evidence on impairment at lower BAC levels to match Road Safety Strategy ambitions, removing guesswork around how much you can drink before driving.

Polls demonstrate that the UK public strongly supports policies to tackle drink driving. 2023 data showed that 68% of the public support a zero tolerance approach to drink driving.(18)

New, separate polls in 2025 have shown once again that the UK public consistently support calls for a lower drink drive limit, including:

- The RAC's 2025 Report on Motoring that found eight-in-10 (82%) UK motorists think tougher measures are needed to tackle drink-driving.(19)
- A Direct Line survey which found that 84% of drivers agree that it is safest to say no to any form of alcohol when driving (rising to 91% in Scotland).(20)
- A Startline Motor Finance Group survey where almost nine out of 10 (88%) motorists said the government would be right to reduce the drink drive limit.(21)

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DRINK DRIVING – NOVICE DRIVER LIMITS

Question 9: In your view, should the legal alcohol limit for drink and drive offences in England and Wales be lower for novice drivers than for other drivers?

The AHA strongly supports a lower limit for new and novice drivers. Due to their higher inherent risk and increased vulnerability and inexperience as new drivers, a lower limit is a preventative measure that would go some way to achieve the Road Safety Strategy targets of a 65% reduction in numbers killed or seriously injured.

However, we note some concerns from the Royal Society for the Prevention of Accidents (RoSPA), as well as from other stakeholders the AHA has engaged with during this consultation period, around having different limits for new or novice drivers. RoSPA highlighted that if young drivers are subjected to a lower drink driving limit they may then be more likely to drink and drive

once they are subject to the higher limit, due to a misguided belief that they can then 'drink more and drive.'(22)

This may further support arguments to implement a lower limit of 0.02 BAC for everyone, to ensure that the policy is easy to understand and enforce, and that there are no unintended consequences of setting a lower limit for new and novice drivers that may later impact on drink driving offences.

Question 10: What legal limit do you think is appropriate for novice drivers?

Given that some foods, mouthwash and medication contain trace elements of alcohol and a zero-level limit of alcohol could be difficult to enforce without accidentally prosecuting unintended trace alcohol levels,(23) we recommend a 0.02 BAC limit. This would bring us in line with Sweden - a leading country when it comes to safe system implementation.(24)

Question 11: Why do you think this legal limit is appropriate?

A 2018 World Health Organization report found that young and novice drivers are at a much increased risk of having a road traffic crash when under the influence of alcohol compared to older and more experienced drivers, and that laws that establish a lower BAC limit (≤0.02) among this group are very effective at reducing crashes.(25)

Lowering the limit to 20mg for novice drivers would also be consistent with the logic behind proposals for a Graduated Driver Licensing (GDL). The setting of a lower limit early in someone's driving career reinforces important messaging not to consume alcohol and then drive. It would also help to eliminate confusion among novice drivers about how much alcohol they can consume legally and safely if they are driving.(26)

Research shows that:

- New drivers are far less experienced and are more likely to be young. Adolescents and young people who drink drive, or allow themselves to be carried by a drink driver, are more likely to be involved in a car accident.(27)
- When considering factors contributing to casualties from 2020 – 2024, alcohol was a factor in 7% of cars driven by young car drivers, compared to 4% of other car drivers.(28)

Even very small amounts of alcohol can impair judgment, reaction time, and coordination – skills that novice drivers are still developing.

- New drivers are three times more likely to be injured in a crash if they have been drinking alcohol,(29)and younger drivers face greater relative risk than standard drivers at all positive BACs.(30)

As many as 18% of drivers under 25 admitted to drink driving (saying they'd driven when they thought they were over the limit, either directly after drinking or on the morning after), in 2025 research conducted by the RAC.(31)

A 2025 survey of more than 2,000 adults, including 1,300 drivers, found that 37% of 'Gen Z' believed it was more socially acceptable to drive when marginally over the legal limit, compared with 9% of 'baby boomers'. Across the population as a whole, only 21% of people agree.(32)

Many European countries have lower BAC limits for new and novice drivers. Spain has a 0.03 limit for both new and commercial drivers (0.00 for under-18s), and 25 other European countries have reduced BAC limits of less than 0.05 for new/novice drivers.(33)

When Sweden lowered its drink-drive limit to 0.02 BAC, in the following 6 years there was a 9.7% reduction in fatal and single vehicle crashes,(34) while a further study showed a 10% decrease in fatal crashes.(35) Evidence from the introduction of lower limits for novice drivers in Europe has shown that they lead to a reduction of around 15% in alcohol related collisions within the target.(36) In Australia, a total alcohol ban for the entire probationary period decreased fatalities and injuries requiring hospitalisation.(37)

Young adults are disproportionately represented in killed and seriously injured statistics. As such, a lower limit for new/novice (and therefore young) drivers is a proportionate, preventative measure that could go some way to achieve the targets set out in the strategy (of a 65% reduction in the number of people killed or seriously injured).

Lower limits for commercial drivers

The AHA also recommends exploring lower limits for commercial drivers alongside considering of lower limits for novice drivers. This is in line with the BMA's 2024 alcohol, drugs and driving consensus statement,(38) as well as calls from the Police and Crime Commissioner portfolio leads on Addictions and Substance Misuse.(39)

The World Health Organization recommends a maximum blood alcohol concentration of 0.02 BAC (20mg/100ml) for commercial drivers, reflecting the heightened risks associated with alcohol consumption in safety-critical driving roles (WHO SAFER initiative).(40)

Under the Railways and Transport Safety Act (2003), the prescribed limit for people working in some transport roles is lower than the current drink driving limit.(41) Lower drink drive limits in the UK also apply to other safety-critical transport workers including pilots, cabin crew, air traffic controllers, aircraft engineers, train drivers, and commercial seamen.(42) Transport providers such as Network Rail also proactively implement company-wide lower limits for their drivers.(43)

A lower limit for commercial drivers would be a proportionate consideration for a few reasons:

1. Commercial drivers frequently operate large and heavy vehicles, such as buses and lorries, which have greater stopping distances and can cause more severe harm in the event of a collision, even at relatively low speeds. Any level of alcohol-related impairment therefore carries a disproportionate risk
2. Second, commercial drivers are often responsible for carrying passengers or goods as part of their employment, placing them in a position of heightened duty of care
3. Third, lower or zero limits for commercial drivers are consistent with the standards applied in other safety-critical transport roles, such as aviation and rail, where alcohol consumption before or during duty is strictly prohibited. Aligning drink-drive limits for commercial drivers with international best practice would strengthen road safety.

Many European countries have lower BAC limits for commercial drivers. Out of the 30 European countries with limits listed publicly by the European Transport Safety Council, just 7 have BAC limits of 0.03 or more for commercial drivers.(44) The UK (excluding Scotland) is the only country listed that retains a commercial limit higher than 0.05.

The AHA therefore also supports exploring a lower BAC limit of 0.02 for commercial drivers. If implemented, we encourage robust evaluations on the impacts of setting – and properly enforcing – lower drink driving limits for this specific category of drivers, to enhance the existing evidence base.

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DRINK DRIVING – HIGH RISK OFFENDERS

Question 13: In your view, if the legal alcohol limit for drink and drive offences in England and Wales is lowered, should the criteria for being considered a high-risk offender be lowered accordingly?

If the legal alcohol limit is lowered (whether to 0.02 or 0.05 BAC), the AHA believes that the criteria for classifying people as HROs should be reviewed, to ensure consistency and to reflect additional road risks posed by drivers at higher BAC limits.

Question 14: Why did you give this answer?

It is important that penalties reflect not only the risk individual road users pose, but are an appropriate deterrent to reoffending.

If the legal drink-drive limit in England and Wales is lowered on the basis of growing evidence that BAC levels between 50-80mg/100ml pose a significant risk to road safety, then it is logical to recognise that lower BAC levels may now constitute high-risk behaviour. Reviewing and adjusting the criteria for classification as a High Risk Offender (HRO) would ensure they remain aligned with newer evidence on impairment and crash risk, rather than anchored to a historic threshold.

High-risk offenders (HRO) represent only a small proportion of all drivers but contribute disproportionately to road accidents.(45) A 2021 PACST report that called for a major review of drink driving noted that since 2010: (46)

- 7% of those who committed a drink driving offence were reoffending
- 17% of drink drive offences committed were committed by a reoffender.

The 2010 North Report recommended that the threshold of 2.5 times the prescribed limit should be applied to a 0.05 BAC limit,(47) which would encompass anyone with more than 0.125 BAC. A lower legal limit of 0.02 BAC would make the HRO threshold 0.05 BAC, lower than the current legal limit. Both lower limits would, by extension, include a far larger proportion of people caught drink driving.

According to Hels et al., the level of injury risk for drivers at different BAC levels compared to drivers who have consumed no alcohol is as follows:(48)

- 0.01-0.05 BAC: about 1-3 times greater
- 0.05-0.08: 2-10 times higher risk
- 0.08-0.12: 5-30 times higher risk
- >0.12: 20-200 times higher risk

According to the 2010 NICE report, this is the level of risk for drivers dying in a vehicle crash at different BAC levels:(49)

- 0.02-0.05 BAC: at least a 3 times greater risk
- 0.05-0.08: at least 6 times greater
- 0.08-0.10: 11 times greater

As police forces do not all consistently test for alcohol content when road users are killed in road collisions, figures recording annual alcohol-related road fatalities may also be under-representative.(50)

For HROs, robust options should be explored, including licence suspensions or revocations. Current Home Office approved Alcohol and Drug testing equipment operates to a specification that provides the law with sufficiently accurate results data to enable a prosecution and subsequent conviction.

By enabling the person to continue driving it opens up potential for a repeat offence, and for further preventable injuries or fatalities on the roads to occur as a result.

Court delays

In addition, it can take at least 6 months before a case goes to court and a dangerous driver is removed from the road. At present, only a court can impose an interim ban before a trial in serious cases. Consideration of a greater role for the DVLA in revoking licences, with police resources to enforce this, would achieve a balance between public safety and presumption of innocence. The best way to protect road users from the most dangerous and reckless drink drivers is to restrict their ability to drive until deemed safe.

Further consideration should also be given to the support provided to drivers classed as HRO, to stop them from reoffending. The PACTS report noted the role of alcohol and mental health problems in drink driving, (51) and that "the criminal justice system in the UK needs closer links with treatment, support and recovery services, to enable people to recover and avoid further drink-driving."(52)

They also recommend that prevention of drink driving "should be included in the public health response to alcohol problems, including interventions to address cheap alcohol, easy availability and widespread marketing to reduce population-level drinking." Police officers and academics interviewed for the PACTS report also highlighted that delays between charging people with an offence and their court appearance may mean that people reoffend before they are banned.

If the legal alcohol limit is lowered, the AHA believes that the criteria for classifying people as HROs should be reviewed, ensuring that support is in place for offenders with underlying alcohol treatment or wider mental health needs. Impacts on and resourcing for the criminal justice system, such as courts, must be considered as well as the potential merits of specialist education courses for people experiencing alcohol problems convicted of drink driving offences (in line with PACTS recommendations).(53)

We recognise that there is a risk that introducing a very low limit alongside reduced sanctions between 20-80 mg, such as points or modest fines, could undermine deterrence and could even increase harm by signalling that lower-level drink-driving is less serious. A more effective and proportionate approach would be a graduated penalty framework, as used in countries such as Poland. We explore graduated penalties further in our answer to question 32.

Question 15: In your view, should a person suspected of committing a drink offence:

1. Have their driving licence suspended until attendance at court
2. Have their driving licence suspended until guilty plea
3. Have their driving licence suspended until bailed pending forensic analysis being undertaken
4. Not have their driving licence suspended

Why did you give this answer?

The period between a drink-driving incident and a suspect either pleading guilty or appearing in court presents a clear and avoidable risk to public safety, as individuals are often able to continue driving during this time. Evidence shows that reoffending is a serious and persistent problem: between 2013 and 2024, more than 27,000 people were convicted multiple times for drink-driving offences.(54)

Drink- and drug- driving offences are handled differently in practice, and it is important to take this into account. Drink-driving can usually be confirmed immediately through a breath test, so suspending a licence until court is reasonable. Drug-driving, however, often depends on forensic blood analysis for a definitive positive result, which can take a long time.

Current Home Office Approved alcohol testing equipment operates to a specification that provides the law with sufficiently accurate results data to enable a prosecution and subsequent conviction. The government's own data show that the vast majority of those charged are subsequently convicted, with conviction rates of around 96%. This indicates that in most cases, there is sufficient evidence to conclude that suspects allowed to continue driving during this interim period are likely to be legitimately high-risk drivers, and that preventative measures to avoid further risks from these drivers is both proportionate and evidence-based.

While the small minority who are not ultimately convicted underlines the importance of swift and fair proceedings, it does not outweigh the public safety risks posed during court delays.

There is therefore a strong rationale for giving the police preventative powers to suspend driving licences, similar to powers used in other areas such as domestic abuse, to prevent suspected drink-drive offenders from driving before conviction and reduce the risk of further harm.

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DRINK DRIVING – PENALTIES

Question 16: In your view, should a person who is under investigation for a serious driving offence that leads to a:

1. Fatality have their driving licence suspended: YES
2. Serious injury have their driving licence suspended: YES

Why did you give this answer?

See response to question 15.

By enabling a person to continue driving after such a serious offence, it opens up potential for a repeat offence which risks the safety of other road users.

However, it is also highly distressing for victims and families already affected by a person's drink driving, who may go on to witness that offender cause additional preventable harm to other road users, further traumatising those victims and/or family members. The best way to protect road users from the most dangerous and reckless drink drivers is to restrict their ability to drive until deemed safe.

Question 17: Do you think the current minimum disqualification period for the offence causing death by careless driving while under the influence of:

drink [of 5 years with compulsory extended retest]

is appropriate? Yes, No, Don't know

Why did you give this answer?

Causing death by careless driving while under the influence of drink is one of the most serious offences on the roads, with irreversible consequences for victims and their families. We do not consider a minimum disqualification period of five years to adequately reflect the seriousness of the offence or the irreversible harm caused.

The choice of five years appears largely arbitrary and is not clearly linked to evidence about long-term risk, behaviour change, or deterrence. Where a life has been lost, sanctions should be grounded in a clear, evidence-based rationale and should demonstrate that public protection is the overriding priority.

While compulsory retesting is an important safeguard, it does not on its own address concerns about reoffending risk or restore public confidence. A longer minimum disqualification period, combined with robust assessment before licence reinstatement, would better reflect the severity of the offence, respond to the concerns of victims' families, and strengthen deterrence.

Driving is a regulated privilege, and the balance of risk should favour protecting the public while facts are established. We would welcome consideration of legislative measure to ensure that in the event that a conviction is secured, the costs of these measures can be recovered from those testing positive for drink or drugs given the seriousness of the offence.

Question 18: Do you think the current minimum disqualification period for the offence:

1. **Driving a motor vehicle while under the influence of drink is appropriate:**
   Yes, No, Don't know
2. **Being in charge of a motor vehicle while under the influence of drink is appropriate:**
   Yes, No, Don't know

Why did you give this answer?

The current minimum disqualification periods of one year (or three years for repeat offences) do not sufficiently reflect the risks posed by drink-impaired driving, nor do they adequately deter reoffending. Driving while under the influence of drink presents a clear and well-evidenced danger to road safety. A one-year minimum risks underestimating the seriousness of the offence, particularly given its potential for fatal or life-changing consequences.

Although the offence of being "in charge" of a vehicle is distinct from driving, it still involves a significant risk, particularly where there is the potential for the individual to drive while impaired. The same concerns therefore apply, and the current minimum periods do not sufficiently discourage risky behaviour.

Driving is not a right, and appropriate sanctions and prevention measures are essential to reducing deaths and serious injuries on our roads.

Any period of disqualification should commence after a custodial sentence has been served, not run concurrently. Allowing both to run at the same time reduces the practical impact of the driving ban and weakens its intended purpose as a standalone road safety sanction.

Question 19: Do you think the current minimum disqualification period for the offence:

1. **Driving a motor vehicle with alcohol concentration above the prescribed limit is appropriate:**
   Yes, No, Don't know
2. **Being in charge of a motor vehicle with an alcohol concentration above the prescribed limit is appropriate:**
   Yes, No, Don't know

Why did you give this answer?

See answer to previous question (question 18).

Question 20: In your view, should new powers be created to allow the seizure of vehicles of a person arrested for drink and drug driving?

Yes, No, Don't know

Question 21: Why did you give this answer?

Where there is sufficient evidence of drink driving, temporary vehicle seizure can act as an immediate public protection measure and a strong deterrent against reoffending while legal proceedings are ongoing. We would therefore recommend new powers for vehicle seizure where the vehicle involved is registered in the suspected drink driver's name. We envisage that there could be difficulties in seizing vehicles where the owner of the vehicle is different to the driver accused of the offence, so recommend further consultation with experts on these practicalities.

Current Home Office Approved Alcohol and Drug testing equipment operates to a specification that provides the law with sufficiently accurate results data to enable a prosecution and subsequent conviction. The government's own data show that the vast majority of those charged are subsequently convicted, with conviction rates of around 96%. This indicates that in most cases, there is sufficient evidence to conclude that suspects allowed to continue driving during this interim period are likely to be legitimately high-risk drivers, and that preventative measures to avoid further risks from these drivers is both proportionate and evidence-based.

Crucially, vehicle seizure removes the means to reoffend — not just the licence — and helps address situations where individuals continue to drive despite licence suspension or bail conditions. This is particularly important given that more than 27,000 people were convicted multiple times for drink-driving between 2013 and 2024, demonstrating that existing sanctions do not always prevent reoffending.

Currently, it can take at least 6 months before a case goes to court and a dangerous driver is removed from the road. At present, only a court can impose an interim ban before a trial in serious cases. Consideration of a greater role for the DVLA in revoking licences, with police resources to enforce this, would achieve a balance between public safety and presumption of innocence. The best way to protect road users from the most dangerous and reckless drink drivers is to restrict their ability to drive until deemed safe.

Police officers and academics interviewed for the PACTS report also highlighted that delays between charging people with an offence and their court appearance may mean that people reoffend before they are banned.(55) By enabling the person to continue driving it opens up potential for a repeat offence, which not only risks the safety of other road users but is highly distressing for victims and families already affected by a person's drink driving, who may go on to witness that offender cause additional preventable harm to other road users.

A new power (to seize vehicles of those where sufficient evidence of driving above the legal alcohol limit is secured) would be most valuable where there are clear indicators of risk, such as a high alcohol reading, repeat offending, or non-compliance with previous sanctions.

As with other enforcement measures, it should be proportionate, time-limited, clearly defined in law, and subject to judicial oversight and appropriate appeal safeguards — including consideration of cases where the vehicle is essential for employment or family responsibilities. There should also be a clear process for the vehicle depending on the outcome of pending court proceedings for the original offence. For example, in Poland vehicles can be seized by the state in certain drink-driving circumstances, including being significant over the legal limit.(56, 57)

Within those parameters, we believe this measure could save lives and strengthen public confidence that drink-driving is treated with the seriousness it warrants.

Question 22: In your view, should alcohol ignition locks (alcolocks) be allowed to be used as part of a drink drive rehabilitation process?

Yes, No, Don't know

Question 23: Why did you give this answer?

The AHA supports introducing and retrofitting alcolocks to vehicles for drivers who have been convicted of a drink driving offence, to prevent re-offences. Whilst we understand the Government's decision that they should not currently be mandatory, we would encourage this to be explored in future years, and as more data from implementing them becomes available.

People convicted of drink driving offences who are returning to driving should be required to install alcolock devices in their vehicles alongside mandatory participation in a drink driving

rehabilitation course. There is evidence that this combination helps achieve a more permanent behavioural change and stops people from reoffending.(58, 59)

According to a Freedom of Information Request from the Press Association, as of 20 July 2024 27,837 British drivers were convicted of drink driving multiple times, driving calls for installing breathalysers in the cars of reoffenders.(60, 61) More recent data sets the figure to 26,819 licence holders convicted more than once in the last 11 years.(62)

Recent studies indicate the use of interlocks can reduce rates of reoffending, through significantly reducing the number of days the offenders drink, the number of drinks they had on a day when they drink, and increasing rates of abstinence, particularly for public service and commercial vehicles.(63)

A review of 15 studies of interlock effectiveness found that offenders who had interlocks installed in their vehicles had arrest recidivism rates that were 75% lower than drivers who did not have interlocks installed.(64) Studies have also showed that interlocks reduce alcohol-related collisions and fatalities while they are installed in vehicles.

A small trial of an alcohol ignition interlock programme in Britain, in which alcolocks were fitted to the vehicles of convicted drink-drive offenders found that almost half (43%) of the participants failed to complete the 12 month programme. (65) However, the devices did detect, and therefore prevent, many occasions in which a participant tried to start their car with alcohol in their system, including 328 occasions when the level of alcohol was above the drink-drive limit.

Many of the participants indicated that the devices made them at least think seriously about their drinking, and in some cases helped change their drinking patterns outright. The study also gathered the thoughts of some of the interlock participants' partners, most of whom reported that the interlock had changed their partner's drinking behaviour.

The UK College of Policing has concluded that car breathalyser locks result in an overall reduction in crime and reoffending, with a strong effect impact on crime by reducing drink-driving reoffending while the device is installed.(66)

Before imposing alcohol interlocks on offenders, the justice system should introduce tests for alcohol dependence, similar to how alcohol tags cannot be used on people with alcohol dependence.(67) This was also the case in the Netherlands, where alcohol interlocks were mandatory for first offenders with a BAC of 0.13-0.18, but people with a BAC higher than 0.18 were first assessed for alcohol dependency, and only if they were not alcohol dependent were they obliged to participate in the alcohol interlock programme.(68)

Evidence beyond the UK

Much like a lower drink-drive limit and different rules for novice drivers, many other countries are well ahead of the UK when it comes to the use of alcohol interlocks. Although it seems quite novel to UK drivers, many US states require ignition interlocks for convicted drink-drivers, as do certain European countries such as Sweden, Finland, France, and Denmark.

Eight European countries currently have alcohol interlock rehabilitation programmes as an alternative to driving bans or to otherwise manage and help rehabilitate drink driving offenders. (69, 70) A map from the European Transport Safety Council also shows how different countries mandate alcohol interlocks for first and second time offenders and depending on their alcohol

content.(71) For example, in Italy, offenders driving with a BAC from 0.8-1.5% will have to install an alcohol interlock for 2 years, following a driving ban of 6 months to 1 year, and install an alcolock for 3 years if they are caught with a BAC above 1.5%, following a driving ban of one to two years.

The European Commission suggests installing alcolocks in the cars of "severe first time offenders and all recidivists in combination with a driver rehabilitation course."(72)

There is strong international evidence that interlocks reduce reoffending. Coben and Larkin (1999) found across five studies that participants in interlock programs were 15%-69% less likely than controls to be re-arrested for drinking while intoxicated. A 2004 Cochrane Review found interlocks reduced reoffending but there was no long-term benefit after they were removed.(73) A 2011 systematic review looking at more recent studies also found a reduction only when interlocks were in place.(74) A 2022 study had similar findings although found a modest reduction following the removal of interlocks.(75)

UK public support for interlocks

Alcolocks are also something the public would support:

- A 2020 YouGov survey revealed that 82% of respondents support the mandatory fitting of interlock devices to buses and coaches. 83% of survey respondents supported the use of such devices by repeat drink drive offenders. (76)
- In addition, a 2025 survey by the RAC found that four-in-five drivers in the UK (82%) support the introduction of alcohol interlocks to reduce instances of repeat drink-driving, with just 7% against and 12% unsure. Of those who were supportive, 7 in 10 (71%) felt every driver caught over the legal limit should have to have one fitted.(77)

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DRINK AND DRUG DRIVING – PROCEDURES

Question 24: In your view, should oral fluid and other samples (such as saliva and sweat) be used in drug driving forensic analysis?

Don't know

Question 25: Why did you give this answer?

As an alcohol-focused alliance, we do not feel able to provide sufficiently detailed insights on testing procedures for other drugs beyond alcohol to answer this question.

Question 26: In your view, could hospital procedures for drink and drug driving suspects be improved?

Yes

Question 27: How do you think hospital procedures for drink and drug driving suspects could be improved?

Hospital procedures for drink-driving suspects should do more than facilitate criminal justice processes: they should also ensure that underlying alcohol problems are identified and treated, which could reduce repeat drink-driving in the longer term.

The new clinical guidelines for alcohol treatment (2025) recommend routine screening for alcohol use disorders using validated tools (e.g. AUDIT) on admission following an alcohol-related incident, with appropriate brief advice offered to increasing and higher risk drinkers. and referral to specialist assessment for those with probable dependence. Hospitals should also ensure that specialist Alcohol Care Teams are available to assess, manage, and link patients to ongoing treatment, including psychosocial intervention and community services, and that all clinical staff are trained in screening and referral procedures. These steps can reduce subsequent harm, readmissions, and repeat offending.

The Cardiff Model for violence prevention provides a good example of how linking hospital and police data can show patterns and inform public safety action and policymaking. Under the model, anonymised data is collected in hospital emergency departments - for instance the

location, time, weapon used, number of assailants - and then shared with police and combined with their data to map where serious incidents occur. Evaluations show that this approach captures large proportions of data that police records miss, and action based on the findings has reduced hospital admissions for violent injury.

Although not specifically relating to drink-drive collisions, research commissioned by the RAC Foundation highlights the significant potential of linking routinely collected hospital data with police and transport datasets to improve road safety analysis.(78) The study found that health data can identify serious injuries and contributory factors that are not always fully captured in police records, leading to a more accurate understanding of collision causes and outcomes. Strengthening systematic data linkage between hospitals and road safety agencies would therefore improve surveillance of alcohol-related harm, support better targeting of interventions, and enhance evaluation of drink-driving policies.

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DRINK AND DRUG DRIVING – TESTING PROCEDURES

Question 28: Are there any other changes to current law and practice regarding drink and drug testing that you would like to suggest?

The WHO states that "drink-driving laws that limit BAC to ≤0.05 are very effective at reducing alcohol related crashes, if they are accompanied by visible and rapid enforcement." (79)

Resources to deliver on and enforce lower drink driving limits will be critical in determining their success. However, In recent years, drink driving enforcement has collapsed, with the number of breath tests in England and Wales falling by 63% since 2009.(80) A recent survey by the Association of Police and Crime Commissioners (APCC) found that police capacity, staffing and time were reported as significant challenges to enforcing drink drive restrictions currently.(81)

Data from 2023 shows that despite the proportion of positive or refused breath tests in England and Wales increasing 60% over the last decade,(82) enforcement has dropped significantly.

Whilst 2023 statistics show a 3% increase in tests conducted compared to the previous year,(83) the overall number of tests administered has dropped 41% between 2014 and 2023, from 470,954 tests in 2014 to 276,914 in 2023.(84, 85)

This is a significant reduction from a peak of 647,380 breath tests in 2009, marking a 63% decrease from 2009 to 2023 in numbers of annual breath tests conducted.(86)

NICE is clear that the effectiveness of drink-driving policy depends far more on the perceived certainty and visibility of enforcement than on the severity of penalties alone. Increases in sanctions without corresponding improvements in enforcement and detection are therefore unlikely to deliver sustained reductions in harm.

The AHA therefore strongly urges the Government to ensure that new legislation as a result of the Road Safety Strategy is paired with appropriate enforcement resources. Without a

commitment to these resources to enable robust enforcement, including sufficient funding for police staff and resources (such as road traffic officers), lower limits and harsher penalties alone wouldn't necessarily reduce drink drive offending.

Question 29: How do you think current law and practice regarding drink and drug testing could be improved?

Better mechanisms to enable rapid randomised roadside breath tests (such as powers to set up temporary roadblocks, and powers to conduct a breath test without reasonable suspicion/ grounds to do so) would enable far more drivers to be tested. This would of course be contingent on additional resources for police and traffic officers to allow these enhanced powers to test to be rolled out more extensively.

UK testing figures pale in comparison to other European nations. 2024 data requests found that French police are 20 times more likely to breathalyse drivers than their UK counterparts, testing 109 drivers per 1,000 people, compared to just 5 per 1,000 in Britain.(87) EU statistics in 2015 showed Estonia, Poland and Finland test the most drivers, with (respectively) 677, 466 and 279 drivers checked per 1000 inhabitants. Austria (189) breath tests almost 1 in 5 drivers.(88)

A PACTS report from 2020 highlighted the importance of road policing in improving road safety and the 'fatal four' offences, which includes driving under the influence of alcohol or drugs. Findings show that where enforcement has been increased, compliance with traffic laws has improved and incidents have decreased.(89)

Better enforcement would mean tackling not only those significantly over-estimating their ability to safely drive, but would discourage drivers from feeling 'safe' to have a few drinks and still drive within the legal limit, by serving as a deterrent that drivers know they could get caught.(90)

A cross-sectional survey of almost 3000 drivers in Australia that concluded that "high risk alcohol consumption patterns and agreement from drivers that they drink and drive when they believe they can get away with it had the strongest associations with drink-driving. These findings highlight the relationships between one's drinking patterns, drink-drive behaviour and attitudes towards drink-driving and drink-driving enforcement."(91)

In Australia, New South Wales and Victoria implemented random breath testing (RBT) in the 1980s, followed by other jurisdictions. Between 1981 to 2006, the percentage of fatally injured motorists with a BAC of 0.05 fell by more than 35 per cent in Australia, attributed largely to the implementation of RBT.(92) A review of 14 studies from Australia and the USA found that random screening (either Random Breath Testing or Sobriety Checkpoints) was significantly effective in reducing crashes, fatalities and injuries.(93)

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DRINK DRIVING – TESTING AND OTHER COMMENTS

Question 30: In your view, should random breath testing (mirroring the powers in Northern Ireland) be introduced in England and Wales?

Yes

Question 31: Why did you give this answer?

Introducing random breath testing (RBT) in England and Wales would substantially strengthen drink-driving deterrence by increasing the perceived certainty of detection, which is central to behaviour change.(94)

Unlike current selective testing approaches, RBT allows police to stop any driver at any time, removing drivers' ability to evade detection and maximising general deterrence. International evidence consistently shows RBT to be highly effective. Meta-analyses find that sobriety checkpoints, including RBT, reduce alcohol-involved crashes by at least 17%, with reductions of up to 22% in fatalities and 24% in high-BAC driving (95, 96) – although their effectiveness depends on frequency, unpredictability, and public awareness of enforcement activity (NICE).

Jurisdictions with intensive, highly visible, and well-publicised RBT programmes – particularly Australia and New Zealand – have seen large and sustained reductions in serious and fatal crashes. In Australia, when the limit was reduced from 80mg to 50mg (BAC 0.08 to 0.05) fatal accidents fell by 18% in Queensland and 8% in New South Wales. An increase in random breath testing was a major cause of this reduction, showing the importance of enforcement.(97)

By contrast, selective testing misses a substantial proportion of impaired drivers and delivers weaker deterrence.(98) Introducing RBT would align England and Wales with international best practice.

Crucially, people have to believe that they will be caught and punished if they drink drive. People initially think they will be caught but that this belief tails off over the long-term when people realise they are unlikely to be caught.(99) Therefore, enforcement has to be extremely visible and rigorous to prevent that.

Alongside visible breath testing, any reduction in the drink-driving limit must be accompanied by sustained, highly visible public awareness and media campaigns explaining the new limit and penalties. Evidence from Scotland shows the consequences of failing to do so: following the reduction to 50mg, media spend was limited and short-lived, and public awareness of the new limit declined rapidly after the initial campaign.(100)

However, as already highlighted in answers to questions 28 and 29, resources to deliver on and enforce lower drink driving limits will be critical in determining their success, something that the UK has seen fall significantly in recent years.

Analysis of Government data by the RAC at the end of 2025 found that:(101)

- The number of overall roads policing officers in England and Wales has reduced by more than 1,000 in the last 10 years, from 5,237 officers across 43 police forces in 2015 to 4,149 in 2025, a 21% drop.
- There was a 22% reduction in police out on the roads in traffic units (decreasing by 1,116 officers overall, from 5,005 in 2015 to 3,889 in 2025).
- There was also a 23% drop (from 186 to 144) in officer numbers dedicated to safety camera/ casualty reduction partnerships over the last decade.

Without a commitment to providing the resources to enable robust enforcement, including sufficient funding for police staff and other resources (such as road traffic officers), lower limits and harsher penalties alone wouldn't necessarily reduce drink drive offending.

Question 32: Provide any other evidence or comments you have about the current penalty framework for drink and drug driving offences.

The AHA believes graduated penalties should be explored, as a means of both drink driving deterrence and of recognising the increasing risk levels of higher BAC levels.

There is a serious risk that introducing a very low limit alongside reduced sanctions for lower levels, such as points or modest fines, would undermine deterrence and could even increase harm by signalling that lower-level drink-driving is less serious. A more effective and proportionate approach would be a graduated penalty framework.

Reviewing evidence from other countries where more severe penalties are imposed for higher breaches of the BAC limit, shows various options are available to reflect the increased risk drivers at higher BAC levels pose to other road users. For example:

- In France, BAC levels from 0.05 to 0.08 result in fines and points, but over 0.08 is classed as a criminal offence ('road homicide') with tougher penalties, including higher fines, vehicle confiscations, and even 2 years' imprisonment(102, 103)
- In Italy, fines and driving suspensions are used for BAC levels of 0.05 to 0.08, but 0.08 to 0.15 results in larger fines and suspensions. For drivers caught above 0.15, fines can reach up to €10,000, along with a two-year driving suspension, more than a year in prison, and even having the vehicle confiscated(104)
- In Spain and Portugal, penalties can rise from short suspensions for lower BAC levels to more severe punishments for higher BAC levels. In Germany those caught over 0.11 could face a permanent driving ban, and those who are involved in an accident and test

over 0.03 face different penalties to those caught through tests not as a result of an accident.(105)

- In Sweden, "severe drink driving" is classed as 0.10 BAC and higher.(106) In addition, fines in Sweden are calculated based on daily income, meaning they can be substantial for higher earners.(107)
- Internationally, large fines for a high BAC above the legal limit include up to €2,965 (£2590) in New Zealand and €6,276 (£5481) in South Africa.(108)

The EU is also moving towards implementing stricter drink driving enforcement for new or inexperienced drivers, with plans for novice drivers to be subject to a zero-tolerance alcohol limit for a minimum of two years after passing their test.(109, 110)

Some countries in Europe already enforce stricter penalties for this group of drivers, including Germany, where novice drivers who breach the zero-alcohol rule face a €250 (£215) fine and an extension of their probationary period by two years.(111)

Internationally, at least 35 countries currently have a zero-tolerance policy on alcohol for younger and novice drivers, including Australia, New Zealand, Canada, Columbia, Brazil and Japan.(112)

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DRINK DRIVING – OTHER FINAL COMMENTS

<u>Question 73:</u> Provide any other evidence or comments about the proposed introduction of new penalties for certain motoring offences and other road traffic matters set out in this consultation?

<u>Sale of alcohol at petrol and motorway service stations</u>

To avoid mixed messages on drink driving, partial restrictions on selling alcohol at motorway service areas (MSAs) and at petrol stations should be strengthened to a full restriction, to further align with the Road Safety Strategy's aims to reduce drink driving and alcohol-related road harms.

Section 176 of the Licensing Act 2005 "prohibits the sale of alcohol at motorway service areas and garages etc" in respect of motorway service areas which are "premises situated on land acquired or appropriate by a special road authority, and for the time being used, for the provision of facilities to be used in connection with the use of a special road provided for the use of traffic of class I (with or without other classes)".(113)

This law applies only to government owned MSAs; privately owned ones are exempt, so both the owners of and the businesses operating at such premises can apply to the relevant local authority for an alcohol licence.(114) This effectively means that drivers and other road users can drive a vehicle to a petrol station and buy alcohol, at any time of day or night. This seems in contrast to the strategy's messaging on alcohol and driving.

The AHA believes this new Road Safety Strategy is an appropriate time to review this legislation to better reflect the serious dangers of consuming alcohol and driving and avoid any mixed messages to drivers.

<u>Rural roads, rural communities and hospitality</u>

The alcohol industry and some hospitality trade bodies have raised concerns about the impact of any lower limits on trade, particularly rural pubs, following the Road Safety Strategy's launch.

Rural roads are among the most dangerous in the country, accounting for well over half of fatal collisions, far more per mile travelled than other roads.(115) Protecting rural communities means reducing risks, not maintaining risks to protect business profits.(116) Were data publicly available to suggest rural pubs rely on drink driving to stay afloat, this should raise significant concerns.

Research into the reduction of the drink-drive limit in Scotland actually found that it resulted in little long-term economic impact.(117) Most participants reported no long-term financial impact on their business, but a few, mainly from rural areas, reported some reduction in alcohol sales. Observed drinking changes included fewer people drinking after work or leaving premises earlier on weekdays.

Scottish Licensing Trade Association (SLTA) managing director Colin Wilkinson said that based on Scotland's experience, if the new legislation for England and Wales is implemented he predicted "some impact, but going forward I think that should recover pretty quickly."(118)

Adaptations to businesses included improving the range of no/low-alcohol drinks and food offered. Changes like these were seen as key to minimising economic impact.

The no and low-alcohol market represents a key area of growth in recent years. In 2024, 31% of adults in Great Britain reported consuming no/low drinks at least once a year, with 18% doing so at least once a month, and 9% at least once a week.(119)

Public awareness campaigns

Awareness of drink driving limits is critical in ensuring that motorists adhere to new limits when they change. A 2025 poll found four in five people don't know current limit.(120)

A 2020 PACTS report which raised evidence showing that media campaigns, in combination with other policy measures such as increased enforcement, can reduce the number of drink drive casualties and deaths.(121)

Evidence from THINK! In their 2022 Mates for Life campaign showed that media campaigns can be effective in encouraging a target audience - in this case young men - to intervene and prevent drink driving amongst their friends. Their campaign saw 7 in 10 of their audience report taking action after seeing it, including stopping a friend from drinking before driving.(122)

A systematic review from 2021 that showed some education programmes have the capacity to positively change alcohol-related behaviour, although quality of the programmes affect outcome.(123)

The AHA therefore calls for measures to tackle alcohol-related road harms, including lower drink driving limits, to be complemented with public awareness campaigns to ensure knowledge of, and compliance with, any new limits.

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