



QUEENSLAND COALITION FOR ACTION ON ALCOHOL

ACTION
ON
ALCOHOL

WORKING TOGETHER TO REDUCE ALCOHOL RELATED HARM



QCAA response to the drink driving legislation

March 2017



About the Queensland Coalition for Action on Alcohol

The Queensland Coalition for Action on Alcohol (QCAA) is a coalition of like-minded health and community organisations in Queensland committed to reducing alcohol-related harm.

QCAA's aim is to identify and prioritise what needs to be done to achieve change that will reduce alcohol harms and improve the health and wellbeing of Queenslanders.

The QCAA comprises of a number of organisations within Queensland who have an interest in alcohol harm reduction and/or public health.

The founding members of QCAA are Healthy Options Australia, the Australian Medical Association Queensland (AMAQ), Queensland Alcohol and Drug Research and Education Centre (QADREC), the Foundation for Alcohol Research and Education (FARE) and Lives Lived Well.

QCAA has 12 member organisations:

- Australian Medical Association (AMA) Queensland
- Collaboration for Alcohol Related Developmental Disorders
- Drug and Alcohol Nurses Australasia
- Drug ARM Australasia
- Foundation for Alcohol Research and Education (FARE)
- Healthy Options Australia
- Lives Lived Well
- Royal Australasian College of Surgeons (Queensland)
- Safe Streets Association Inc
- Queensland Alcohol and Drug Research and Education Centre
- Queensland Homicide Victims Support Group
- Queensland Network of Alcohol and other Drug Agencies.

This broad-based Queensland alliance has come together to pool collective expertise and knowledge around what strategies are needed to reduce the harms associated with drinking in Queensland.

To find out more about QCAA, visit www.qcaa.org.au.



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Introduction

Australia has a strong track record in road safety with the introduction of measures such as seat belts, drink driving campaigns, random breath testing, and speed cameras. While much has been achieved to improve road safety, drink driving continues to be a concern.

Alcohol is a major contributing factor to car accidents and accounts for 30 per cent of road deaths and nine per cent of serious road injuries nationally.¹ This has a significant impact on society in terms of years of life lost, disability, and cost to the community. The impact of alcohol-related road accidents is estimated to cost on average \$770 million per year in Queensland² and at least \$27 billion per year nationally.³ In 2006, the cost to the community of a single fatal crash was estimated at approximately \$2.6 million, while the cost of hospitalisations associated with a crash was approximately \$266,000 each.⁴ The harms from alcohol-related road crashes are much higher than those related to driving while affected by drugs.

Alcohol-related road crashes are preventable. Improving driver behaviour is key to reducing the harm associated with drink driving. This can be achieved through licensing, education, road rules, enforcement, and sanctions.⁵ Adherence to the road rules is critical, yet drivers continue to ignore road safety messages and put themselves and others at risk. Research shows 58 per cent of drivers report drinking and driving, and 72 per cent reported they had driven at least twice in the previous year after consuming alcohol.⁶

Queensland has been successful in reducing the toll from alcohol-related road crashes but the rate of decline is slow and still represents one in five fatalities on Queensland roads.⁷ Action is needed to increase the rate of decline if Queensland is to meet its targets of reducing road deaths from an average of 303 in 2008-2010 to no more than 200 by 2020, and reducing road injury from an average of 6,670 hospitalised casualties in 2008-2010 to 4,669 by 2020.⁸

Education alone is not effective in changing behaviour. A combination of education and enforcement has been successful in changing community attitudes and social norms associated with drink driving and seat belts. However, a proportion of the population continue to offend despite these efforts and more needs to be done to address this group of drivers. Harmful alcohol use needs to be addressed and repeat offenders referred to treatment where this need is identified. Queensland's random breath testing and interlock programs should be informed by research on their effectiveness and why some programs work better than others. Targeted approaches such as those directed at young drivers are also important to reduce alcohol-related road crashes among groups at risk and in locations where urban solutions are less effective.

The Queensland Coalition for Action on Alcohol (QCAA) appreciates the opportunity to be able to contribute to the development of road safety policy in Queensland. The Queensland Government Department of Transport and Main Roads *Drink driving discussion paper* provides the opportunity to look at the effectiveness of existing measures and identify other measures that may help reduce drink driving behaviour and associated harms.

The effectiveness of many of the measures to deter drink driving is largely determined by the perception of drivers that their behaviour will be detected and that they will be sanctioned if they have committed an offence.



This response

QCAA's response addresses each of the questions found in the *Drink driving discussion paper* and identifies other areas for consideration.

A summary of the responses is provided and a list of recommendations. This is followed by a detailed response to each of the issues QCAA's response refers to the evidence and, where relevant, recommends an approach to the issue.

The response also includes comments about other aspects of road safety policy and provides details of relevant research for consideration.

List of recommendations

The Queensland Coalition for Action on Alcohol (QCAA) recommends:

1. That all participants in the interlock program, including those who install the interlock and those who sit out, be required to undertake a screening and brief intervention program and, if hazardous or harmful alcohol use is indicated, be referred to evidence-based treatment.
2. That all participants are required to undertake an education program to support efforts to change their drinking and driving behaviour.
3. That a participant who reoffends once they have completed the program lose their licence for a minimum of two years and only have the opportunity to reinstate their licence once this period has elapsed, they have completed alcohol rehabilitation, and other treatment appropriate to their needs.
4. That the interlock program is extended to all learner and provisional drivers and any others who have a zero alcohol limit on their licence.
5. That first time drink driving offenders are required to complete an online brief education program, with drivers referred to treatment where a need is identified. These programs should be evidence-based, culturally sensitive, and accessible with alternate delivery options available.
6. That repeat drink driving offenders are required to undertake a face-to-face education program, with drivers referred to evidence-based treatment where a need is identified. These programs should be evidence-based, culturally sensitive, and accessible with alternate delivery options available.
7. That all first time offenders with a BAC of less than 0.1 remain eligible for a restricted licence.
8. That first time offenders with a BAC of 0.1-0.149 remain eligible for a restricted licence where an interlock program is in place.
9. That offenders with a BAC of 0.1-0.149 who reoffend have their licence suspended and are referred.
10. That random breath testing programs are supported by publicity and educational campaigns to raise awareness and educate the public about drink driving and random breath testing operations.
11. That random breath testing programs apply best practice principles including:
 - jurisdiction-wide *random* breath testing



- jurisdiction-wide strategically deployed random breath testing
 - jurisdiction-wide *enforcement* of the program
 - a credible random breath testing program ('no one gets off')
 - jurisdiction-wide *publicity* and targeted *responses* for recidivist drink drivers.
12. That random breath testing programs are modified in rural areas to overcome challenges associated with conducting random breath testing operations in rural locations.
 13. That serious consideration is given to introducing a 0.02 BAC in line with the National Road Safety Strategy 2011-2020.
 14. That action is taken to address the drivers of alcohol consumption, price, promotion and availability, and appropriate support is available to people affected by harmful alcohol use through primary, secondary, and tertiary prevention strategies.
 15. That a trial of the South Dakota 24/7 Sobriety Program is conducted in Queensland to investigate its effectiveness in reducing drink driving.
 16. That the review process behind the release of this discussion paper is informed by the work in this area on approaches to improving effective drink driving prevention and enforcement strategies by Terer and Brown (2014), and the research on the effectiveness of random breath testing and alcohol-related road crashes in Australia by Ferris, Devaney, Sparkes-Carroll and Davis (2015).

Summary of responses and additional comments

Question	Response	Comments	
1. Enhance the current Alcohol Ignition Interlock Program			
1a	Do you support extending the interlock 'sit out' period from two to five years?	Yes	QCAA supports extending the sit out period where 5 years is the <i>maximum</i> period that applies. This provides the ability to apply shorter sit out periods to offenders where appropriate. Offenders who sit out the interlock period by having their licence suspended should be also required to undertake an education program and referred to evidence-based treatment where appropriate.
1b	Do you support changing the interlock program to a performance-based program where participants must demonstrate (through no positive readings for a specified number of months) they can separate drinking and driving before having the interlock removed?	Yes	QCAA recommends that participants complete at least the last six months of the interlock program without breaching the performance elements of the program.
1c	Do you support extending the interlock program to drink drivers who commit a middle range BAC offence (0.10 to 0.149 BAC)?	Yes	Financial support should continue to be available to offenders with low incomes (who have a health care card or meet specific income and asset criteria) to ensure equity of access to the interlock program. Offenders who are participating in the interlock program should also be required to undertake a screening and brief intervention program and education program.
1d	Do you support extending the interlock program to all <i>learners</i> convicted of drink driving?	Yes	Financial support should continue to be available to offenders with low incomes (who have a health care card or meet specific income and asset criteria) to ensure equity of access to the interlock program. The message about separation of drinking and driving needs to be enforced from the moment people start driving on roads. Repeat offenders should have their licence suspended.
	Do you support extending the interlock program to all <i>learners</i> convicted of drink driving with a BAC of 0.05 or higher?	No	Learners should not be driving with <i>any</i> alcohol in their body and therefore they should be subject to the interlock program if their blood alcohol content is greater than zero.
	Do you support extending the interlock program to all <i>provisional</i> licence holders convicted of drink driving?	Yes	Financial support should continue to be available to offenders with low incomes (who have a health care card or meet specific income and asset criteria) to ensure equity of access to the interlock program. Restrictions are placed on the licence of provisional drivers because of their relative inexperience at driving on roads, their propensity for risk-taking behaviour and in most cases, freedoms to consume and purchase alcohol. Repeat offenders should have their licence suspended.
	Do you support extending the interlock program to all <i>provisional</i> licence holders convicted of drink driving with a BAC of 0.05 or higher?	No	Provisional drivers should not be driving with any alcohol in their body and therefore they should be subject to the interlock program if their blood alcohol content is greater than zero.
2. Introduce education countermeasures			
2a	Do you support introducing an online compulsory brief education program	Yes	This program should be evidence-based and include a screening and assessment component with referral to treatment where needed

Question	Response	Comments
for all first time drink driving offenders? Participants would need to complete the program before getting their drivers licence back.		and an education model. This program should resonate with Australia's multicultural community and explore alternative delivery options for those who cannot access an online program.
2b Do you support introducing an intensive face-to-face education program for repeat drink drivers? Repeat offenders would need to complete the program with a qualified professional as a relicensing requirement.	Yes	Financial support should be available to people on low incomes should a user pays system be implemented by the Queensland Government. QCAA supports evaluation of the program to ensure its ongoing effectiveness. Repeat offenders should be referred to evidence-based treatment.
3. Review access to restricted (work) licences		
Option 1: Do you support removing restricted (work) licences for all drink drivers and making them serve a licence disqualification period?	No	Restricted licences should be available to first time offenders but only if their blood alcohol level is below 0.1.
Option 2: Do you support removing restricted (work) licences for <i>middle BAC offenders</i> (0.10–0.149 BAC) and making them serve a licence disqualification period?	Yes, for repeat offenders	QCAA supports the inclusion of drink driving offenders with a BAC of 0.1-0.15 in the interlock program. If these drivers reoffend, they should no longer be eligible for the interlock program, have their licence suspended and be referred to treatment if they have not been already.
4. Relevant research and further areas of work		
Effective drink driving prevention and enforcement strategies Terer, K. & Brown, R. (2014). Effective drink driving prevention and enforcement strategies: Approaches to improving practice. Trends & issues in crime and criminal justice No. 472 February 2014		This report identifies principles of effective drink driving countermeasures and provides guidelines for the effective enforcement and prevention of drink driving through random breath testing, publicity campaigns, penalties and targeted interventions and in different populations such as rural and remote communities. Evidence-based education and rehabilitation programs should be introduced in conjunction with all penalties, such as interlocks and licence suspensions, to maximise the chance for long-term change in behaviour that separates drinking and driving.
Effective random breath testing (RBT) programs in Australia Ferris, J., Devaney, M., Sparkes-Carroll, M. & Davis, G. (2015). A national examination of random breath testing and alcohol-related traffic crash rates (2000-2015). Canberra: Foundation for Alcohol Research and Education.		This research examined the effectiveness of RBT and alcohol-related road crashes in Australia. While the ratio of RBT to licensed drivers is important, other factors also influence the number of alcohol-related car accidents such as drink driving education campaigns, RBT publicity, penalties and rehabilitation programs. The report concluded that to be effective in deterring drink driving, RBT best practice principles must be consistently monitored and maintained.
Blood alcohol content threshold		Consideration should be given to reducing the current blood alcohol content threshold to further reduce drink driving and alcohol-related road crashes. A 10 per cent drop in fatal crashes occurred in Sweden following a reduction in the threshold for the general BAC from 0.05 to 0.02 in 1990.
Aboriginal and Torres Strait Islander people		Aboriginal and Torres Strait Islander people are disproportionately affected by alcohol-related harm. A broader approach is needed to address the higher rate of road death in this population group.
24/7 Sobriety program		The South Dakota 24/7 Sobriety program originally targeted repeat offenders but has since been modified to include other alcohol-related crimes, including family violence, and has been adopted in jurisdictions across the USA. The program offers an alternative to the interlock program for repeat offenders.



QCAA response to drink driving discussion paper

This section will provide a response to each of the questions outlined in the *Drink driving discussion paper*. The headings used in this section reflect the headings in the discussion paper.

1. Enhance the current Alcohol Ignition Interlock Program

1a: Do you support extending the interlock 'sit out' period from two to five years? This aims to discourage drink drivers from choosing to 'sit out'.

QCAA supports an extension of the maximum interlock 'sit out' period from two to five years.

Queensland currently has the shortest sit out period in the nation. Increasing the sit out period to a maximum of five years would be consistent with the practice in New South Wales where participants cannot legally drive for a maximum of five years if they do not complete the interlock program.

While the interlock is effective in reducing drink driving while they are installed,⁹ drink driving behaviour tends to return when these are no longer in place.^{10,11} A study in the United States showed interlocks were more effective at reducing reoffending than licence suspensions.¹² However, the study also showed that re-arrest rates increased once devices were removed.¹³

Offenders who sit out the interlock period by having their licence suspended should be required to undertake a screening and brief intervention program and, if hazardous or harmful alcohol use is indicated, they should be referred to evidence-based treatment. These offenders should also be required to undertake education and rehabilitation programs to support efforts to achieve a sustained change in their drinking and driving behaviour.¹⁴

1b: Do you support changing the interlock program to a performance-based program where participants must demonstrate (through no positive readings for a specified number of months) they can separate drinking and driving before having the interlock removed?


QCAA supports the introduction of a performance-based program for participants in the interlock program.

Queensland is just one of two jurisdictions in Australia where participants do not need to demonstrate that they have changed their behaviour in relation to drinking and driving.

Participants should be required to complete at least the last six months of the interlock program without breaching the performance elements of the program such as recording positive breath tests, tampering with the interlock, and driving a different vehicle where no interlock is attached. This would require a significant commitment to the objectives of the program by the offender and be in line with the performance period in New South Wales, Western Australia, and Tasmania.

The duration of the performance period could be scaled up in accordance with the BAC reading at the time of the offence. For example, offenders with a BAC of 0.10-0.149 could be required to complete a performance period of a minimum of six months whereas an offender who had a BAC of 0.15 and above could be required to complete a minimum performance period of 12 months.

Should participants reoffend once they have completed the program, they should lose their licence and be required to undertake treatment for their alcohol use and be referred to other services where appropriate.



Reinstatement of their licence should only occur after a minimum of two years has passed and they have completed alcohol and any other treatment required.

1c: Do you support extending the interlock program to drink drivers who commit a middle range BAC offence (0.10 to 0.149 BAC)?

QCAA supports extending the interlock program to drink drivers who commit a middle range BAC offence.

Extending the interlock program aligns with the *National Road Safety Strategy 2011-2020* to extend the application of alcohol interlocks to a wider segment of drink driving offenders.¹⁵

The relative risk of being involved in a crash increases markedly at a BAC of 0.10 with the relative risk of a crash at BAC 0.15 increasing to more than 20 times the risk of a crash at BAC 0.00, compared to five to seven times higher at BAC 0.10 than at BAC 0.00.¹⁶

Offenders who are participating in the interlock program should be required to undertake a screening and brief intervention program and education program to identify harmful alcohol use, change behaviour and increase understanding of the risks associated with drinking and driving.

1d. Extending the interlock program to drink driving offenders with a learner or provisional licence

Do you support extending the interlock program to all learners convicted of drink driving?

QCAA supports support extending the interlock program to all learner drivers convicted of drink driving.

Extending the interlock program aligns with the *National Road Safety Strategy 2011-2020* to extend the application of alcohol interlocks to a wider segment of drink driving offenders.¹⁷

Learner drivers are not permitted to have any alcohol in their system while driving. This message is very clear and there can be no opportunity for misunderstanding or miscalculating the amount of alcohol that is within acceptable limits.

The Queensland Government is responsible for regulating and enforcing driver behaviour in Queensland. The message about separation of drinking and driving needs to be enforced from the moment people start driving on roads.

Extending the interlock program to all learners convicted of drink driving sends a strong message to drivers in their formative years that the risks associated with drinking alcohol and driving are high and that this behaviour needs to change. Repeat offenders should have their licence suspended.


Do you support extending the interlock program to all learners convicted of drink driving with a BAC of 0.05 or higher?

QCAA does not support this proposal.

QCAA supports extending the interlock program to all learner drivers convicted of drink driving for the reasons outlined above. Limiting this program to those with a BAC of 0.05 or higher is inconsistent with the law that learner drivers are not permitted to have any alcohol in their system when driving.

Do you support extending the interlock program to all provisional licence holders convicted of drink driving?

QCAA supports extending the interlock program to all provisional drivers convicted of drink driving.



Extending the interlock program to this group aligns with the *National Road Safety Strategy 2011-2020* aims to extend the application of alcohol interlocks to a wider segment of drink driving offenders.¹⁸

A range of restrictions is placed on the licence of provisional drivers throughout Australia because of their relative inexperience at driving on roads and their propensity for risk-taking behaviour. These include restrictions on the number of passengers, vehicle power, speed, and alcohol.¹⁹ In most cases, provisional drivers are also younger drivers who are about to reach the age, or have recently turned the age, where they can legally purchase alcohol. Alcohol in the blood system can impair judgement, reduce coordination, and affect decision-making ability, presenting an elevated risk associated with driver performance. It is appropriate, therefore, that provisional drivers should continue to have a zero alcohol restriction on their licence while their ability to manage these competing behaviours develops. Restrictions and sanctions can be reduced as their driving experience increases.

Like learner drivers, provisional drivers who are repeat offenders should have their licence suspended.

Do you support extending the interlock program to all provisional licence holders convicted of drink driving with a BAC of 0.05 or higher?

QCAA does not support this proposal.

The proposal to limit the interlock program to provisional licence holders who have been convicted of drink driving with a BAC of 0.05 or higher is inconsistent with the rationale for provisional licences and the expectation that provisional drivers will not have any alcohol in their system.

Recommendations

QCAA recommends:


1. That all participants in the interlock program, including those who install the interlock and those who sit out, be required to undertake a screening and brief intervention program and, if hazardous or harmful alcohol use is indicated, be referred to evidence-based treatment.
2. That all participants are required to undertake an education program to support efforts to change their drinking and driving behaviour.
3. That a participant who reoffends once they have completed the program lose their licence for a minimum of two years and only have the opportunity to reinstate their licence once this period has elapsed, they have completed alcohol rehabilitation, and other treatment appropriate to their needs.
4. That the interlock program is extended to all learner and provisional drivers and any others who have a zero alcohol limit on their licence.

2. Introduce education countermeasures

2a: Do you support introducing an online compulsory brief education program for all first time drink driving offenders? Participants would need to complete the program before getting their drivers licence back.

QCAA supports this proposal.

Drink driving is one of the main causes of road fatalities and injuries in Australia. Research shows that between 20 and 30 per cent of drink drivers reoffend and contribute disproportionately to road trauma



because of their repeat offending and high blood alcohol concentrations (BAC).²⁰ A review of drink driving countermeasures found that rehabilitation programs can improve attitudes of drink drivers and decrease recidivism. An evaluation of the Sober Driver program in New South Wales found that drivers who participated in the program were 44 per cent less likely to reoffend compared with a control group.²¹

QCAA supports the inclusion of screening and assessment as part of the education program so that a driver's alcohol consumption patterns can be assessed and referral for appropriate treatment provided if appropriate. An online brief education and referral program should be evidence-based, culturally sensitive, and accessible. Alternate delivery options should be available for those that cannot access an online program.

This step is important since it is more likely to lead to successful outcomes rather than simply relying on education to change the behaviour.

2b: Do you support introducing an intensive face-to-face education program for repeat drink drivers? Repeat offenders would need to complete the program with a qualified professional as a relicensing requirement.

QCAA supports the introduction of a face-to-face education program for repeat drink drivers.

These programs should be evidence based and comprise screening and referral to treatment in addition to the education component. Research shows that these programs should be introduced in conjunction with other measures such as interlocks and licence suspensions and/or disqualification, to maximise efforts to counter drink drinking behaviour.²²

Recommendations

QCAA recommends:

5. That first time drink driving offenders are required to complete an online brief education program, with drivers referred to treatment where a need is identified. These programs should be evidence-based, culturally sensitive, and accessible with alternate delivery options available.
6. That repeat drink driving offenders are required to undertake a face-to-face education program, with drivers referred to evidence-based treatment where a need is identified. These programs should be evidence-based, culturally sensitive, and accessible with alternate delivery options available.

3. Review access to restricted (work) licences

Option 1: Do you support removing restricted (work) licences for all drink drivers and making them serve a licence disqualification period?

QCAA does not support this proposal.

Restricted licences should be available to first time offenders with a blood alcohol level below 0.1. First time offenders present a low risk of reoffending and therefore should be able to continue to work or fulfil their caring or other responsibilities.

Option 2: Do you support removing restricted (work) licences for *middle BAC offenders (0.10–0.149 BAC)* and making them serve a licence disqualification period?

QCAA supports this proposal for repeat offenders only.

QCAA qualifies their support for this measure by applying it to repeat offenders only, since first time offenders with a mid-range BAC offence (0.10-0.149) would be eligible to participate in the interlock program if the proposal to extend the lockout to this group is adopted by the Queensland Government. Extending the interlock program to mid-range BAC offenders is an appropriate approach to allow first time offenders, who have inadvertently consumed more than the legal limit, to continue to drive.

If these drivers reoffend, they should no longer be eligible for the interlock program. In these cases, mid-range BAC offenders should have their licence suspended since it is clear they have not appreciated the seriousness and potential consequences of their behaviour. They should also be referred to treatment if this has not occurred already.

This action should be taken since the relative risk of reoffending increases significantly and at a faster rate once the BAC reaches 0.1.

Recommendations


QCAA recommends:

7. That all first time offenders with a BAC of less than 0.1 remain eligible for a restricted licence.
8. That first time offenders with a BAC of 0.1-0.149 remain eligible for a restricted licence where an interlock program is in place.
9. That offenders with a BAC of 0.1-0.149 who reoffend have their licence suspended and are referred.

Additional comments

Random breath testing

Research looking at the most successful random breath testing (RBT) programs in Australia found that Queensland had a relatively stable RBT rate that reflects a relatively stable rate of alcohol-related traffic accidents.²³



The relationship between RBT and alcohol-related traffic accidents rates is not clear-cut and while the ratio of RBT to population is important, other factors such as geographic differences, varying levels of RBT publicity and educational campaigns, responses for recidivist drink-drivers (rehabilitation), and drink driving penalties are also important.²⁴ Education campaigns are important to raise awareness about drink driving and RBT operations.

To be effective, the community must perceive there is a high chance of being detected of drink driving and the certainty that penalties will be applied and applied quickly. The severity of the penalty is also important. These perceptions act as a general deterrent to drink driving with increases in perceived risk leading to a decrease in drink driving behaviour across the population. The perceived risk associated with drink driving also has an impact on previous offenders.²⁵

The community must also perceive RBTs to be truly random. Testing must be highly visible, unpredictable, and difficult to evade. Best practice principles include:

- jurisdiction-wide *random* breath testing
- jurisdiction-wide strategically deployed RBT
- jurisdiction-wide *enforcement* of the program
- a credible RBT program ('no one gets off')
- jurisdiction-wide *publicity* and targeted *responses* for recidivist drink-drivers.²⁶

A modified approach to RBT may be required in rural areas to address problems associated with increased need to drive, word of mouth communication networks, relatively high cost of RBT operations, and small community factors such as drivers being known to police. Mobile RBT operations may be a particularly effective in rural areas in addition to highly visible and static RBT operations because of their unpredictable nature.²⁷


Blood alcohol content threshold

Australia's *National Road Safety Strategy 2011-2020* identifies potential strategies that could be useful in reducing drink driving in Queensland. These are mostly associated with lower acceptable BAC levels and include:

- reducing the level of general BAC to 0.02 or 0.0
- extending the current zero BAC requirement for learner and provisional drivers to all drivers under 26 years of age.

Sweden reduced the threshold for the general BAC from 0.05 to 0.02 in 1990. This change led to a ten per cent drop in fatal crashes. Other European countries have also adopted a reduced or zero BAC with Poland, Slovenia, and Estonia adopting a 0.02 limit, and Hungary, the Czech Republic, Romania, and Slovakia adopting a 0.00 BAC limit.

A zero BAC limit has the advantage of not relying on drivers' perceptions of how much alcohol they can consume to stay under a legal limit. The European Transport Safety Council recommends that member states consider adopting a zero tolerance for drink driving for all drivers.²⁸



QCAA believes the time has arrived to seriously consider introducing a 0.02 BAC as the next big step to achieve zero drink driving fatalities, in line with the future steps outlined in the *National Road Safety Strategy 2011-2020*.

Aboriginal and Torres Strait Islander people

Across Australia, Aboriginal and Torres Strait Islander people have three times the rate of road death compared with other Australians.²⁹ The reasons for this are varied and do not relate just to alcohol. However, Aboriginal and Torres Strait Islander people are disproportionately affected by alcohol harm and this is reflected in the level of road trauma within this population group.

A broader approach is warranted to reduce drink driving in this group such as addressing the drivers of alcohol consumption related to price, availability and promotion of alcohol and ensuring that appropriate support is available for those who consume alcohol at harmful levels and those affected by the consequences of this behaviour.³⁰

These strategies should be implemented at the primary, secondary, and tertiary levels of prevention and be informed by the findings of the House of Representatives *Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities*.³¹

24/7 Sobriety program

The 24/7 Sobriety Program was introduced in 2005 to tackle drink driving in South Dakota, United States. Originally, the program targeted repeat offenders but has since been modified to include other alcohol-related crimes, including family violence.³²

The program requires people arrested or convicted for alcohol-related offences to take two alcohol breath tests a day or wear a continuous alcohol monitoring bracelet and applies swift and certain yet modest sanctions for violations of the program. An offender who refuses or fails a test is immediately taken into custody and appears before a judge within 24 hours.

The 24/7 Sobriety program resulted in a 12 per cent drop in drink driving arrests. The expansion to other alcohol-related problems led to a nine per cent reduction in domestic violence assaults.³³ The success of this program has led to its introduction in other locations within the United States.


This program offers an alternative to the interlock program for repeat offenders. It is more affordable for low-income earners and has the added benefit of reducing the harm from other alcohol-related crimes such as family and domestic violence.

Relevant research

Two recent studies have been conducted in Australia that provide valuable insight into strategies to reduce drink driving effectively. These are:

- Terer, K. & Brown, R. (2014). Effective drink driving prevention and enforcement strategies: Approaches to improving practice. *Trends & issues in crime and criminal justice* No. 472 February 2014

This report identifies principles of effective drink driving countermeasures and provides guidelines for the effective enforcement and prevention of drink driving through random breath testing, publicity campaigns,



penalties and targeted interventions and in different populations such as rural and remote communities. It discusses the need for the introduction of evidence-based education and rehabilitation programs in conjunction with penalties such as interlocks and licence suspensions, to maximise the chance for long-term change in behaviour that separates drinking and driving.

- Ferris, J., Devaney, M., Sparkes-Carroll, M. & Davis, G. (2015), *A national examination of random breath testing and alcohol-related traffic crash rates (2000-2015)*. Canberra: Foundation for Alcohol Research and Education.

This research examined the effectiveness of random breath testing and alcohol-related road crashes in Australia. While the ratio of RBT to licensed drivers is important, other factors also influence the number of alcohol-related car accidents such as drink driving education campaigns, RBT publicity, penalties, and rehabilitation programs. The report concluded that to be effective in deterring drink driving, RBT best practice principles must be consistently monitored and maintained.

Recommendations

QCAA recommends:

10. That random breath testing programs are supported by publicity and educational campaigns to raise awareness and educate the public about drink driving and random breath testing operations.
11. That random breath testing programs apply best practice principles including:
 - jurisdiction-wide *random* breath testing
 - jurisdiction-wide strategically deployed random breath testing
 - jurisdiction-wide *enforcement* of the program
 - a credible random breath testing program ('no one gets off')
 - jurisdiction-wide *publicity* and targeted *responses* for recidivist drink drivers.
12. That random breath testing programs are modified in rural areas to overcome challenges associated with conducting random breath testing operations in rural locations.
13. That serious consideration is given to introducing a 0.02 BAC in line with the National Road Safety Strategy 2011-2020.
14. That action is taken to address the drivers of alcohol consumption, price, promotion and availability, and appropriate support is available to people affected by harmful alcohol use through primary, secondary, and tertiary prevention strategies. This action should be informed by the findings of the *Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities*.
15. That a trial of the South Dakota 24/7 Sobriety Program is conducted in Queensland to investigate its effectiveness in reducing drink driving.

That the review process behind the release of this discussion paper is informed by the work in this area on approaches to improving effective drink driving prevention and enforcement strategies by Terer and Brown (2014), and the research on the effectiveness of random breath testing and alcohol-related road crashes in Australia by Ferris, Devaney, Sparkes-Carroll and Davis (2015).

References

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