

Conditional Licences and Alcohol Interlock Rehabilitation Programmes in the Revision of the EU Driving Licence Directive 2006/126

Summary

The current EU Driving Licence Directive states that 'Driving licences shall not be issued to, or renewed for, applicants or drivers who are dependent on alcohol or unable to refrain from drinking and driving'. When the Directive was adopted in 2006, alcohol interlocks were not widespread and very few Member States had programmes. The Directive should be revised to enable the inclusion of these participants in alcohol interlock programmes. Including alcohol-dependent participants, with proper medical supervision, would increase participation and cut recidivism and driving without a valid licence.

Introduction

The European Commission is currently preparing a revision of the EU Driving Licence Directive 2006/126. A stated objective of the legislation is to enhance road safety: contributing to 'Vision Zero' and the targets of reducing road deaths and serious injuries by 50% by 2030. This briefing looks at provisions for conditional driving licences and alcohol interlock rehabilitation programmes and changes which could be made to facilitate their use within the revision of the Driving Licence Directive 2006/126.

This special briefing accompanies ETSC's recently published position paper on the revision of the Driving Licence Directive which examines a range of other issues around driver licensing and road safety.¹

Background

19,823 people were killed in the European Union as a consequence of road collisions in 2021. Driving under the influence of alcohol is one of the four main killers on the road,

¹ ETSC (2022) Position on the Revision of the Driving Licence Directive <u>https://bit.ly/3f3wjyF</u>



alongside speeding, non-use of the seatbelts and driver distraction. Driving while under the influence of alcohol poses a serious risk to road safety. Around 25% of all road deaths in the EU have been estimated to be alcohol related.² Approximately 2,200 people were recorded killed in alcohol related collisions in police records in 2021 in 23 EU countries compared to around 3,700 in 2011. This figure is likely to be higher due to a high level of underreporting of road deaths attributed to alcohol as well as data collection limitations.³

It is estimated that about 1.5 - 2% of kilometers travelled in the EU are driven with an illegal blood alcohol concentration (BAC), but around 25% of all road deaths in the EU are estimated to be alcohol-related.

The risk of a road death increases exponentially with the BAC level of the driver. Drivers with a BAC between 0.1g/l and 0.5g/l are one to three times more likely to be involved in a fatal collision than sober drivers. Drivers with a BAC between 0.5 and 0.8g/l are between 5 and 10 times more likely to be involved in a fatal collision.⁴

In Europe, road deaths attributed to alcohol have decreased at a slightly faster pace than road deaths from other causes over the past decade. Changing public attitudes towards drink-driving, the adoption of legal measures and enhanced enforcement have played an important role in the decrease of road deaths attributed to alcohol. However, the trends differ from country to country and drink-driving remains a significant problem for road safety in the EU.

If alcohol impaired drivers can be kept off the roads, thousands of lives could be saved each year.

If, as estimated by the EC, 25% of road deaths, i.e. about 5,000 in 2021, occur in drinkdriving collisions, and at least 80% of these could have been prevented if all drivers had been sober, then at least 4,000 deaths per year could be prevented by eliminating drinkdriving.⁵

Alcohol interlock programmes have a role to play, as does enforcement, setting BAC limits and communication campaigns. Diagnostic, therapeutic and rehabilitation aspects of alcohol-use disorders have been neglected in the current Driving Licence Directive. The

 ² European Commission (2018), Alcohol, Directorate General for Transport, <u>http://bit.ly/2p9PjBE</u>
³ ETSC (2018), An Overview of Road Death Data Collection in the EU, PIN Flash report 35
<u>https://bit.ly/2BYun3D</u>

⁴ Allsop, R. (2020) Drink Driving as the Commonest Drug Driving—A Perspective from Europe <u>https://bit.ly/3B6FNkC</u>

⁵ As indicated by the estimate that the risk of a fatal collision when driving with a blood alcohol concentration of 0.5g/l is five times that when sober. Allsop R (2015) Saving lives by lowering the legal drink-drive limit. <u>https://bit.ly/3N9Cr4Z</u>



upcoming revision of the EU Driving Licence Directive represents an opportunity for review of this shortcoming.

The EU framework on drink-driving

Legal blood alcohol concentration (BAC) limits are an important measure for tackling drink-driving. The European Commission recommends BAC limits are set at maximum 0.5g/l with a lower limit of 0.2g/l for novice and professional drivers.⁶ Seven EU countries have introduced a standard BAC limit of 0.2g/l and below for all drivers: Czechia, Hungary, Romania, Slovakia, Estonia, Poland, Sweden. 17 countries with a standard BAC limit of 0.5g/l have introduced lower limits for novice and professional drivers.⁷

Enforcement is essential for creating a perception amongst drivers that there is a significant risk of being caught and punished when drinking and driving. Understanding road user perceptions on the risk of being subjected to drink-driving enforcement is crucial to evaluating the effectiveness of police efforts. Moreover, the effectiveness of other measures, such as rehabilitation courses or alcohol interlock programmes, depends heavily on drink-drivers being detected. The CBE Directive includes drink-driving and, in the 2004/345 EC Recommendation, Member States are asked to apply, in a national enforcement plan, what is known to be best practice in the enforcement of speed, alcohol and seatbelt legislation. On average, in 2018, 23% of European respondents to a survey thought that, on a typical journey, they would be likely to be checked for drink-driving by the police (compared to 18% in 2015).⁸ Even though driver perception on the likelihood to be tested for alcohol has increased since 2015, the scale of enforcement activities in the EU remains largely insufficient.

The Driving Licence Directive

The 3rd Driving Licence Directive includes a number of conditional codes (codes 61 to 69) that can be included on a driving licence, which permit driving under certain circumstances for those known to have some medical issues, enabling such drivers to retain some mobility. Code 69 applies when a driver is restricted to drive only a vehicle equipped with an alcohol interlock.

Diagnostic, therapeutic and rehabilitation aspects of alcohol-use disorders have been neglected in the Directive and in many guidelines. The upcoming revision of the Driving

⁶ European Commission Recommendation (2001) on the maximum permitted blood alcohol content (BAC) for drivers of motorised vehicles. <u>https://bit.ly/3b6iH0x</u>

⁷ For more info on drink driving in a specific country, check our interactive European map at the following link: <u>https://etsc.eu/issues/drink-driving/</u>

⁸E-Survey of Road User Attitudes <u>https://www.esranet.eu/en/publications/</u>



Licence Directive represents an opportunity for review.

Alcohol interlock programmes give offenders who would normally lose their driving licence a possibility to continue driving, as long as their alcohol level is below a set value.⁹

A study commissioned by the European Commission's DG MOVE and published in 2014 concluded that alcohol interlocks can offer an effective and cost-beneficial improvement to road safety in Europe, particularly for repeat offenders and commercial vehicles.¹⁰ The ignition interlock device makes sure that drivers can only start the engine after having completed a breath test that has indicated that their BAC is below a level that has been specified for them. At the same time, the device can collect information that can be used to monitor drink-driving behaviour. Studies have repeatedly shown that alcohol interlock programmes, when combined with rehabilitation programmes, cut reoffending rates both during and after the driver has been required to install the device in their vehicle¹¹. It also reduces their temptation to drive without a licence. Austria, Belgium, Denmark, Finland, France and Sweden are among the countries that offer alcohol interlock offender programmes.¹²

In 2016, ETSC set out guidelines to support authorities that want to introduce an alcohol programme including on legislation, technical and procedural aspects, rehabilitation, enforcement, costs, piloting and evaluation; and communication.¹³

The current EU Driving Licence Directive states that 'Driving licences shall not be issued to, or renewed for, applicants or drivers who are dependent on alcohol or unable to refrain from drinking and driving'. When the Directive was adopted, in 2006, alcohol interlocks were not widespread and very few Member States had programmes. The Directive should be revised to enable the inclusion of these participants in alcohol interlock programmes. Including alcohol-dependent participants, with proper medical supervision, would increase participation and cut recidivism and driving without a valid licence. For example in the Netherlands 6% of drivers in 2015 who lost their driving license for being alcohol dependent were caught again for drink driving within 2 years.¹⁴

In many European countries there is still a small group of hard core drink driving offenders

⁹ ETSC (2021) PIN Flash Report Are medical fitness to drive procedures fit for purpose? <u>https://bit.ly/3y9YqmL</u>

¹⁰ ECORYS (2014), Study on the prevention of drink-driving by the use of alcohol interlock devices <u>https://goo.gl/U8kBvU</u>

¹¹ An example among many others: <u>https://bit.ly/2MYgjzq</u>

¹² ETSC (2020), Alcohol Interlocks in Europe: An Overview of Current and Forthcoming Programmes, <u>http://bit.ly/3pONBiQ</u>

¹³ ETSC (2016) Alcohol interlocks and drink driving rehabilitation in the EU – Guidelines for Member State <u>https://bit.ly/302Fhzy</u>

¹⁴ M. Blom G. Weijters, Recidive na het CBR-onderzoek alcohol (2020)



that do not seem to be influenced by traditional countermeasures. This group accounts for 10% of all drink driving offenders¹⁵ and are involved in two thirds of all alcohol-involved crashes.¹⁶ A lot of recidivists and heavy drinking alcohol offenders have a clinical diagnosis of alcohol misuse or alcohol dependence. The issue of how to deal with drivers suffering from alcohol use disorders and dependency is not yet addressed in a uniform way in the EU.

For this group, the introduction of an alcohol interlock programme seems to be an effective measure, as an alternative to 'traditional' measures such as fines and driving licence suspension.

In Finland, the Finnish Crash Data Institute (OTI) analysed data from in-depth investigations of fatal collisions between 2014 and 2018 and found that repeat drink-driving was common.¹⁷ Of the drink-drivers, 38% had previous drink-driving convictions during the five years preceding the collision. Consequently, the Finnish investigation teams recommend the use of alcohol ignition interlocks in the prevention of drink-driving. Moreover, another study in Finland examining the effectiveness of alcohol interlocks used by the offenders during the period 2008-2012 found that they had prevented at least 12 000 instances of driving while under the influence of alcohol (more than 0.5g/l; the legal limit)¹⁸.

ETSC recommendations for the revision of the Driving Licence Directive on alcohol interlocks

- Require Member States to report to the EC the scale of the use of conditional licences (codes 61 to 69), so as to aid monitoring and improvement.
- Encourage Member States to set up alcohol interlock programmes and apply Code 69 under which a driver is restricted to drive only a vehicle equipped with an alcohol interlock.
- Allow drivers with alcohol dependency to participate in rehabilitation programmes, and be issued with a conditional licence (code 69) with mandatory use of an alcohol interlock, as long as it is combined with medical supervision.

¹⁵ Houwing, S. et al 2011 Estimated based on the data in the DRUID database. <u>https://bit.ly/3VS91vW</u>

¹⁶ Isalberti, C. et al. 2011 Estimated based on the data in the DRUID database. <u>https://bit.ly/3VS91vW</u>

¹⁷ Finnish Crash Data Institute (OTI) cited in ETSC (2021) PIN Flash Report Are medical fitness to drive procedures fit for purpose? <u>https://bit.ly/3y9YqmL</u>

Drink-drivers total: n=198, 100%, n=164, 82% had a valid driving licence, n=7, 4% hadn't ever had a driving, licence, n=3, 2% had expired driving licence, n=19, 10% of drivers were in a driving ban, n=5, 2% no information.

¹⁸ Marita Löytty, M. & Vehmas, A. Trafi Publications (2013) Effectiveness and impact of alcohol inter-lock-controlled driving rights



• For drivers with alcohol dependency, carry out a medical and ideally psychological assessment before the start of the programme, as well as continuous monitoring during the programme.

FOR FURTHER INFORMATION

See ETSC's recently published position paper on the revision of the Driving Licence Directive.¹⁹

Ellen Townsend, Policy Director ellen.townsend@etsc.eu +32 2 230 41 06 European Transport Safety Council 20 Avenue des Celtes B-1040 Brussels www.etsc.eu Follow us on twitter: @etsc_eu

The European Transport Safety Council (ETSC) is a Brussels-based independent nonprofit making organisation dedicated to reducing the numbers of deaths and injuries in transport in Europe.

¹⁹ ETSC (2022) Position on the Revision of the Driving Licence Directive <u>https://bit.ly/3f3wjyF</u>