

PROGRESS IN REDUCING DRINK-DRIVING AND OTHER ALCOHOL-RELATED ROAD DEATHS IN EUROPE

December 2022



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For more information

European Transport Safety Council
20 Avenue des Celtes
B-1040 Brussels
Tel: +32 2 230 4106
francesca.podda@etsc.eu
www.etsc.eu/smart

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Authors

Francesca Podda
Maria Meinero

CONTENTS

INTRODUCTION	7
PART I. PROGRESS IN REDUCING ROAD DEATHS ATTRIBUTED TO ALCOHOL IN THE EU	
1.1 Alcohol-related road deaths compared to other road deaths	8
1.2 Drink-driving deaths and COVID-19	13
1.3 Alcohol-related road deaths data collection: the underreporting issue	13
PART II. EFFECTIVE MEASURES TO TACKLE ALCOHOL-RELATED COLLISIONS IN THE EU	
2.1 Lower Blood Alcohol Concentration (BAC) levels	17
2.2 Enforcement	19
2.2.1 Drink-driving checks	19
2.2.2 Drink-driving enforcement levels by country	20
2.3 Sanctions	22
2.4 Rehabilitation programmes	24
2.5 Technology: Alcohol Interlocks	24
2.5.1 Alcohol-Interlocks in rehabilitation programmes	24
2.5.2 Alcohol Interlocks and alcohol dependency	26
2.5.3 Alcohol Interlocks in commercial transport	27
2.5.4 Voluntary use in households with cars	27
2.6 Education and campaigns	27
PART III. RECOMMENDATIONS	
3.1 Recommendations to National governments	29
3.2 Recommendations to EU institutions	30
ANNEXES	32

19,823

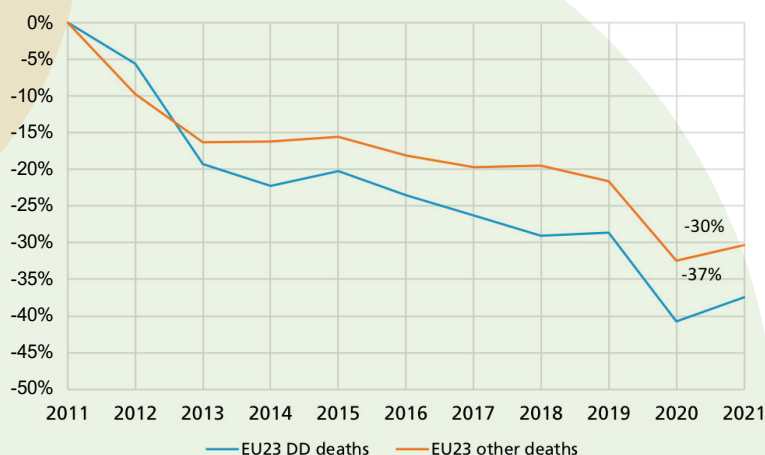
People were killed on the roads in 2021

At least
4,000
DEATHS

would have been prevented in 2021 if all drivers had been SOBER



about **1.5 - 2%** of kilometres travelled in the EU are driven with an **ILLEGAL BLOOD ALCOHOL CONCENTRATION**



-37% reduction in road deaths due to alcohol between 2011 and 2021 in the EU. Other road deaths went down by 30% over the same period.



SEVERAL KEY MEASURES CAN HELP REDUCE DRINK-DRIVING IN THE EU



Enforcement



Lower blood alcohol concentration limits



Campaigns and education



Sanctions



Rehabilitation programmes



Alcohol interlocks



RECOMMENDATIONS

- ✓ Improve data collection of alcohol-related road deaths. Mandate systematic testing of all road users involved in a collision with injury.
- ✓ Consider adopting a zero tolerance level (i.e. a maximum BAC of 0.2g/l) for all road users.
- ✓ Intensify enforcement. Introduce roadside evidential breath testing procedures.
- ✓ Develop use of alcohol interlocks as part of rehabilitation programmes for first time high-level and recidivist offenders.
- ✓ Allow drivers with alcohol dependency to participate in a rehabilitation programme, as long as it is combined with medical supervision.
- ✓ Mandate the use of alcohol interlocks for professional drivers.
- ✓ Run regular campaigns.

INTRODUCTION

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, alongside speeding, non-use of the seatbelt and driver distraction.

It is estimated that about 1.5 - 2% of kilometres 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.

In Europe, the number of 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.

This report aims to provide an updated overview of the drink-driving situation in Europe, covering 30 countries: 25 Member States of the European Union together with the United Kingdom, Israel, Norway, the Republic of Serbia and Switzerland. It looks at country-by-country progress in reducing road deaths attributed to drink-driving over the past decade. The report highlights specific legislation and enforcement measures from across Europe. A range of recommendations for further tackling drink-driving are included for national governments and the EU institutions throughout this report.

COVID-19 PANDEMIC

The period 2011–2021 is covered in this report. In 2020 the COVID-19 pandemic hit the world. The initial response to the pandemic was to severely restrict people's travel and this resulted in unprecedented reductions in traffic volumes in most countries during 2020. In many countries traffic volumes did not reach pre-pandemic levels in 2021 either, so data in both 2020 and 2021 should be considered with this in mind. Due to the many possible short and long-term effects of the pandemic, in our analyses of the trends and data, we have not tried to correct for the influence of Covid.

4000 DEATHS A YEAR COULD BE PREVENTED

If, as estimated by the EC, 25% of road deaths, i.e. about 5,000 in 2021, occur in drink-driving 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 drink-driving.¹

¹ 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. <https://bit.ly/3N9Cr4Z>

PART I

PROGRESS IN REDUCING ROAD DEATHS ATTRIBUTED TO ALCOHOL IN THE EU

1.1 Alcohol-related road deaths compared to other road deaths

Around 2,260 people were recorded killed in alcohol-related collisions according to police records in 2021 in 23 EU countries, compared to 3,685 in 2011. However, these two figures are likely to be lower than the true figures due to a high level of underreporting of road deaths attributed to alcohol, and data collection limitations (see 1.3).²

Recorded road deaths attributed to alcohol were cut by 37% between 2011 and 2021 in the EU23, while other road deaths went down by 30% over the same period (Fig.1).

Fig.1 Relative developments in recorded road deaths attributed to alcohol and other road deaths in 23 EU countries that could provide data, taken together over the period 2011-2021

EU23 average: i.e. EU27 average excluding BG for inconsistency in the data trend and IE, IT, MT as data on alcohol-related road deaths were not available in these countries for the entire time series.

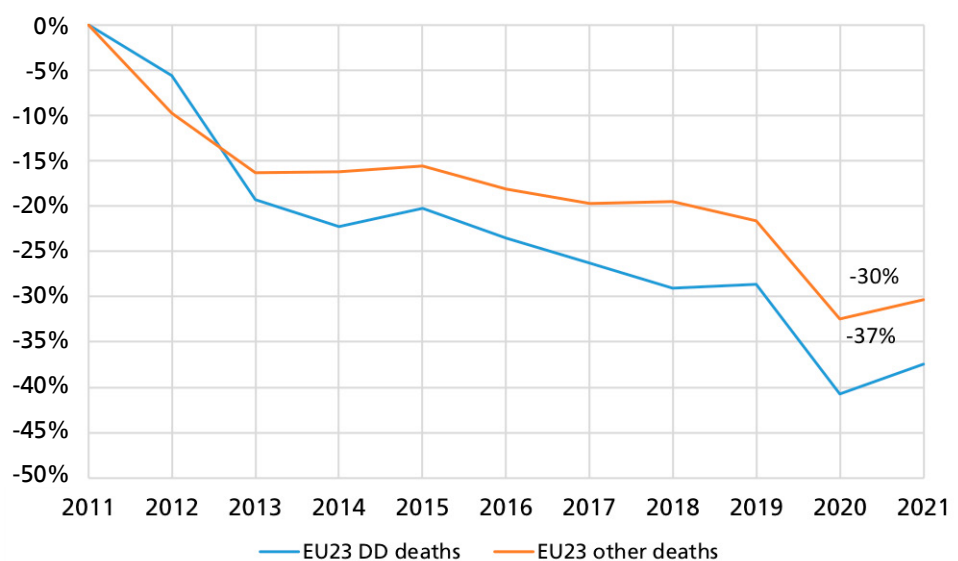


Fig.2 shows the difference between the average annual change in the number of road deaths attributed to alcohol and the corresponding change for other road deaths over the period 2011-2021, using each country's own method of identifying alcohol-related deaths (see indicator box).

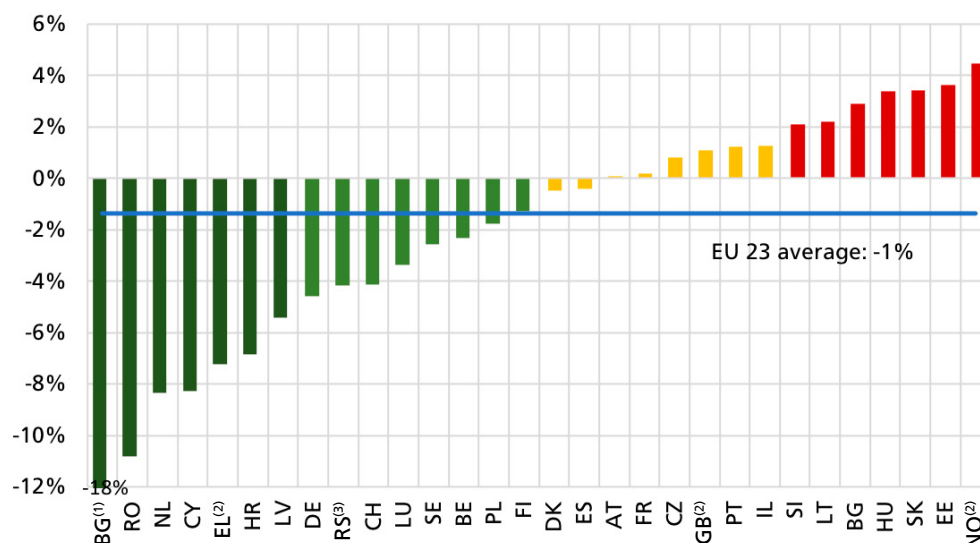
Collectively in the EU, alcohol-related deaths have been reduced by 1% per year faster than other road deaths between 2011 and 2021.

In 16 countries, progress in reducing alcohol-related road deaths has been faster than overall reductions in other road deaths. In Bulgaria, alcohol-related road deaths decreased 18% faster than all other road deaths over the period 2017-2021. Over the last decade, Romania registered the fastest decrease in alcohol-related road deaths compared to all other road deaths (-11%), followed by the Netherlands and Cyprus with -8%.

² ETSC (2018), An Overview of Road Death Data Collection in the EU, PIN Flash report 35. <https://bit.ly/3AZy4F0>

Fig.2 Difference between the average annual (%) changes in the number of road deaths attributed to alcohol and the corresponding change for other road deaths over the period 2011-2021

⁽¹⁾2017-2021 ⁽²⁾2011-2020
⁽³⁾2016-2021 EU23 average: i.e. EU27 average excluding BG for inconsistency in the data trend and IE, IT, MT as data on alcohol-related road deaths were not available in these countries for the entire time series. ES – data from Catalonia and the Basque Country are not included.



Norway and Estonia are at the other end of the ranking. In these countries all other road deaths decreased more quickly than road deaths related to alcohol. In Norway the number of alcohol-related road deaths decreased by 3% over the period 2011-2020, while the number of other road deaths decreased on average by 7.5% annually, leading to the 4.5 percentage point difference seen in Fig. 2.

Estimates of the number of road deaths attributed to alcohol are not available in Ireland, Italy and Malta leaving those countries with no indicator for the effectiveness of their drink-driving policy measures.



INDICATOR

Levels of road deaths attributed to alcohol cannot be compared between countries, as there are large differences in the way countries define and record a 'road death attributed to alcohol' (see 1.3). National definitions as provided by PIN panellists are available in the annexes.

Countries are therefore compared on the basis of developments in road deaths attributed to alcohol relative to developments in other road deaths, using each country's own method of identifying alcohol-related deaths (Fig.2). Rates of change are comparable across countries in so far as procedures for recording alcohol-related deaths and other road deaths have remained consistent in the countries concerned during the reporting period.

This ranking has been published previously in the ETSC PIN Flash 42 (2022) How Traffic Law Enforcement can Contribute to Safer Roads, ETSC report (2019) Progress in reducing drink-driving and other alcohol-related road deaths in Europe, ETSC report (2018) Progress in reducing drink-driving, ETSC (2015) 9th Road Safety PIN Report updating the rankings published in the ETSC (2012), Drink-Driving: Towards Zero Tolerance report, and ETSC (2010) 4th Road Safety PIN Report, Chapter 3, which also mentions the issue of underreporting of drink-driving deaths.

The numbers of road deaths attributed to alcohol were supplied by the PIN panellists in each country (see www.etsc.eu/pin). Estimates for this number are not available in Ireland, Italy and Malta.



ROMANIA

Romania has made progress in reducing drink-driving deaths at a faster pace than other road deaths over the period 2011 to 2021. Drink-driving deaths were reduced by 11% on average annually compared to only a 0.5% reduction for all other road deaths.

"The reason for such results can be found in targeted enforcement actions, especially in critical areas and at specific time slots; more penalties were issued and driving licences suspended as a result of these actions."

George Grigore, Police chief-commissioner



THE NETHERLANDS

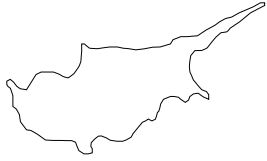
Although data collected in the Netherlands show a positive trend in reducing drink-driving deaths at a faster pace than other road deaths, this 8% annual average reduction seems far from being realistic. In fact, alcohol breath tests of road users involved in a fatal collision are not always done in the Netherlands and it is legally impossible to carry out post-mortem alcohol tests in the Netherlands (as a deceased person cannot defend themselves), unless a district attorney explicitly requires a post-mortem blood test.

A recent study from the Institute for Road Safety Research (SWOV) published in 2021 stated that drink-driving remains a particular cause for concern in the Netherlands. The percentage of offenders for drink-driving increased in 2019 (2.3%) compared to 2017 (1.7%). The proportion of more serious offenders with a BAC of 0.8g/l or more increased as well compared to previous years from 0.5% in 2017 to 1.1% in 2019.³

"Since we don't have post-mortem investigation into any road traffic death, we can only estimate (calculations by SWOV) the number of deaths due to drink-(drugs/ medication) driving. In these last years, trends of driving under the influence seem to rise (based on the last SWOV report and other self-reporting surveys). It might be a result of the lifting of all COVID-bans in spring 2022, but this has yet to be determined. By the end of 2022 the latest figures on alcohol and traffic will be ready for publishing and we are all anxious to see if the trend is indeed rising or falling."

Peter Mak, Dutch Ministry of Transport

³ SWOV (2021) Aanvulling op De Staat van de Verkeersveiligheid 2020. <https://bit.ly/3FbiTd0>



CYPRUS

Cyprus has reduced drink-driving deaths at a faster pace than other road deaths and has seen alcohol-related road deaths decline from 25 in 2011 to 10 in 2021.

"We believe that the good performance of Cyprus during the last decade in reducing drink-driving deaths is due to a number of factors and specifically to the following measures:

- *In 2012, the out-of-court fine for drink-driving was introduced.*
- *In 2015, the permissible BAC for specific driver categories (PTWs, novice drivers, professional drivers and some smaller groups) was reduced to 0.2 g/l.*
- *In 2020 the impoundment of a vehicle driven under the influence of alcohol was introduced.*
- *In 2020 the sanctions for drink-driving were increased and an out-of-court fine for the specific driver categories of the 0.2 g/l BAC limit was introduced.*

The police apply the ROADPOL campaign wall planner and run at least two drink-driving enforcement and awareness campaigns every year. Furthermore, the police run another 4-5 weekly national drink-driving campaigns every year. Since 2016, the police introduced simultaneous road checks for drug and drink-driving during weekends, by using Traffic Police officers on overtime. And it should be noted that all drink-driving checks are targeted, regarding both location and time."

George Morfakis, Road Safety expert for Cyprus



CROATIA

Croatia has achieved a faster reduction of drink-driving deaths compared to all other road deaths, moving from 151 alcohol-related road deaths in 2011 to 51 in 2021.

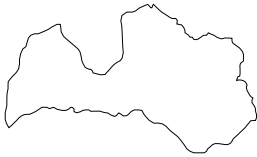
"Alcohol is involved in 22% of serious road traffic collisions and in the total number of road traffic crashes, four per cent of the people who caused them were under the influence of alcohol and/or narcotic drugs. Measures undertaken in the National Road Safety Plan, under the 'Not driving under the influence of alcohol, drugs and medicines' area of action, are based on the results of the statistical analysis of the data referring to road traffic crashes caused by a person who was under the influence of alcohol and/or psychoactive substances.

In order to reduce the number of serious road traffic collisions involving alcohol and/or narcotics/drugs, eight activities were defined and divided into three measures:

- *implementation of preventive-educational and promotional activities;*
- *research;*
- *amendments to legislation.*

The implementation of the defined measures would provide for a 50% reduction in the number of people killed in road traffic crashes, as well as in the number of serious collisions involving alcohol and/or narcotic drugs by the end of the period covered by the Plan, which represents a decrease from 92 to 46 serious road traffic crashes."

Brezak Zoran, Traffic Police Service, Ministry of Interior, Croatia

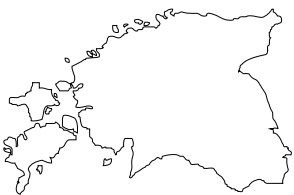


LATVIA

In the period from 2011 to 2021, Latvia achieved a better reduction in drink-driving deaths than for all other road deaths, with an 8% annual average reduction compared to a 2.5% reduction for all other road deaths.

"Road safety and drink-driving campaigns in Latvia have shown to be quite effective among drivers, especially those that encourage people to prevent friends or family from getting behind the wheel after drinking ('Save your friend' campaign). Also, alcohol consumption at the workplace has become uncommon and there is less and less acceptance of drinking and driving among people in general. However, the numbers of people injured in traffic as a result of impaired driving are not going down anymore, therefore there might be developments in the near future to strengthen sanctions for drink-driving offenders."

Juris Kreicbergs, Road Traffic Safety Directorate



ESTONIA

Developments in fatal collisions attributed to alcohol have slowed down overall progress in reducing road deaths in Estonia.

"Alcohol consumption in Estonia has grown in recent years. The latest report on alcohol consumption from the Estonian Institute of Economic research stated that in 2020 adult Estonians consumed 0,1l/per inhabitant of alcohol more than in 2019 (2019 vs 2018 the increase was 0,4l/inhabitant). Consumption grew by 1,7 % (in 2019 3%), though, due to duty going down and incomes increasing at the same time.⁴

In the years of COVID 2020– 2021 we saw more risky behaviour and driving under the influence. Also, due to the COVID pandemic, the number of roadside checks decreased and the level of police supervision went down with around 200,000 fewer controls. This influenced the subjective risk of being controlled and sanctioned."

Maria Pashkevich, Estonian Transport Administration, road safety and prevention department

⁴ https://www.ki.ee/publikatsioonid/valmis/Alkoholi_aastaraamat_2021.pdf

1.2 Drink-driving deaths and COVID-19

The impact of the COVID-19 pandemic and accompanying restrictions in mobility varied between countries for all road deaths and for road deaths attributed to alcohol. Luxembourg saw road deaths attributed to alcohol reduce from 10 to 3. Latvia also saw a reduction of over 66% and Romania and Austria registered reductions of over 30%. On the contrary, Cyprus, Norway and Hungary saw increases of over 30% in the numbers of road deaths attributed to alcohol between 2019 and 2020.

Fig.3 The difference between the relative change in the number of road deaths attributed to alcohol and the corresponding change for other road deaths between 2019 and 2020

⁽¹⁾PT: Number of road deaths attributed to alcohol are not available, so numbers of positive forensic post-mortem tests of drivers, passengers and pedestrians were used instead.

⁽²⁾ES: data for Catalonia and the Basque Country are not available. ⁽³⁾RS: data collection methodology changed in 2016.

Serbia is working to improve alcohol-related fatal collision data collection according to the EU guidelines on the Common Accident and Injury Database (CaDas). EU 23: EU 27 Member States minus Ireland, Italy, Malta and the Netherlands due to insufficient data

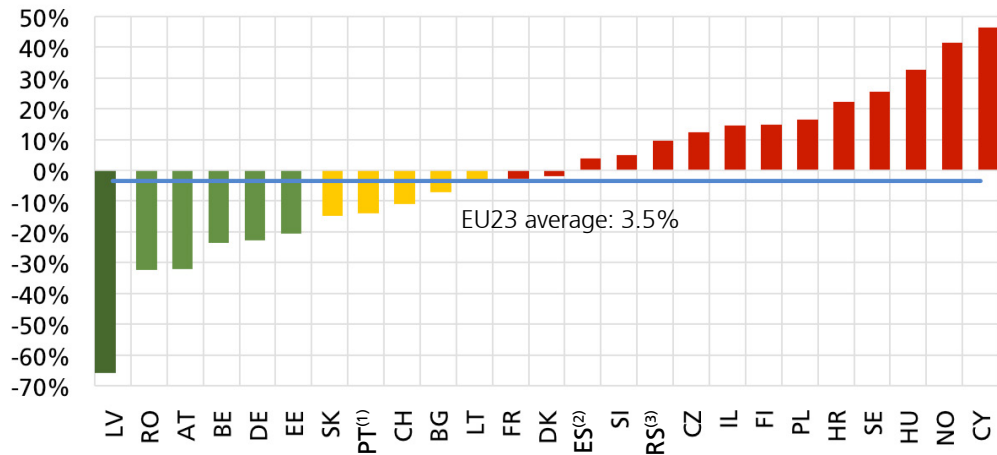


FIGURE 3 Source: PIN Flash 42 (2022) How Traffic Law Enforcement Can Contribute to Safer Roads

1.3 Alcohol-related road death data collection: the underreporting issue

There is widespread consensus that the actual number of alcohol-related road deaths in many countries is higher than the officially-reported numbers. The European Commission estimates that the actual number of alcohol-related road deaths in the EU is up to 25% of all road deaths.⁵ Yet, based on official data reported by EU Member States, the proportion of alcohol-related deaths in the EU is around only 14% of all road deaths.

There are differences in national definitions of road deaths attributed to alcohol. The European project SafetyNet recommended using the following definition: *“any death occurring as a result of a road accident in which any active participant was found with a blood alcohol level above the legal limit”*.

Under such a definition, a cyclist killed by an impaired driver over the legal BAC limit, or a pedestrian killed by a cyclist over the legal BAC limit should be considered an alcohol-related road death. Traditionally, in many countries, only deaths of impaired drivers, or deaths of victims of impaired drivers were considered alcohol-related road deaths, or even only victims of collisions police suspected to be due to drink-driving.

⁵ ECORYS, COWY (2014), Study on the prevention of drink-driving by the use of alcohol interlock devices, <https://bit.ly/3uvGZPw>

Austria, Croatia, Cyprus, Denmark, France, Germany, Israel, Poland, Portugal, and Switzerland can provide data according to the SafetyNet recommended definition. However, the legal blood alcohol concentration (BAC) limits are not the same in all these countries for all road users, or a specific category (see Table 2). For instance, a pedestrian killed by a driver with 0.3g/l will be considered a drink-driving death in Poland where the BAC is 0.2g/l for all drivers, but not in France where the legal BAC is 0.5g/l. Correction factors have to be developed to make possible meaningful comparisons that consider differences in legal BAC limits.⁶

Furthermore, there are indications that not all “active” road users involved in a road collision that resulted in death or serious injury are systematically tested for alcohol, even if the country has officially adopted the SafetyNet definition (Table 1). Depending on the case and the country, there are several reasons why road users who participated in a fatal road traffic collision might not be tested for alcohol or where test results might not be recorded in the statistics, including:

- Testing for alcohol is not done systematically, only when the police suspect the collision was due to alcohol;
- The prosecutor decides not to test the road users for alcohol;
- Only drivers are tested for alcohol (not other active participants, such as pedestrians and cyclists either because of limited resources or because there are no BAC limits for those road users);
- Post-mortem alcohol tests or tests on unconscious road users cannot be carried out for legal reasons;
- When tests are done by medical authorities, for various reasons, the results might not be communicated to the police.

Recommendations to Member States on how to improve data collection of alcohol-related road deaths

- Aim for a systematic breath-test and subsequent blood-test for alcohol for all active road users involved in collisions resulting in road deaths or serious injuries and a systematic blood test for all such road users who are deceased. Ideally, 100% of active road users that are involved in a road collision that resulted in death or serious injury should be tested for alcohol. If systematic alcohol testing at this level is not possible, countries should apply additional methods for adjusting the official numbers of alcohol-related road deaths and serious road injuries.
- Publish annual numbers of alcohol-related road deaths and serious injuries according to the SafetyNet definition.
- Estimate the scope of underreporting with the aim to increase the level of reporting, while improving the communication between hospitals and police.

Recommendations to EU institutions on how to improve data collection for alcohol-related road deaths:

- Encourage Member States to adopt the SafetyNet recommended definition of an alcohol-related road death casualty as “any death or serious injury occurring as a result of a road accident in which any active participant was found with a blood alcohol level above the legal limit”, whilst recognising BAC limits differ among EU countries.
- Collect and publish the annual number of alcohol-related road deaths according to the SafetyNet definition. Develop correction factors to take into account differences in legal BAC limits between Member States. Support Member States in estimating the scope of underreporting with the aim of increasing the level of reporting.

⁶ Vissers L. et. al. ITF-OECD IRTAD (2018), Alcohol-related road casualties in official crash statistics, <https://goo.gl/Ur6ubV>



ITALY

The scale of the alcohol-related collision problem across Italy is currently unknown. However, work is underway to fill the gap. The Carabinieri and National Police, who collect about one third of all data on road collisions with injuries, have made available some data for 2019 showing that, out of 58,872 collisions with injuries, 5,117 (or 8.7%) involved at least one driver under the influence. The proportion is stable compared to 2018 (5,097 drivers found under the influence representing 8.7% of all road collisions), but is higher than in 2017 (7.8%).

The local police from major cities reported 2,031 fines related to alcohol-related collisions, which represents 3.9% of all reported road collisions. These numbers were lower in 2017. In 2019 the proportion of fines related to collisions involving alcohol observed by local police was 3.0%. Italy is working to improve the collection of drink-driving death and serious injury data throughout the country.



MALTA

Estimates of the number of deaths attributed to drink-driving are not available in Malta. In road collisions, the cause of death is established by the health authorities following a post-mortem examination (including toxicology analysis) as part of a judicial inquiry. However, these data are collected to establish liability rather than for statistical and analysis purposes and very often are not recorded in the police database. Statistics regarding alcohol-related road deaths are not published by the National Statistical office.



IRELAND

Ireland reports on road user deaths with a positive toxicology for alcohol. A positive toxicology for alcohol is recorded where the Blood Alcohol Concentration (BAC) of the deceased is >20mg alcohol per 100ml blood (or equivalent in urine). These data are collected from closed coronial files, which become available for data collection once the inquest of the road user death has been completed. This can take a number of years, particularly if there is a prosecution involved. To date, the Road Safety Authority (RSA) has coronial data for road user deaths which occurred during 2013-2019. A recent analysis of driver deaths (2014-2018; including motorcycle drivers) with a toxicology result available, found that 37% had a positive toxicology for alcohol.

Table 1. Alcohol tests on road collision participants. Source: ETSC PIN Panellists.

	Is there an obligation to test all active participants (drivers, PTW riders, cyclists and pedestrians) in serious road collisions, either alive or dead (in order to provide data according to the SafetyNet definition)?	Are alcohol tests done systematically in practice for all active participants of a road collision, either alive or dead?
AT	Yes	No. Killed and unconscious road users are not tested for alcohol, unless required by the prosecutor.
BE	Yes	No. Alcohol tests are rarely done for killed and seriously injured people for a single vehicle car crash. When more than one vehicle is involved a blood sample of deceased or seriously injured people is more likely. In 2021, 64% of drivers involved in a collision with a counterpart were tested for alcohol. Although testing is not yet done for each crash, there is an increase of controls. Moreover, the police database only contains breath test results, results of blood tests are unknown in the police database.
BG	Yes	Yes
CY	Yes, except pedestrians who are alive at the scene of the collision.	Yes, alcohol tests are done systematically in practice for drivers, PTW riders, cyclists and killed pedestrians.
CZ	Yes	No. Killed and unconscious road users are not tested for alcohol, unless required by the prosecutor.
DE	No, only suspected drivers and riders.	Not systematically, but alive suspected drivers are tested. In case of a single vehicle collision when nobody else has been injured, the alcohol test will be done by the police.
DK	No, only suspected active participants	n/a
EE	Yes. All active participants of a serious road collision are tested either at hospital (blood test) or at the scene (non injured participant) by a breath test. Fatally injured are tested at the autopsy	Yes
ES	No. Only drivers and cyclists are tested for alcohol.	Killed drivers and cyclists are always tested by coroners. The number of surviving persons tested depends on the specific police force. Testing all drivers and cyclists is not feasible yet, so the goal is to identify representative samples of alcohol-related collisions. The main problem lies in collisions involving hospitalised persons, who in most cases are not tested for alcohol. Alcohol test results are available for 70% of drivers involved in road collisions on roads outside urban areas and for 14% on urban roads. The sample of collisions with all drivers tested is used for estimating the proportion of alcohol-related collisions.
FI	Yes	Yes
FR	Yes	Yes
EL	No. Only drivers are tested for alcohol.	No. Police do not systematically test road users for alcohol.
HR	Yes	Road users are not tested if a doctor decides it is too dangerous because of the injuries the victim sustained in a road collision. All road collision participants whose state allows it are breath tested and if the test is positive, blood and urine shall be taken to confirm the level of alcohol. If a road user was killed, blood and urine samples are taken during autopsy. When results come out, data are included in police reports.
HU	No. In case of a fatal collision the test is not always done. Only suspected drivers are tested for alcohol.	Not always. Drivers are almost always tested for alcohol, pedestrians and cyclists only in problematic cases.
IE	Yes, except for living pedestrians. Deceased road users are typically subject to a post-mortem during which alcohol levels are confirmed.	Yes, except for living pedestrians. Deceased road users are typically subject to a post-mortem during which alcohol levels are confirmed.
IT	Yes	No. Alcohol tests are done only when alcohol is considered to be the main contributory factor in a fatal or serious collision.
LU	Yes, if there are injured or killed participants.	Yes, if there are injured or killed participants.
LV	Yes	Yes
LT	Yes	Yes
MT	No. Police do not systematically test road users for alcohol, tests are based on suspicion.	No. The cause of death is established by the health authorities following a post-mortem examination (including toxicology analysis) as part of a judicial inquiry. However, these data are collected to establish liability rather than for statistical and analysis purposes and very often are not recorded in the police database. Statistics regarding alcohol-related road deaths are not published by the National Statistical office.
NL	Yes	No. Police do not systematically test road users for alcohol.
PL	Yes	Yes
PT	Yes	Yes, it is mandatory. When possible the police systematically test active participants of a road collision for alcohol. Otherwise, blood tests are carried out by the Institute of Forensic Medicine and Sciences.
RO	Yes	n/a
SE	Yes, except cyclists and pedestrians alive at the scene of a collision.	Yes. Alcohol tests are done systematically for all, except cyclists and pedestrians alive at the scene of a collision.
SI	Yes	Yes
SK	Yes	No. Alcohol tests are done only when alcohol is considered to be the main contributory factor of the fatal collision.
UK	No. If the police attend the scene, they do not necessarily ask drivers and motorcyclists to provide a sample. A driver or motorcyclist may also refuse to do so.	No. Killed road users are not tested by the police. The coroner can request alcohol data for any road death, though they do not always do so.
CH	No. According to the law, they may be tested for alcohol.	No, not in all cantons. In most cantons, tests are done systematically. In some cantons, tests are done according to the severity of the collision, the suspicion of alcohol consumption, the type of road user, the time when the collision occurred, etc.
IL	No. Only suspected drivers and riders are tested for alcohol.	No
NO	No. Tests are done for surviving participants. A killed road user will be tested upon request of the police.	No
RS	Yes	Yes

PART II

EFFECTIVE MEASURES TO TACKLE ALCOHOL-RELATED COLLISIONS IN THE EU

Several key measures exist for keeping alcohol impaired drivers off the road and consequently saving thousands of lives each year. These include reduced legal BAC limits, effective drink-driving enforcement, the use of alcohol interlock devices coupled with rehabilitation programmes, as well as education and awareness-raising campaigns.

2.1 Lower Blood Alcohol Concentration (BAC) levels

Legal blood alcohol concentration (BAC) limits are an important measure for tackling drink-driving. The European Commission recommends BAC limits are set at a maximum of 0.5g/l with a lower limit of 0.2g/l for novice and professional drivers.

So far, nine countries have introduced a standard BAC limit of 0.2 g/l and below for all drivers (table 2): Czechia, Hungary, Romania, Slovakia, Estonia, Poland, Sweden, Norway, and Serbia.

17 countries with a standard BAC limit of 0.5 g/l have introduced lower limits for novice and professional drivers.

Scotland lowered its BAC limit to 0.5g/l, in line with most of Europe, in 2014. The rest of Great Britain remains at 0.8g/l despite estimates from PACTS, ETSC's UK member, that a move to 0.5g/l could save 25 deaths and 95 serious injuries every year.⁷ The UK is now the last country in Europe with a general blood alcohol limit of 0.8g/l, following a decision by Malta to switch to 0.5g/l in February 2018. The new Maltese traffic regulations also set a 0.2g/l limit for drivers of commercial vehicles and for novice drivers, and a 0.0g/l limit for bus and coach drivers.⁸

In the national road safety strategy for the period 2021-2030, Cyprus has included the proposal of lowering of the BAC limit to 0.0g/l for specific categories: learner drivers, novice drivers (until three years after obtaining a license), motorcyclists, drivers of HGVs with a gross weight over 3.5 tons, bus drivers, taxi drivers, drivers of vehicles carrying dangerous cargo and drivers who have received a driving ban from a court during the last three years. The measure still needs the endorsement of the National Road Safety Council in order to make the necessary legal changes.

⁷ PACTS (2015), Saving Lives by Lowering the Legal Drink-Drive Limit, <https://bit.ly/3UOzola>

⁸ Malta Traffic Regulation, <http://bit.ly/31LmE30>

Table 2. BAC limits (in g/l) and sanctions.
Source: ETSC and PIN Panellists

	Standard BAC	BAC Commercial drivers	BAC Novice drivers	Penalties			Random Breath Testing
				Fine	License suspended	Penalty points	
Czechia	0.0	0.0	0.0	Yes	Yes	Yes	Yes
Hungary	0.0	0.0	0.0	Yes	Yes	Yes	Yes
Romania	0.0	0.0	0.0	Yes	Yes	Yes	Yes
Slovakia	0.0	0.0	0.0	Yes	Yes	No	Yes
Estonia	0.2	0.2	0.2	Yes	Yes	No	Yes
Poland	0.2	0.2	0.2	Yes	Yes	Yes	Yes
Sweden	0.2	0.2	0.2	Yes	Yes	No	Yes
Norway	0.2	0.2	0.2	Yes	Yes	Yes	Yes
Serbia	0.2	0.0	0.0	Yes	Yes	Yes	Yes
Lithuania	0.4	0.0	0.0	Yes	Yes	Yes	Yes
Croatia	0.5	0.0	0.0	Yes	Yes	Yes	Yes
Germany	0.5	0.0	0.0	Yes	Yes	Yes	No
Italy	0.5	0.0	0.0	Yes	Yes	Yes	Yes
Slovenia	0.5	0.0	0.0	Yes	Yes	Yes	Yes
Austria	0.5	0.1	0.1	Yes	Yes	Yes	Yes
Israel	0.5	0.1	0.1	Yes	Yes	Yes	Yes
Switzerland	0.5	0.1	0.1	Yes	Yes	No	Yes
Belgium	0.5	0.2	0.5	Yes	Yes	No	Yes
Cyprus	0.5	0.2	0.2	Yes	Yes	Yes	Yes
Greece	0.5	0.2	0.2	Yes	Yes	Yes	Yes
Ireland	0.5	0.2	0.2	Yes	Yes	Yes	Yes
Luxembourg	0.5	0.2	0.2	Yes	Yes	Yes	Yes
Malta	0.5	0.2 (0.0 for bus and coach drivers)	0.2	Yes	Yes	No	No
Portugal	0.5	0.2	0.2	Yes	Yes	Yes	Yes
Spain	0.5	0.3	0.3	Yes	Yes	Yes	Yes
Latvia	0.5	0.5 (0.2 bus and tram drivers)	0.2	Yes	Yes	Yes	Yes
France	0.5	0.5 (0.2 bus drivers)	0.2	Yes	Yes	Yes	Yes
Netherlands	0.5	0.5	0.2	Yes	Yes	Yes	Yes
Bulgaria	0.5	0.5	0.5	Yes	Yes	Yes	Yes
Denmark	0.5	0.5	0.5	Yes	Yes	No	Yes
Finland	0.5	0.5	0.5	Yes	Yes	No	Yes
UK (England and Wales)	0.8	0.8	0.8	Yes	Yes	Yes	No
Scotland	0.5	0.5	0.5	Yes	Yes	Yes	No



For more info on drink-driving in a specific country, check our interactive European map at the following link:

<https://etsc.eu/issues/drink-driving/>

2.2 Enforcement

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.

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).⁹ 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 use of social media and mobile phones makes it easier for people to inform their social network about the location of police checks. A report published by the Institute for Road Safety Research (SWOV) in 2021 on alcohol and drug use in traffic during regular police surveillance, confirms that drivers have become more adept at avoiding the checkpoints, due to up-to-date information via social media. For this reason, the data obtained during wide-scale alcohol and drug checkpoints probably present an overly optimistic picture, measuring a lower than actual prevalence of drink-driving in the country.¹⁰

The effectiveness of random targeted breath testing can be further enhanced when it is targeted in the vicinity of places where alcohol is consumed and at times when the prevalence of drink-driving is high, i.e. weekend nights, and when publicity accompanies enforcement campaigns.

2.2.1 Drink-driving checks

Fig.4 shows the annual change in the number of alcohol roadside breath checks over the period 2011-2021.

Figure 4. Average annual change in the number of alcohol roadside breath checks per 1000 population over the period 2011-2021

⁽¹⁾2012-2021, ⁽²⁾2011-2014, ⁽³⁾2011-2020, ⁽⁴⁾2018-2021.

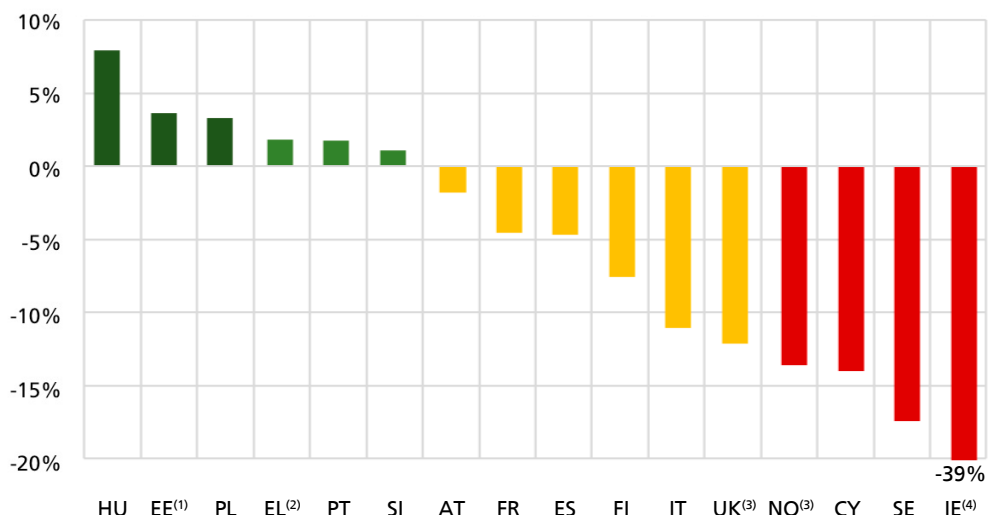
IE - data from An Garda Síochána only include breath tests performed at Mandatory Intoxicant Testing Checkpoints.

ES - checks on roads inside urban areas and in the region of the Basque Country are not available.

Data for checks in Catalonia include urban areas.

IT - alcohol road side breath tests by national police and Carabinieri only. The number of tests done by local Police operating in cities is not available.

UK - number of alcohol roadside breath tests and population data for England and Wales only. The figure for the number found to be above the legal limit includes those who refused to take the breath test.



⁹ ESRA project, E-Survey of Road users' Attitudes (2019) <http://bit.ly/2MGBrb2>

¹⁰ SWOV (2021) Het meten van alcohol- en drugsgebruik in het verkeer tijdens reguliere politieursveillances, <https://bit.ly/3zhrclv>

All PIN countries, except Germany, Malta and the United Kingdom, allow for random targeted roadside alcohol breath testing. Random targeted roadside tests imply that every passing driver or rider has the same probability of being selected for a drink-driving test. In Great Britain, breath testing may be used when there is reasonable cause for suspicion that a driver may have been drinking but police do not have powers to conduct random breath testing.

Moreover, implementing a roadside evidential breath testing procedure allows the police to test more suspected drink-drivers with the same level of human resources.



NORWAY

The Norwegian police started using 'evidential breathalysers' in roadside police checks. Until recently, the police used breathalysers in roadside police checks but in the case of a positive reading it was necessary to take the driver to a hospital for a follow-up, evidential blood test which could be used in a potential court case. With 'evidential breathalysers', the test result is printed as if on a receipt within 10 minutes, and it is attached to the criminal case as evidence. In this way, the police do not have to spend a long time getting a blood sample taken from the alcohol suspect. The blood sample of someone who is suspected of drink-driving can take several weeks to analyse, and there are also greater costs associated with such a sample than when using the 'evidential breathalyser' measuring instrument. In 2017, the police had around 100 such devices in use throughout the country.

Out of the 16 countries able to provide data for this report, the number of alcohol roadside breath checks increased in six countries between 2011 and 2021 while it fell in the remaining ten. The number of roadside alcohol checks in Hungary grew by 8% on average each year between 2011 and 2021, 3.6% in Estonia (period from 2012 to 2021) and by 3% in Poland. In Ireland the number of roadside alcohol checks fell on average each year by 39% between 2018 and 2021 and in Sweden by 17% in the last decade (2011-2021).

2.2.2 Drink-driving enforcement levels by country

Among the countries that were able to provide data on the number of roadside police drink-driving checks, Estonia was the most active in 2021 with 576 checks carried out per 1000 population followed by Poland with 219, Slovenia with 190 and Hungary and Portugal with 185 and 160 respectively (Table 3). Alcohol checks were very low in number in Ireland, with only 18 per 1000 population.

In 2021, Estonia also registered the second lowest proportion of tested drivers found to be over the legal limit at 0.8%, just after Ireland, whose 0.6% is noteworthy having regard to its testing rate of only 18 per thousand. Poland and Hungary had slightly more than 1% of tested drivers found to be over the legal limit. In Cyprus 8% of tested drivers were found to be over the legal limit and in Slovenia and France over 3%. However, these results are difficult to interpret since the roadside checks are not comparable between the countries on aspects such as randomness and the place and time of the checks.¹¹ In most European countries, random (also called "targeted") breath testing is allowed. In others, such as the UK, Malta and Germany, an element of suspicion of alcohol use is a prerequisite for a police officer to be allowed to test a driver.¹²

¹¹ Houwing, S; Stipdonk H. (SWOV, 2014), Driving under the influence of alcohol in the Netherlands by time of day and day of the week, <https://pubmed.ncbi.nlm.nih.gov/24997677/>

¹² In the UK, a driver may be stopped on suspicion of some other offence and then breath tested. All drivers involved in a collision will normally be tested.

14 countries do not collect data on the number of roadside alcohol checks (BE, BG, CH, CZ, DE, DK, HR, IL, LU, LV, MT, NL, SK, RS) preventing their use as a tool to monitor progress and evaluate policies. Denmark does record the number of road users charged with drink-driving as a result of roadside breath tests and Latvia records the number of those tested found to be above the legal limit. Germany records 'alcohol offences', both criminal and administrative, and Luxembourg records all alcohol-related offences treated by the police in which the breath alcohol concentration or blood alcohol concentration was found to be above the legal limit or where drink-driving could be proven by driving behaviour.

Table 3. Roadside alcohol breath tests per 1000 inhabitants and the proportion of those tested found to be above the legal limit. Ranked by the number of roadside breath tests in 2021, from highest to lowest.

⁽¹⁾IE - these data from An Garda Síochána only include breath tests performed at Mandatory Intoxicant Testing Checkpoints from 2018 to 2021

⁽²⁾ES - checks on roads inside urban areas and in the region of the Basque Country and Catalonia are not available.

⁽³⁾IT - alcohol roadside breath tests by national police and Carabinieri only. The number of tests done by local police operating in cities is not available

⁽⁴⁾UK - number of alcohol roadside breath tests and population data for England and Wales only. The figure for the number found to be above the legal limit includes those who refused to take the breath test.

	2021		2020		2019		2018		2017		2016		2011	
	Roadside police tests per 1000 inhabitants	Proportion above the legal limit (in %)	Roadside police tests per 1000 inhabitants	Proportion above the legal limit (in %)	Roadside police tests per 1000 inhabitants	Proportion above the legal limit (in %)	Roadside police tests per 1000 inhabitants	Proportion above the legal limit (in %)	Roadside police tests per 1000 inhabitants	Proportion above the legal limit (in %)	Roadside police tests per 1000 inhabitants	Proportion above the legal limit (in %)	Roadside police tests per 1000 inhabitants	Proportion above the legal limit (in %)
EE	576	0.8%	566	0.9%	696	0.8%	584	0.9%	513	1.0%	656	0.8%	n/a	
PL	219	1.2%	177	1.5%	444	0.7%	434	0.6%	470	0.6%	473	0.6%	149	3.2%
SI	190	3.1%	172	3.2%	203	3.1%	171	3.3%	191	3.5%	142	3.7%	189	4.5%
HU	185	1.2%	173	1.3%	279	0.9%	298	1.0%	241	1.2%	174	1.5%	118	2.9%
PT	160	2.2%	126	1.9%	186	6.1%	172	2.2%	172	3.9%	167	2.7%	117	4.3%
AT	155	2.1%	137	2.1%	204	1.7%	197	1.6%	196	1.6%	192	1.7%	169	2.8%
FR	109	3.2%	108	3.2%	139	3.4%	145	3.4%	157	3.3%	153	3.1%	177	3.5%
FI	71	2.3%	78	2.2%	174	1.0%	253	0.8%	268	0.7%	277	0.7%	219	0.9%
SE	33	2.3%	40	2.1%	126	0.9%	117	0.9%	117	1.0%	122	1.0%	259	0.7%
CY	31	8.3%	49	9.0%	92	8.9%	102	9.0%	120	7.2%	105	7.9%	205	4.9%
IE ⁽¹⁾	18	0.6%	21	0.4%	64	0.5%	65	0.5%	n/a					
NO	n/a		64	2.6%	180	0.8%	177	0.7%	211	0.6%	258	0.6%	358	0.3%
LT	n/a												83	5.1%
Countries where data are available for checks on part of the road network only														
ES ⁽²⁾	96	1.2%	69	1.1%	147	1.2%	124	1.3%	117	1.4%	115	1.5%	142	1.8%
IT ⁽³⁾	6	4.6%	10	1.7%	21	1.5%	21	1.6%	23	1.5%	24	1.5%	28	1.8%
IT Local Police of Main Cities	1	7.8%	1	8.3%	1	7.4%	2	4.2%	2	3.5%	2	4.7%	n/a	
UK ⁽⁴⁾	n/a	n/a	4	18.7%	5	17.9%	6	16.3%	6	15.6%	8	12.7%	12	11.8%
Countries where data for roadside alcohol breath tests are not available														
BE	n/a													
BG	n/a													
CZ	n/a													
DE	n/a													
DK	n/a													
HR	n/a													
LU	n/a													
LV	n/a													
MT	n/a													
NL	n/a													
SK	n/a													
RS	n/a													
IL	n/a													
CH	n/a													
EL	n/a													
RO	n/a													



Fig.5 Relative change in the number of alcohol roadside breath checks per 1000 population between 2019 and 2020

⁽¹⁾IT: alcohol roadside breath checks by national police.
⁽²⁾ES: checks on roads inside urban areas and in the region of the Basque Country are not available. Data for checks in Catalonia include urban areas.

Drink-driving checks during COVID-19

All countries able to provide data saw a decrease in the number of roadside drink-driving checks during 2020 when it can be seen from Fig.4 that this was not the trend in all countries over previous years. The changes range from a 15% decrease in Slovenia to a 72% decrease in Sweden, a 65% decrease in Norway and a 61% decrease in Poland (Fig.5). Also interesting to note is that the proportions of tested drivers being over the legal limit did not change in many countries in 2020 except for Sweden, Norway and Finland. In Sweden, in 2019, 0.9% of drivers checked were over the legal limit, whereas in 2020 that figure rose to 2.4%. Similarly, in Norway where the proportions were 0.8% in 2019 and 2.6% in 2020, and in Finland with 1% of tested drivers being over the legal limit in 2019 and 2.2% in 2020 (Table 3). For all three countries, and looking at data since 2010, the proportions of drivers tested being over the legal limit have never been so high as in 2020.

SWEDEN

Random breath testing was stopped in Sweden from 12 March 2020 due to the COVID-19 pandemic. In October 2020 the testing was resumed with restrictions. Testing in the case of suspicion was performed throughout the period.

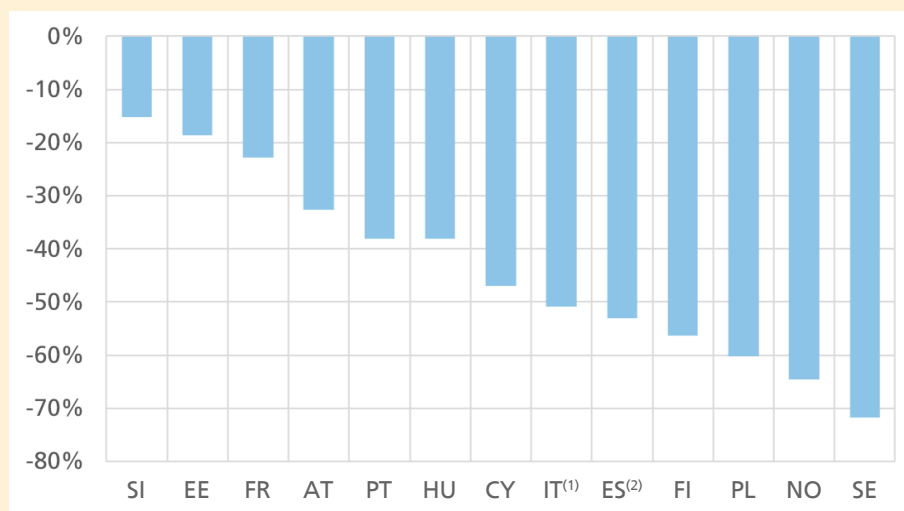


FIGURE 5 Source: PIN Flash 42 (2022) How Traffic Law Enforcement Can Contribute to Safer Roads

2.3 Sanctions







Many different types of sanctions exist for drink-driving offenders. Most EU Member States have fixed fines for driving under the influence (DUI) offences that are not income related, while countries such as Denmark, Finland and Sweden apply income-based fines. One benefit of fines is that they have a higher benefit-to-cost ratio than jail sentences and that the money earned can be used to support further measures targeting drink-driving.

The suspension or withdrawal of the driving licence can be an effective deterrent, but the effectiveness of this sanction depends on the ability of the police to enforce the measure. If enforcement is rather weak, drivers who have lost their driving licence may start to drive illegally. Research shows that the optimum duration for the licence withdrawal is between 2-12 months. Furthermore, effects can be enhanced when driving licence sanctions are combined with treatment or rehabilitation measures.



DENMARK

Denmark has a strict sanctioning system for road offences in general and drink-driving in particular. The sanctions for drink-driving have been increased several times since 2005. Denmark applies an income-related system (see table below).

 BAC level (g/L)	 Fines	 Driving ban	 Imprisonment	 Car confiscated	 Rehabilitation or other
From 0.51 to 1.2g/l	net monthly income x the BAC-level	conditional withdrawal of licence	-	-	mandatory 12 hour course on "Alcohol, Drugs and Traffic" + new theory test and new driving test required
From 1.21 to 2.0g/l	net monthly income x the BAC-level	unconditional withdrawal of licence for three years (can be converted to driving with an alcohol interlock over the same period of time)	-	-	mandatory 12 hour course on "Alcohol, Drugs and Traffic" + new theory test and new driving test required
Above 2.0g/l	one month net income	unconditional withdrawal of licence for 3 years followed by two years with mandatory alcohol interlock or two more years without licence (5 years in total).	20 days conditional prison	vehicle can be confiscated	mandatory 12 hour course on "Alcohol, Drugs and Traffic" + new theory test and new driving test required + 2 years with Alcohol Interlock

For recidivist drivers, the penalty increases depending on the BAC limit, how many times the driver has been caught under the influence, as well as other circumstances. Penalties can include:

- driving licence revoked unconditionally for a period of three years, five years or longer;
- suspended prison sentence; the length depends on the circumstances;
- participation in an alcohol interlock programme;
- fine;
- the driver's car may be confiscated.

The conditions for regaining the driving licence are: participation in the Alcohol, Drugs and Traffic course (ANT course) and passing the driving test again.

2.4 Rehabilitation programmes

Two main groups of offenders, namely non-addicts and addicts, have to be distinguished. Their risk of relapse differs significantly due to the severity of the underlying problem behaviour, in this case, alcohol. This means that at least two levels of intervention have to be available: less intense rehabilitative measures for non-dependent offenders and intense treatment for dependent offenders.



THE NETHERLANDS

LEMA (Light Educational Measure Alcohol) and EMA (Educational Measure Alcohol) are two educational measures that can be imposed in the Netherlands on drink-driving offenders. LEMA and EMA are courses about the risks of alcohol use in traffic, and on the necessity of separating alcohol consumption and traffic participation.

The LEMA-course takes two afternoons or two mornings with a week in between. The two-day EMA-course is spread over seven weeks. During the course, participants exchange experiences and complete assignments at the course location and at home. The course ends with a personal, one-hour meeting with the trainer.

Estonia, Finland, Germany, the Netherlands, Slovenia, Sweden, Switzerland, and the UK are among the countries that offer driver rehabilitation programmes to drink-driving offenders. Moreover, Austria, Belgium, Finland, France, Poland and Sweden provide driver alcohol interlock programmes as an alternative to a driving ban. In the majority of cases, these programmes are combined with counselling and close monitoring.

2.5 Technology: Alcohol Interlocks

2.5.1 Alcohol interlocks in rehabilitation programmes

There is still a group of hard-core drink-driving offenders that seem unwilling or unable to change their behaviour despite the use of traditional countermeasures such as awareness campaigns, fines and driving bans. This group accounts for 10% of all drink-driving offenders, but is involved in two-thirds of all alcohol-involved crashes. The introduction of an alcohol interlock programme seems to be an effective measure, as an alternative to 'traditional' measures such as fines and driving license suspension.¹³

Alcohol interlock programmes give offenders who would normally lose their driving license a possibility to continue driving, as long as their alcohol level is below a set value. The ignition interlock device makes sure that drivers can only start the engine after having completed a breath test that has indicated that their alcohol level is below a set value. 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, combined with rehabilitation programmes, cut reoffending rates both during and after the driver has been required to install the device in their vehicle.¹⁴

¹³ TSC (2016) Alcohol Interlocks and Drink-driving Rehabilitation Programmes in the EU. <https://bit.ly/2KTAF6H>

¹⁴ Ibid.

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 in commercial vehicles.¹⁵ The report said that if in the future the devices were to become less intrusive and costs came down due to economies of scale in production or technological development, the option of making an alcohol interlock a compulsory device in all passenger cars could show a "robust net benefit to society".

Austria, Belgium, Denmark, Finland, France, Lithuania, Poland and Sweden are among the countries that offer alcohol interlock offender programmes.¹⁶

To maximise the effect on road safety, alcohol interlock programmes for drink-driving offenders should be compulsory and placed under administrative law. Most important, the programme should involve not just the installation of the device itself, but also include a coordinated set of activities and close monitoring designed to minimise recidivism.¹⁷



AUSTRIA

In September 2017, Austria launched a voluntary rehabilitation programme for drink-driving offenders using alcohol interlocks, following successful trials run in 2012 and 2013. Convicted drink-drivers can opt-in to the scheme to enable them to get back behind the wheel when they have completed half of their driving ban period (subject to a minimum of four months). The programme is the first to require participants to meet a mentor every two months to:

- examine data readout for violations;
- discuss the participant's experience with the device and the driving behaviour in reference to the data readout;
- develop strategies for a successful continuation of the programme;
- get support with administrative procedures in relation to the DUI offence.

However, there is no mandatory medical or psychological examination carried out during the programme. If a medical and psychological examination or a driver rehabilitation course are required (depending on the BAC), they have to be completed before participating in the programme.



Check the countries in Europe that have introduced Alcohol Interlocks programmes on our map at the following link:

<https://etsc.eu/issues/drink-driving/alcohol-interlock-barometer/>

¹⁵ ECORYS (2014), Study on the prevention of drink-driving by the use of alcohol interlock devices, <https://bit.ly/3uvvgZPw>

¹⁶ ETSC Alcohol Interlock Barometer, <http://bit.ly/2KxkyOu>

¹⁷ ETSC (2020) Alcohol Interlocks in Europe <https://bit.ly/3Gfd28P>

2.5.2 Alcohol interlocks and alcohol dependency

A lot of recidivists and heavy-drinking alcohol offenders have a clinical diagnosis of alcohol misuse or alcohol dependence. 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.

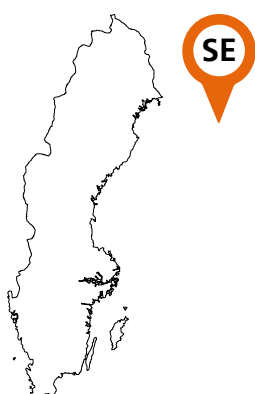
In Finland, 18% of drivers causing a fatal drink-driving collision had no valid driving licence according to the Finnish Crash Data Institute (OTI) which analysed data from in-depth investigations of fatal collisions between 2014 and 2018.

In the Netherlands in 2015, 6% of drivers who had lost their driving licence for being alcohol dependent were caught again for drink-driving within 2 years.¹⁸

The EU Driving Licence Directive includes a number of conditional codes (codes 61 to 69) that can be included on a driving licence and 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 only driving a vehicle equipped with an alcohol interlock.

Nevertheless, annex III of the 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 consequence today is that a significant group of potential participants are excluded from current alcohol interlock programmes and deprived of an effective way of managing their use of alcohol. Diagnostic, therapeutic and rehabilitation aspects of alcohol-use disorders have been neglected in the Directive and in many guidelines.

Including alcohol-dependent offenders, with proper medical supervision, would increase participation, cut recidivism and reduce cases of driving without a valid licence. The experience of those alcohol interlock programmes which include medical and psychological supervision and data monitoring have led many alcohol specialists to consider alcohol interlock programmes as a tool to manage alcohol addiction.



SWEDEN

Sweden had to adapt its legislation concerning the implementation of Alcohol Interlock programmes after the EU launched an infringement procedure against them because offenders with an alcohol dependency were allowed to participate in the two-year programme. With the new legislation in force as of March 2018, offenders with a dependency or an addiction will no longer be able to enter the alcohol interlock programme in Sweden, unless they can prove that they fulfil all the medical demands beforehand, e.g. prove at least six months of sobriety.

The change in legislation has definitely had an effect on the alcohol interlock programme in Sweden: before the legislation change, around 30% of the participants had an alcohol problem in the two-year programme. Today the denial rate for participation has increased by 200%: the main reason being that participants couldn't prove six months of sobriety.

¹⁸ M. Blom G. Weijters (2020), Recidive na het CBR-onderzoek alcohol, <https://bit.ly/3tq829L>

2.5.3 Alcohol interlocks in commercial transport

Driving under the influence is less prevalent in commercial transport compared to private transport. Yet, alcohol related road crashes in commercial transport result in more serious outcomes due to the increased size and mass of commercial vehicles. Besides, the number of people injured in such a crash may be high, particularly in the case of vehicles operated by public transport companies. Moreover, crashes of commercial vehicles have additional negative side effects, which impact society, such as material damage to road infrastructure, congestion and pollution. Last but not least, the public image of a company involved in a serious crash can be damaged.

It is of great interest to society and to individual companies to minimise the occurrence of alcohol-related crashes in commercial transport. Moreover, the high level of media interest in such crashes is another good reason for operators to take the issue seriously and prevent alcohol-related crashes from occurring. In many EU countries alcohol interlock technology has found its way, on a voluntary basis, into vehicles which are used for the transport of goods or passengers.

In Sweden, the device is employed within commercial transport on a voluntary basis. Many municipalities began having alcohol interlocks fitted in their own fleets. In 2012 the Government committed to having the majority of government vehicles equipped with an alcohol interlock. Since 2010, all vehicles used for certain contracted road transport activities, including all school transport vehicles, had to be fitted with alcohol interlocks. Today, alcohol interlocks can be found in most buses, taxis, trucks, cars, school buses, trains and ferries in Sweden.

In France, buses and coaches are required to be fitted with alcohol interlocks. Coaches assigned to public transport for children have been equipped with alcohol interlock since 2010 and all coaches since 2015. The devices record and store data for 45 days and must be checked every year at an approved centre.

2.5.4 Voluntary use in households with cars

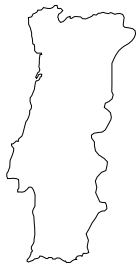
An example of voluntary use of the tool is fitment by commercial operators who wish to satisfy themselves, and the public, that their drivers will be within a certain BAC limit, and fitting by a household to a household car where it is known that one or more of the household members may be tempted to drive after drinking too much. Voluntary use is simply a private matter of the owner having the device fitted by a supplier and arranging for its maintenance, learning to use it, and learning to use the record that the device can keep of attempts to provide satisfactory breath samples.

2.6 Education and campaigns

Publicity campaigns using mass media are intended to change attitudes and behaviour. This can be done either by raising awareness of the dangers of drink-driving, by raising the likelihood of being detected and punished for drink-driving, by informing drivers about the social norm, or by promoting strategies to avoid drink-driving.

The effect of publicity campaigns can be increased when a study is conducted on how to address the target group, and when the public campaign is supported by other measures such as enforcement and education. A meta-analysis of the effect of road safety campaigns on collisions revealed that drink-driving campaigns were associated with greater road crash reduction effect than campaigns on other themes.¹⁹

¹⁹ Phillips RO, Ulleberg P, Vaa T. (2011), Meta-analysis of the effect of road safety campaigns on accidents, <http://bit.ly/2XCtKGA>

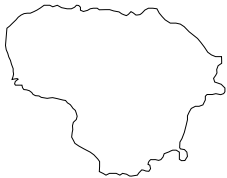


PORTUGAL

In July 2021, The National Road Safety Authority (ANSR), the National Guard (GNR) and the Public Security Police launched a new road safety campaign called “Zero Level behind the Wheel”. The campaign aims to alert drivers and all vehicle occupants of the risks of driving under the influence of alcohol. One in four drivers killed on the road has a BAC equal to or greater than 0.5 g/l and three out of four of these drivers have a BAC equal to or greater than 1.2 g/l.



The “Zero Level behind the Wheel” programme includes an awareness campaign, carried out by ANSR, as well as alcohol checks conducted by the police. Awareness actions took place simultaneously with alcohol checks in different locations in Portugal.



LITHUANIA

In 2021 “City bee” collaborating with the Lithuanian police department displayed an open gallery “Museum of stupidity” in Vilnius Town Hall Square. There were three damaged cars with different stories. One of them “A little glass of wine” was about drink-driving, created by an unknown artist (1971-2021).



PART III

RECOMMENDATIONS

3.1 Recommendations to National Governments

1. Collect the annual number of drink-driving checks and those which were positive, and the number of deaths and serious injuries in drink-driving collisions.
2. Consider adopting a zero-tolerance level (i.e. a maximum BAC of 0.2g/l) for all road users.
3. Allow for the testing of drink-driving in all police roadside checks and introduce obligatory testing for alcohol of all collision participants in all fatal and serious collisions. Introduce roadside evidential breath testing procedures.
4. Intensify enforcement by setting annual targets for the number of police roadside alcohol checks. Couple enforcement with publicity activities.
5. Establish and actively mandate the use of alcohol interlocks as part of rehabilitation programmes for recidivist and high-level first-time offenders. Allow drivers with alcohol dependency to participate in a rehabilitation programme and be issued a conditional licence with mandatory use of an alcohol interlock, as long as it is combined with medical supervision.
6. Make wider use of conditional licences (Codes 61 to 69 of Directive 2006/126/EC67) to allow those who may be at slight risk to continue to drive under certain circumstances. In the context of drink-driving, apply code 69 when a driver is restricted to driving a vehicle equipped with an alcohol interlock.
7. Mandate the use of alcohol interlocks for professional drivers.
8. Organise regular nationwide campaigns to raise the public's understanding of how dangerous drink-driving is.

3.2 Recommendations to EU institutions

1) Propose a Directive on drink-driving, setting a zero-tolerance level for all drivers

As the first step ETSC recommends strengthening the existing EU Recommendation on permitted BAC 2001/115 and welcomes that this is also on the 'to do' list of the Commission.²⁰ At present nine EU Member States have still not introduced lower BAC limits for professional and novice drivers.

2) Develop best practice guidelines on drink-driving enforcement and sanctions

ETSC would welcome a new version of the EC Recommendation on Enforcement in the field of Road Safety 2004/345 bringing it up-to-date with the latest changes. The EC Recommendation has made a difference to traffic law enforcement in EU countries and, whilst a lot remains relevant, it would benefit from an update. In the Recommendation, EU 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. Some of the parts of the existing EC Recommendation are still highly relevant whilst other parts should be updated and new sections included.

- Publish a new and revised EC Recommendation on enforcement and sanctions in the field of road safety and thereby encourage Member States to achieve high standards on enforcement that are 'state of the art'. Include in the revised EC Recommendation the importance of setting sanctions that are proportionate to the risk related to non-compliance.
- Continue exchanging best practices via the EC Expert Group on enforcement.
- Collect, analyse and publish summaries of EU countries' enforcement plans to facilitate the exchange of best practices on enforcement across the EU and work towards developing a common road safety enforcement strategy.
- Adopt a new EU Key Performance Indicator on the enforcement effort (e.g. number of checks) and results (number of violations detected and sanctioned) over time by violation in priority areas.

3) Ensure the timely adoption of the implementing legislation on alcohol interlock installation facilitation for motor vehicles

Alcohol interlock installation facilitation is one of the life-saving measures included in the revised General Safety Regulation for motor vehicles.²¹ This safety measure, defined in the new Regulation as a standardised interface that facilitates the fitting of aftermarket alcohol interlock devices in motor vehicles, will be required for all newly type approved vehicles as of July 2022 and all new vehicles as of July 2024.

ETSC calls on the European Commission to ensure the timely adoption of the implementing legislation on the technical requirements for alcohol interlock installation facilitation.

The new Regulation includes a reference to the European standard on alcohol interlocks (EN 50436), which includes provisions on the standardised interface²² and the installation document²³, which should be used as the basis for the implementing legislation.

²⁰ European Commission (2019) EU Road Safety Policy Framework 2021-2030- Next Steps towards "Vision Zero". <https://bit.ly/3uw04wf>

²¹ Regulation (EU) 2019/2144 of the European Parliament and of the Council on type-approval requirements for motor vehicles and their trailers, and systems, components and separate technical units intended for such vehicles, as regards their general safety and the protection of vehicle occupants and vulnerable road users. <https://eur-lex.europa.eu/eli/reg/2019/2144/oj>

²² EN 50436-4: Alcohol Interlocks – Test methods and performance requirements – Part 4: Connection and digital interface between the alcohol interlock and the vehicle

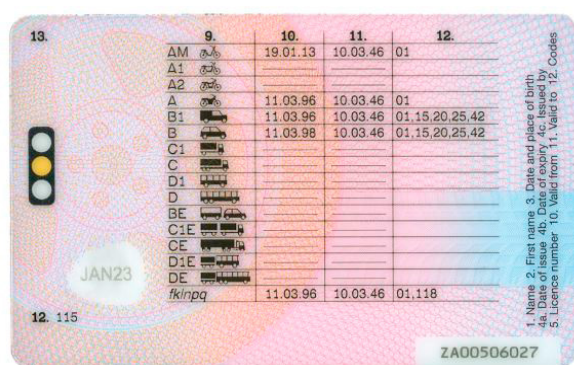
²³ EN 50436-7: Alcohol Interlocks – Test methods and performance requirements – Part 7: Installation document

4) As a first step towards wider use of alcohol interlocks, legislate their use for repeat offenders and professional drivers.

ETSC welcomes the intention of the European Commission to develop new guidance for Member States on the use of alcohol interlocks announced in the new EU road safety strategy.²⁴ A 2016 ETSC report could provide useful background information for this initiative.²⁵

The new EU road safety strategy calls upon public authorities to require the fitment of alcohol interlocks in public procurement. Although welcomed by ETSC as a way of increasing the fitment of this life saving tool, this should come about as part of binding legislation for professional drivers as opposed to a 'voluntary commitment'.

5) Revise the EU Directive on driving licences



As part of a revision of the EU directive on driving licences, the EU should:

- 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, and ideally that it also includes psychological monitoring before and during the programme.

6) Improve the formulation of the current driving under the influence of alcohol KPI to: "a KPI on % of drivers driving within the legal BAC limit among drivers that have been breath-tested by the police in roadside checks".

Encourage Member States to collect data on drivers driving within the legal BAC limit based on police records instead of self-reported behaviour.

- Introduce a KPI on the reduction in the number of alcohol-related road deaths.²⁶
- Encourage Member States to collect data on alcohol-related road deaths based on the SafetyNet definition.

²⁴ European Commission (2019) EU Road Safety Policy Framework 2021-2030- Next Steps towards "Vision Zero". <https://bit.ly/3uw04wf>

²⁵ ETSC (2016) Alcohol Interlocks and Drink-driving Rehabilitation Programmes in the EU. <https://bit.ly/2KTAF6H>

²⁶ Using the SafetyNet recommended definition of drink-driving: any death occurring as a result of road accident in which any active participant (being a driver of a motor vehicle, a rider, a pedestrian or a cyclist) was found with blood alcohol level above the legal limit.

ANNEXES

Country	ISO Code
Austria	AT
Belgium	BE
Bulgaria	BG
Croatia	HR
Cyprus	CY
Czechia	CZ
Denmark	DK
Estonia	EE
Finland	FI
France	FR
Germany	DE
Greece	EL
Hungary	HU
Ireland	IE
Israel	IL
Italy	IT
Latvia	LV
Lithuania	LT
Luxembourg	LU
Malta	MT
Norway	NO
Poland	PL
Portugal	PT
Romania	RO
Serbia	RS
Slovakia	SK
Slovenia	SI
Spain	ES
Sweden	SE
Switzerland	CH
The Netherlands	NL
United Kingdom	UK

Table 1 (Fig. 1, 2). Total number of road deaths.

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
AT	523	531	455	430	479	432	414	409	416	344	362
BE	884	827	764	745	762	670	609	604	644	499	516
BG	657	611	601	660	708	708	682	611	628	463	561
CY	71	51	44	45	57	46	53	49	52	48	45
CZ	773	742	654	688	737	611	577	658	617	517	531
DE	4,009	3,601	3,340	3,368	3,459	3,206	3,177	3,275	3,059	2,719	2,562
DK	220	167	191	183	178	211	183	175	199	155	135
EE	101	87	81	78	67	71	48	67	52	60	55
ES ⁽¹⁾	702	615	557	614	638	589	651	535	558	597	812
FI	292	255	258	229	270	258	238	239	211	221	223
FR	3,963	3,653	3,268	3,384	3,461	3,477	3,448	3,248	3,244	2,541	2,944
EL	1,141	988	879	795	793	824	731	700	688	584	608
HR	418	393	368	308	348	307	331	317	297	237	292
HU	638	605	591	626	644	607	625	633	602	460	544
IE	186	163	188	192	162	182	155	137	140	147	137
IT	3,860	3,753	3,401	3,381	3,428	3,283	3,378	3,334	3,173	2,395	2,843
LU	33	34	45	35	36	32	25	36	22	26	24
LV	179	177	179	212	188	158	136	148	132	139	147
LT	297	302	258	267	242	192	192	173	186	175	147
MT	17	9	18	10	11	22	19	18	16	12	9
NL	661	650	570	570	620	629	613	678	661	610	582
PL	4,189	3,571	3,357	3,202	2,938	3,026	2,831	2,862	2,909	2,491	2,245
PT	891	718	637	638	593	563	602	675	626	509	514
RO	2,018	2,042	1,861	1,818	1,893	1,913	1,951	1,867	1,864	1,646	1,779
SE	319	285	260	270	259	270	253	324	221	204	210
SI	141	130	125	108	120	130	104	91	102	80	114
SK	324	296	223	259	274	242	250	229	245	224	226
GB	1,901	1,754	1,713	1,775	1,730	1,792	1,793	1,784	1,752	1,460	1,558
UK	1,802	1,770	1,854	1,804	1,860	1,856	1,839	1,808	1,636	1,610	1,608
RS	731	688	650	536	599	607	579	548	534	492	521
IL	382	290	309	319	356	377	364	316	355	305	364
NO	168	145	187	147	117	135	106	108	108	93	86
CH	320	339	269	243	253	216	230	233	187	227	200
EU23	22,787	20,720	18,965	18,872	19,056	18,464	18,042	17,992	17,607	15,086	15,617

Source: national statistics provided by the PIN panellists for each country.

EU23: EU 27 excluding BG, IE, IT and MT as data on alcohol-related road deaths were not available in these countries for the entire time series.

⁽¹⁾ES - Total number of people tested for alcohol.

Table 2 (Fig. 1, 2) Officially-reported road deaths attributed to alcohol.

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
AT	51	39	31	32	28	22	33	33	32	27	29
BE	45	48	31	34	41	40	37	29	38	20	16
BG	28	28	18	13	10	6	46	33	35	21	15
CY	25	19	9	13	12	8	11	15	6	8	10
CZ	100	50	56	68	72	58	53	71	60	57	50
DE	400	338	314	260	256	225	231	244	228	156	167
DK	53	24	41	37	27	30	36	32	38	29	26
EE	20	16	24	18	16	8	13	13	14	16	17
ES ⁽¹⁾	230	216	161	161	184	228	254	195	235	191	273
FI	83	47	66	56	69	71	57	46	50	58	45
FR	1,220	1,130	952	958	1,057	1,009	1,035	985	1,052	804	840
EL	101	100	94	76	71	98	47	36	34	39	n/a
HR	151	147	96	85	115	99	92	72	68	66	51
HU	57	53	49	47	80	77	69	65	63	65	51
IE ⁽²⁾	66	58	45	53	50	51	28	21	n/a		
IT ⁽³⁾	n/a										
LU	12	9	10	6	10	5	5	4	10	3	7
LV	27	47	30	51	26	23	24	20	25	13	20
LT	24	41	32	49	17	16	16	22	22	20	25
MT	n/a										
NL	14	16	19	12	9	9	5	18	15	8	4
PL	559	584	523	470	407	383	341	370	326	327	331
PT ⁽⁴⁾	210	187	158	133	136	155	162	169	168	116	143
RO	164	224	166	181	174	160	148	118	114	66	47
SE	67	68	50	55	61	65	58	57	37	42	36
SI	35	43	38	25	37	41	32	22	33	27	37
SK	37	32	23	38	35	40	29	31	38	30	35
GB	240	230	240	240	200	230	250	240	230	220	n/a
UK	n/a										
RS ⁽⁵⁾	44	60	77	64	51	173	146	150	134	130	117
IL	7	7	8	10	11	11	8	8	8	6	13
NO	31	34	28	29	22	29	20	40	20	24	n/a
CH	53	57	48	29	38	37	38	30	25	28	21

EU23	3,685	3,478	2,973	2,865	2,940	2,870	2,788	2,667	2,706	2,188	2,260⁽⁶⁾
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Fig. 2 Difference between the average annual change (%) in the number of road deaths attributed to alcohol and the corresponding reduction for other road deaths over the 2011-2021 period		
BG	-18.0%	2017-2021
RO	-10.8%	
NL	-8.3%	
CY	-8.3%	
EL	-7.2%	2011-2020
HR	-6.8%	
LV	-5.4%	
DE	-4.6%	
RS	-4.2%	2016-2021
CH	-4.1%	
LU	-3.4%	
SE	-2.5%	
BE	-2.3%	
PL	-1.8%	
FI	-1.3%	
DK	-0.5%	
ES	-0.4%	
AT	0.1%	
FR	0.2%	
CZ	0.8%	
GB	1.1%	2011-2020
PT	1.2%	
IL	1.3%	
SI	2.1%	
LT	2.2%	
BG	2.9%	
HU	3.4%	
SK	3.4%	
EE	3.6%	
NO	4.5%	2016-2021

EU23	-1.4%	2011-2021⁽⁶⁾
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Source: national statistics provided by the PIN panellists for each country.

EU23: EU 27 excluding BG, IE, IT and MT as data on alcohol-related road deaths were not available in these countries for the entire time series.

⁽¹⁾ES - From 2010 to 2021 figures refer to killed car drivers who tested more than 0.3 g/l in post-mortem blood alcohol tests.

⁽²⁾IE - data collection methodology changed in 2013, therefore prior data are not comparable. Data from 2013-2018 refer to road user fatalities with a toxicology result available and a BAC>20mg alcohol per 100ml blood."

⁽³⁾IT - Carabinieri and the National Police, which detect about one third of all road collisions with injuries, have made available, on a trial basis for 2015, the data on driving under the influence alcohol. These data show that were 5,876 traffic accidents for which at least one of drivers of vehicles involved was under the influence of a total of 58,981. The 10.0% of incidents detected by the Police and the Traffic Police in 2015, is thus alcohol-related."

⁽⁴⁾PT - data from forensic post-mortem test of drivers, passengers and pedestrians.

⁽⁵⁾RS - data collection methodology changed in 2016. Serbia is working to improve alcohol-related fatal collision data collection according to the EU guidelines on the Common Accident and Injury Database (CaDas)

⁽⁶⁾An estimate as data were not available in EL

Table 3 National definitions of alcohol-related road deaths

SafetyNet recommended definition: Any death occurring as a result of road accident in which any active participant was found with blood alcohol level above the legal limit.

	National definition of deaths attributed to drink driving if different to the SafetyNet recommended definition
AT	SafetyNet recommended definition. However, killed and unconscious road users are not tested for alcohol unless the prosecutor requires it.
BE	SafetyNet recommended definition.
BG	Deaths occurring as a result of a road traffic accident in which the blamed for the traffic accident was found with blood alcohol level above 0.5g/l.
CY	SafetyNet recommended definition.
CZ	SafetyNet recommended definition.
DE	SafetyNet recommended definition. However, drivers killed on the spot might not be tested.
DK	SafetyNet recommended definition.
EE	Deaths occurring as a result of a road collision in which at least one motor-vehicle driver was found with blood alcohol level above 0.2 g/l.
ES	Killed car drivers who tested more than 0.3 g/l in post-mortem blood alcohol tests.
FI	A person who has died within 30 days from an alcohol related accident (excluding deaths from acute fits of illness). Alcohol related accident = An accident in which the driver of the vehicle of some party or a pedestrian has been proven (by a blood test or breathalyser reading exceeding 0.5 per mille) or is suspected on strong grounds to have been under the influence of alcohol at the time of the accident.
FR	SafetyNet recommended definition
EL	Deaths in collisions where a driver was found with blood alcohol level above the legal limit. In practice, however, the Police is not systematically testing drivers for alcohol.
HR	SafetyNet recommended definition. However, drivers or other killed persons on the spot might not be tested.
HU	Deaths occurring as a result of a road collision in which at least one driver was found with blood alcohol level above the legal limit.
IE	Fatalities with a positive toxicology for alcohol (i.e. a Blood Alcohol Concentration >20mg alcohol per 100ml blood, or equivalent in urine).
IT	SafetyNet recommended definition. However, the number of alcohol related deaths is not disseminated for two main reasons: deaths are attributed to drink driving only when alcohol is proved and considered by the Police officer as the main contributory factor of the fatal or serious collision; drivers or other killed persons on the spot might not be tested.
LU	From 2001 to 2009: killed persons of accidents where the police suspected the presence of alcohol. As from 2010: SafetyNet recommended definition.
LV	Deaths occurring as a result of road accident in which at least one driver (excluding moped riders and cyclists) was found with blood alcohol level above the legal limit (0.2 g/l for novice drivers, 0.5g/l for all other drivers)
LT	Deaths occurring as a result of a road collision in which at least one driver was found with blood alcohol level above the legal limit (0.2 g/l for novice and professional drivers, 0.4 g/l for all other drivers)
MT	n/a
NL	Drivers killed on the spot might not be tested. As from 2011 onward Police no longer provides this data. Since May 2018 this data is banned completely due to GDPR. Next to that Netherlands does not have abductions mandatory for road traffic fatalities
PL	SafetyNet recommended definition.
PT	SafetyNet recommended definition.
RO	Killed people tested for alcohol. Testing might only occur when the Police suspects the presence of alcohol (legal limit is 0.0 g/l).
SE	Killed road users who tested positive (BAC > 0.2) in post-mortem blood alcohol tests.
SI	Deaths occurring as a result of a road traffic accident in which the offender was found with blood alcohol level above 0.5g/l
SK	Killed people in road accidents caused by road users with blood alcohol above the legal limit.
UK	n/a
GB	A reported incident on a public road in which someone is killed or injured, where at least one of the motor vehicle drivers or riders involved met one of these criteria: a) failed a roadside breath test by registering above 35 micrograms of alcohol per 100ml of breath (in England and Wales) or 22 micrograms (in Scotland). b) refused to give a breath test specimen when requested by the police (other than when incapable of doing so for medical reasons). c) died, within 12 hours of the accident, and was subsequently found to have more than 80 milligrams of alcohol per 100ml of blood (in England and Wales) or 50 milligrams (in Scotland).
CH	SafetyNet recommended definition.
IL	SafetyNet recommended definition.
NO	Any death occurring in collisions involving a road user under the influence of alcohol or drug.
RS	Before 2016, information on whether road users involved in collisions were under the influence of alcohol was not collected. Police only had to indicate whether alcohol was the 'cause' of the collision. Since 2016, Serbia is working to improve data collection according to CaDas.

European Transport Safety Council

20 Avenue des Celtes
B-1040 Brussels
francesca.podda@etsc.eu
Tel: +32 2 230 4106
www.etsc.eu/smart
🐦 @ETSC_EU

